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Subject: The relationship between the psychedelic experience and
some of the techniques of psychosynthesis.

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NOTE: A large portion of this lecture will appear in the forthcoming volume Psychedelics: Their Uses and Implications, ed. by H. Osmond and B. Aaronson, Doubleday, New York 1969. The material is protected by copyright and must not be reproduced or quoted without permission of the publisher.

Introduction

William Wolf, M.D.: It is a great pleasure and privilege to introduce Dr. Houston, I have known her for a considerable time and every time I talk to her I find out new things about her - she has an inexhaustible fund of knowledge and experiences. She is a professor of philosophy at Marymount College, the author of two excellent books - one published about three years ago The Varieties of Psychedelic Experience, and one recently published, Psychedelic Art. She has another in preparation, New Ways of Being. She is the Director of the Foundation for Mind Research, New York City, in which the various states of mind are being investigated from various points of view and various psychedelic - non-drug induced - experiences are gone into.

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Dr. Jean Houston:

My subject tonight is the relationship between the psychedelic experience - and by this I mean the scientific research into the psychedelic experience - and some of the techniques of psychosynthesis. I will speak primarily about a remarkable phenomenon that is very much in evidence in the literature of psychedelic research and in the literature of psychosynthesis. And that phenomenon concerns the natural entelechy of the self, the way the self seems to have structure, ontological structures, as it were, which are purposive, which lead the self downward, inward, into very rich, very dimensional realms of being which are initiative of growth and creativity.

Now, I am going to concern myself with discussing the phenomenology of this entelechy, the structures of the self as they unfold in the drug experience. And then during the talk I will try to relate how some of these structures are similar to some of the structures which unfold in the methodologies of psychosynthesis.

I will begin by discussing the requirements of good scientific research experiences - I think tonight I will deal largely with LSD psychedelic psychotherapy. We presume that the subject has been psychiatrically screened, that he has been very well prepared by his guide. The LSD session is conducted in a room that is esthetically pleasing and is in no way suggestive of a hospital room. The room contains a sofa and other common articles, along with works of art, flowers, stones, pieces of wood, and other objects which experience has shown to be valuable in gaining the therapeutic and psychodynamic goal. The patient also brings along meaningful objects - photographs of key people, souvenirs, or whatever - on the basis of his preliminary discussion with his guide. Of great importance is a good phonograph and a wide selection of records. Music is one of the most valuable tools that the psychedelic therapist has at his disposal, because most patients are extremely responsive to music, and it is used to reflect mood and affect changes, and to facilitate transitions to deeper levels of consciousness - something which Dr. Assagioli has written about to some extent - the way that music can, in fact, intensify the "Odyssey" inward.

Now in this supportive and stimulating setting the therapist wears ordinary street clothes - or more casual, depending upon the needs of the patient. Any scientific or medical uniform should not be worn. The session should be presented less as therapy and more as an educational and developmental experience - another necessity which you also find in the methodology of psychosynthesis. The therapist, as it were, steps out of his role and becomes more of the mentor and guide of the patient - someone who will lead him through the unique world of the psychedelic experience and enable him to profit from it.

Now we and others, including Dr. Assagioli, have introduced the analogy of Dante in "The Divine Comedy." As Dante was led by Virgil through all imaginable spheres of reality, so is the patient led by the guide through the many wonders of the psychedelic world. Now Virgil was not Dante's psychotherapist but he effected important therapeutic changes in the poet, and so the guide can effect psychotherapeutic changes in his patient; but again, in context pre-defined much more than simple therapy. With the psychedelic experience, as with the procedures of psychosynthesis, therapy is just too limited a concept and imposes limitations on what the patient can experience and the benefits he may be able to derive.

When you are dealing with the entelechy of the self, with the unfolding of the natural purposive drive of the psychic structures, you can no longer speak of "therapy"; therapy is too limited a concept.

Now LSD alters consciousness in numerous and dramatic ways, and many of these psychedelic effects are therapeutically utilisable. The psychological effects of LSD type drugs include the following: changes in visual, auditory, tactile, olfactory, gustatory and kinesthetic perception; changes in the experiencing of time and space; changes in the rate and content of thought; body images changes; hallucinations, vivid images, eidetic images seen with the eyes closed - often one of the most important single phenomena of the psychedelic experience as it is one of the single most important phenomena of the psychosynthesis procedures. Abrupt and frequent mood and affect changes, heightened suggestibility, enhanced recall or memory, depersonalization and ego-dissolution; dual, multiple and fragmented consciousness; seeming awareness of internal organs and processes of the body; upsurge of unconscious materials; enhanced awareness of linguistic nuances; increased sensitivity to non-verbal cues; seeming capacity to communicate by non-verbal means - sometimes seeming to include the telepathic; feelings of greatly heightened empathy; regression and primitivization; heightened capacity for concentration; magnification of character traits and psychodynamic processes; an apparent nakedness of psychodynamic processes that makes evident the interaction of ideation, emotion and perception with one another and with inferred unconscious processes; concern with philosophical, cosmological and religious questions. And, in general, apprehension of a world that has slipped the chains of normal, categorical ordering, leading to an intensified interest in self and world, and also to a range of responses from extremes of anxiety to extremes of pleasure.

These are not the only effects of psychedelic drugs but they will suffice to convey some idea of their potency and the range of experience they unfold.

In Varieties of Psychedelic Experience we propose a functional model of the drug-state psyche, in which we perceive four major levels of consciousness in the psychedelic experience. We have hypothesized that these psychedelic levels

are appropriate to and seemingly correspond to the actual levels of the psyche.

Now each of these levels has its characteristic phenomena, and each can be of value in the therapeutic process. The tendency is for the patient or subject to move down - again, in a natural entelechy - to move down through progressively deeper and more complex levels of awareness. These four levels of consciousness we term: first, the sensory level; second, the recollective or analytical level; third, the symbolic level; and finally, the integral level. Those of you who are familiar with the techniques of psychosynthesis will realize that there are significant resemblances in the therapeutic process in psychosynthesis to the types of phenomena that are evoked on these particular levels.

Ideally, the patient proceeds from the first comparatively shallow sensory level, through the recollective analytical level, and then the symbolic level, into the deepest integral level. The terms are descriptive of the major phenomena, and the deeper the level the more profound the personality changes which occur when it is reached.

The progression through the four levels is only rarely completed, and the patient, in fact, may never get beyond the sensory level. This too would only happen rarely and in cases of very poor management by the therapist or in case of extremely strong resistance on the part of the patient. On unguided trips, which so many kids are on today, the sensory level - comparatively shallow - is the only one that is ever reached. Much more often, in the scientific research of LSD, the deepest level reached will be the second or the third. It also happens that the patient may move back and forth between the first three levels, and there are border areas where the experience cannot be precisely identified in terms of the schema.

Despite qualifications, the model seems to us to be valid, and certainly more useful than any other. Herein - talking about these four levels - is where I find, judging from the literature of psychosynthesis that the psychosynthesis techniques are more effective, quite frankly, than psychedelic drugs in appropriating and achieving the fourth level. Whereas in the drug experience, the fourth level, of religious or mystical encounter, only happens in those subjects who are extremely well prepared, whose life in fact has been a kind of religious or mystical quest.

As LSD can take the prepsychotic and push him over into a full blown psychosis, it can, in some ways, take the pre-mystic and push him over into mysticism; and judging from my reading of the psychosynthesis literature it would appear that the appropriation of these depth levels in persons who could not be considered pre-mystic is something that can occur in the the therapeutic process much more validly and frequently than it does, in fact, occur in the psychedelic experience.

Psychedelic experience begins at the sensory level and it is important that probing into personal problems does not begin before the patient has had adequate experience of this level of the mind. This typically includes much altered visual perceptions, with objects changing form and with a heightening of colors; occurrences of synesthesia - cross-sensing, the hearing of color, the seeing of sound; changes in body image such as Alice-in-Wonderland type of experiences of shrinking and growing; an intensification of all the senses. When the eyes are closed very vivid eidetic imagery may be seen. Now on this level

this imagery is purely aesthetic, entertaining - I will give you an example from my book of a subject's description of aesthetic eidetic imagery: "a platinum snail about 12 feet high and studded with rubies was pulled along on its wheels by a small and brightly painted dwarf made of wood; the curious couple were followed by a host of metallic gem covered insects, grasshoppers and beetles, bumblebees and mosquitoes, all of fabulous size and brilliantly gleaming, all gliding, walking or hopping with the precision of wound-up toys. These were then followed by strange creatures from some wildly imaginary bestiary, all converging upon a lush oasis in the golden desert where the foliage seems to have been created by Rousseau."

These images, as I said, are sensual, gratifying, but largely meaningless. This type of functionless or purposeless image, found at this level, is termed the aesthetic image to distinguish it from the highly meaningful and otherwise functional, purposive or entelechical images met with on deeper drug state levels.

Awareness of time is very greatly altered as mental processes accelerate and the patient feels that hours of subjective experience occur within a few minutes of clock measured time. The patient has been told that such changes may occur and that he must accept these new psychedelic ways of being; the instruction is now reinforced as the therapist emphasizes the beauty and wonder of the patient's experiences. Should the patient attempt to resist, and reimpose normal, categorical orientation he may become confused or anxious. This often happens with a so-called "bad trip" where time seems to be so greatly extended one gets frightened by the extension of time and wants to "freak out," as it were. I have a case here of a man who took LSD by himself and got so completely horrified by this expanded time continuum, where time became so vast, that he said he wanted to cut out of the Time-knot and commit suicide. Some suicides attributed to ingesting LSD are in fact due to this terrible expansion of time, experiences however which can be extremely pleasurable with a proper subject-guide context.

In this context, the patient has been made to understand previously the difference between subjective and objective time by the guide therapist, and how much more in the psychedelic state he will be able to experience within any clock measured unit of time. On the sensory level he is taught ways of how to use profitably this time distortion; for example, being taught to create a short story within two or three minutes of clock time; also being told that he will have more than enough subjective time - hours or even years - in which to accomplish the task. Some patients create elaborate vignettes under these conditions; I have had one subject, for example, who was given five minutes of clock time and was then asked to relate what happened and he related what had happened in those five minutes of clock time for about two hours!

Later, on a deeper level they can utilize this ability to condense lengthy memory sequences or other materials beyond the usual condensation of psychedelic time distortion.

The extent that mental processes are accelerated in the psychedelic experience remains to be measured, and few researchers have shown much interest in the phenomenon. However, in mental, experiential terms it is clear that the ten to twelve hours of objective time consumed in the LSD session is much longer subjectively and the equivalent of three to four times the period, possibly even longer. This is surely one major reason for the unusual effectiveness of

psychedelic therapy as a brief therapy. Psychedelic therapists have claimed that just on the subjective time basis an LSD session can be the equivalent of a good many number of treatments without time distortion. Some therapists claim that an LSD session can be the equivalent of 100 hours of normal therapeutic techniques - although I have doubts about that.

The subject should be exposed to a rich variety of sensory stimulation at this first level. He has various objects which when touched may seem vibrantly alive, and which when looked at may seem to breathe or will undergo successive transformations. Joyous, uplifting music is usually played and typically the patient will announce that he is hearing music as if for the first time. He is also being directed emotionally by the music. An orange that is handed to him may appear to be a golden planet. From a piece of cork may emerge a series of striking works of art. All of the senses are given an opportunity to respond psychedelically. What we are aiming for by encouraging these various types of experiences is perfectly exemplified in the following sequence by a young woman. She writes: "After I had felt that hours must have gone by and then learned that it was only five minutes, after I had seen flowers open and close their petals, and held in my hand a peeled grape that became before my eyes a tiny brain, and after I closed my eyes and had seen one beautiful vision right after another, well then I decided that anything must be possible, including the transformation of character and personality which I had heard about and to some extent believed but which only now I confidently felt could happen."

The psychedelic experience on the sensory level has the important function of deconditioning the patient from his old ways of thinking and feeling. He should come to regard the psychedelic drug state as one in which anything can happen. He should feel that his mind has resources never tapped before, and which now have been made constructively available. These can be used to resolve conflicts, do away with habitual response patterns, and effect still other beneficial changes.

Eventually the patient should begin to find everything increasingly meaningful; a stone or a seashell or other object may be contemplated intensively and at length, and until, with or without prompting from the therapist, the patient initiates a philosophical or religious enquiry into the nature of the universe and man's place in it. From this he will go on to examine his particular situation. The emotional tone intensifies and deepens perceptibly. The visual and some other sensory distortions yield to more normal perceptions. As these and some other reactions are noted and as his concern focusses on personal problems, the patient is considered to have reached the recollective and analytical level of the psychedelic experience.

This deepening of consciousness almost always will occur spontaneously in sessions predefined as therapeutic or developmental. In any case, we emphasize that a therapist should not force the patient into a premature examination of his problems; the patient cannot be allowed to remain indefinitely on this sensory level but he must have had a full experience of it. Otherwise, there is little chance that the deepest and most therapeutic levels will be reached.

The problem of resistance is most troublesome on the sensory level. It frequently takes the form of a somatic complaint - perhaps nausea or pain in some part of the body. Less often, but much more dramatically, it may take the form of extremely intense pleasure sensations which the patient will not want to

relinquish. Some psychedelic therapists deal with resistance by interpretation, by identifying it for what it is. The resistance can be handled more effectively and positively, however, if drug phenomena are utilized: a patient complaining of a pain in his shoulder can be asked to transfer the pain to a foot, then to an elbow, finally to his hand. Often this will be done, and then the patient is handed some not too sympathetic object such as a chair and is told to put the pain in the chair - and this works almost every time! Then the therapist places the chair out of sight and begins to talk about something else. The patient has had evidence that therapeutic change can come about in unusual and unexpected ways in the psychedelic session. Naturally, of course, such a technique could not be used unless the pain was clearly functional.

Since the patient's heightened suggestibility is such a major factor in psychedelic therapy, it is worth noting again that the therapist should be familiar with the literature of both clinical and experimental hypnosis, also with the literature of psychosynthesis. Dr. Bernard Aaronson is probably correct in stating that there must be important relationships between the hypnotic and the psychedelic states; there are also important relationships between the states evoked by psychosynthesis and the psychedelic state. However the phenomenological differences are great between psychedelic therapy and hypnotherapy; in psychedelic therapy the patient should be a much more active participant than is the patient in hypnotherapy; he should be as active a patient as he is in psychosynthesis. Here we see a great correspondence between psychosynthesis and the psychedelic experience - the dynamic activity of the patient in directing his own process, his own entelechy.

Now on the recollective and analytical level of psychedelic experience a large part of the phenomena are ones with which the literature of psychoanalysis and psychosynthesis deals. The unconscious materials are usually accessible and the patient may recall or revivify dramatic experiences from his early life, often with great detail. Events may be seen with the patient's eyes closed, very vividly. For instance, he seems to be able to relive his third birthday when something traumatic happened; often with very dramatic personal detail. Then the patient, assisted by the therapist, can immediately relive the recollection of the regression with an adult consciousness which interprets the events in more appropriate ways. For example, I have had a 40 year old patient who had some terrible traumatic event which happened when he was 4; so we took him back; he became 4 years old and relived this traumatic event but with his 40 year old consciousness, and he was able to see that this traumatic event was not as bad as he had thought it was. And in some sense he was able to heal the breach because he had brought his 40 year old consciousness to bear on this experience; with the result that the trauma, the particular syndrome which attended this 4 year old trauma, was no longer as destructive as it had been. I believe Dr. Assagioli has a similar technique, although it is somewhat different. So, as the trauma is recalled or relived, a co-existing adult consciousness working with a 4 year old consciousness can draw mature conclusions, can break free. So, abreaction may occur, but interpretation by mature consciousness may still prove therapeutic even without abreaction.

On the recollective, analytical level the concern is with life, historical materials, often very vividly imaged - persons, events, behaviors, values. Some therapists ignore the patient's remote past, or at least make no effort to uncover old traumas, and emphasize analysis of recent behavior. The patient is made to examine in detail illogical and self-damaging attitudes and behavior. He admits the need for change, considers alternatives, and alone or

with the therapist restructures his values. With some frequency here unconscious philosophical assumptions enter into his awareness. (A recurring emergent recognition in our work has been the patient's sudden knowledge that he has always considered matter, including his own body, to be evil or inferior. And this notion, he feels, was imposed upon him early, by his church or parents; it may have been caused through sexual or other disorders and usually there is impaired sensory perception in one or more spheres.) The values changes include improving the self-image. Most psychedelic therapists would probably agree with Sanford Ungar that:

"in general, pathological functioning in the patient is presumed to have been determined by a reinforcement history which would have predisposed towards root 'defects' in the self-system (self-image, self-esteem, self-trust, sense of basic worth), and associated value distortions and 'inadequacies'. The nature of psychedelic therapy is reconstructive, premised on the possibility - via the psychedelic reaction - of rapidly establishing and then consolidating the patient's functioning on a core of positive self-acceptance."

Now when the therapeutic change is effected by essentially persuading the patient to restructure his values, increase his self-esteem, begin to behave in more effective ways, the success of the brief treatment owes even more than usual to the patient's suggestibility, prolonged concentration, intense affect - all characteristics of the psychedelic state, all conducive to learning and behavioral change. There also occur on this level therapeutic events unique to psychedelic experience, although hypnotherapy and psychosynthesis also provide some rather similar examples. Now these cases sound bizarre to most people but the benefits, however strangely arrived at, are genuine. For instance, one of my subjects is a woman in her thirties who two years earlier had become frigid and began to have intense pain at the time of her menstrual period. No organic cause was found. During the session the subject's life was reviewed in great detail but without apparent benefit; then, however, she began to insist that she was now aware of her second self that in everyday life was rebuking her and calling her an evil and unworthy person. This second self, she said, would speak to her daily in a voice that was heard by her subconsciously, but now the voice was louder, she was fully conscious of it - remember that LSD tends to intensify and magnify the psychodynamic processes, so that if you have a second self wailing at you subliminally under ordinary consciousness, you hear this self quite clearly under LSD. The subject then entered into a dialogue with her second self, and with encouragement she refuted point by point the various actually unfounded accusations the voice was making. Finally, the subject became very jubilant and told us that the second self had been vanquished, that it had admitted being a malicious liar and that it promised not to trouble her again. The subject said that she now knew that she was a good person who did not have to punish herself by denying herself sexual pleasure with her husband and inflicting menstrual pain; in fact, she was subsequently free of the frigidity and pain. It is now four and a half years later and these gains continue to be preserved. But it may be argued that the patient found it easier to abandon her symptoms than to admit their cause; and other interpretations might be made, but in any case there never was any replacement of symptoms.

In another of these curious cases, a mannish female, who denied homosexual tendencies, had been discussing at some length the combination of facial expressions and ways of speaking which made her appear masculine despite her strong

wish to give an impression of femininity. She felt that if she looked into a mirror she could better isolate the components of her mannishness and eradicate them one by one, and then go on to establish feminine replacements.

Working with a mirror is a very important technique in psychedelic psychotherapy, because you tend to project into the mirror whoever you think you really are; and there is often a gross exaggeration, a caricaturing which is actually the caricaturing process of the unconscious which is going on all the time. And you can, in fact, by a method of will, or of affirmation, in a sense demythologize your caricature and remythologize it and reproject into the mirror image whom you would like to be.

But when this patient looked into the mirror she immediately started to weep and became nauseous and ran to the bathroom. She sat silently for a while and then appeared more composed. Questioned, she said that she had looked into the mirror and seen there the face of her brother. Now this woman had brought with her to the session, "for some reason, I thought it might be important," a 5 x 7 photograph of her brother. He had quite distinctive features, and it now became evident that her own facial expressions were a mimicking or, even as she suggested, a caricaturing of his features. As she continued with this analysis of his mannerisms and ways of behaving she moved around the room and her mannishness seemed to be falling away. She felt "frightened of something coming up inside me, maybe femininity." She was encouraged to continue, "permitting your own femininity to emerge."

The final freedom came, she said, when she complied with an instruction to calmly, and without fear or anger, tear up the photograph of her brother and slowly drop it piece by piece in the wastebasket. The femininity achieved in this session was striking; we thought it best not to explore the relationship to the brother, and why she might have chosen to imitate or mock him.

It is always important to follow up a patient for weeks or months or even years after the therapeutic session until the behavior patterns become firmly entrenched. Especially should there be contact with the patient for the first two or three days after the session when he remains hyper-suggestible to the therapist and reinforcement is thus particularly effective. Supportive counseling with praise and encouragement in assignment of behaviors made possible by the therapeutic change may be all that is required. In other cases a more elaborate post-session psychotherapy will be needed. Without proper follow-up, care and the patient's cooperative efforts to preserve his gains, there will often be partial or total relapses.

The "descent" to the third symbolic level usually requires that insights of importance along with a fair examination of personal problems and of values have already occurred. These allow subsequent symbolization of the psychodynamic and other materials for participation by the patient in symbolic internal dramas that can lead to major therapeutic gains. The prolonged concentration on personal problems with a deepening intensive affective climate also are instrumental in effecting transition to the more profound levels of consciousness. Few of the drug state phenomena have greater therapeutic potential than the symbolic level participation by the patient in mythic and ritualistic dramas which represent, in terms both universal and particular, the essentials of his own situation in the world. Acting out the myth or ritual can produce profound catharsis and so effect personality changes deeper and more sweeping than those

on shallower depth levels of consciousness. I note that the recent literature of psychosynthesis seems to confirm this; for example in Martha Crampton's "Who Am I?" visualization, as you tend to get to deeper levels of the self you seem to get to mythic and ritualistic types of symbolization.

Now here the eidetic images, both in the psychosynthesis techniques and in the psychedelic process, become of major importance as an instrument for therapeutic change. The patient is told to close his eyes. Spontaneous or suggested first experience on this level is likely to be of historical events, and then of evolutionary processes. When the historical events are experienced the patient may observe or feel himself to be the participant in famous battles, coronations, building of the pyramids; he may walk along the Piraeus with Socrates, and so on, or bear witness in a trial in which a witch is tried or a saint martyred. The events may be eidetically imaged in intricate and voluminous detail - I used to get very worried by this because many of my subjects would come up with the most remarkably detailed historical events and I wondered if it was some type of Jungian historical collective unconscious at work. It tended to destroy my whole Weltanschauung; so finally I found a relief for my Weltanschauung and that is that Americans are exposed from the time they are little tiny children to an enormous amount of esoteric and exoteric literature - Time, Life, Newsweek, etc. - rich in historical details. Take the bull ring at Knossos in Crete; you can turn to, say, the February 23, 1957 issue of Life magazine and there is a description of Knossos. So all this detail is imprinted "upstairs" and forgotten till drugs - and I believe, the psychosynthesis techniques also - tend to activate older levels of consciousness, activate the memory banks. This historical detail then clothes whatever image you have with remarkable historical accuracy. So when a subject comes up with remarkable details - such as the bull ring of ancient Knossos or the sewage system of old Mohenjo-Daro I think it is not so much a testament to Jung's Collective Unconscious but a remarkable testimony to the subliminal triumph of Henry Luce and his Time-Life empire!

Similarly, the patient may observe or feel himself to be a part of the evolutionary process. He becomes that primordial piece of protoplasm floating in an early ocean - they always describe that as a very restful stage. And after that he may experience a reliving of the evolutionary sequence up to the emergence of Man - through the reptiles, the amphibians and so on. In doing this they often assume most interesting postures and if you have never been chased around the room by a Woolly Mastodon you have never lived! Again, the descriptions of the evolutionary process are far beyond what the patient is capable of under non-drug conditions. I personally suspect that something with regard to the phylogenetic levels of consciousness is going on, because they do tend to follow a very unique evolutionary sequence, which is almost the same for each subject; so we do know that there are perhaps morphological constants related to the evolutionary process preserved in the body system and, perhaps, in some way, in the psychedelic state - and under hypnosis also - perhaps we gain access to these morphological constants, and re-live them, as it were.

If tapes are played back later a subject will typically deny knowledge of much he experienced or described while in the drug state. These episodes seem to facilitate later experiencing of more therapeutic imagery.

The symbolic world, the symbolic level of myth and ritual which is also a world of legendary themes and figures, or archetypes and other timeless symbols

and essences, is of a more profound and meaningful order than that of the historical, evolutionary sequences. Here, where the symbolic dramas unfold, the patient may find facets of his own existence revealed in the figures of Oedipus, Faust, Parsifal, Don Juan, or some similar figure; and he plays out his personal drama on these allegorical and analogical terms. Or he finds the means of attaining to new levels of healthy maturity through participating in "rites of passage" and other ceremonies of initiation.

Those who have not experienced them find it difficult to understand what is meant by the eidetic images on this level. It is somewhat as if a technicolor motion picture is projected inside one's own head, and there is the possibility that one may become an actor in the drama. The images are usually seen with the eyes closed, although sometimes they may be projected by gazing into a crystal or a black surface. The images are typically brilliantly illuminated and colored, exceeding in their beauty and richness anything^{seen} in the external world.

Now all patients do not have eidetic images, and some see only abstract forms and masses of color. However, with adequate drug dosages representational images are available to most persons too.

Now eidetic images may be related to the images of dreams, but are much more vividly experienced than by a waking consciousness. And that happens with the psychosynthesis techniques too. Unfolding, the images tend to be much more sequential, much more dramatic, much more developmental and far more vivid than the dream images. Also, on the deeper psychedelic levels - as with the deeper psychosynthesis techniques - eidetic images are organized into highly structured dramas wherein the symbols are shaped of the stuff of the personal historic data, and insights made viable and plastic to the myth making process by the patient's evocation and examination of them on the recollective analytical level. Again, we observe the entelechy in which you have first the coming to terms and the flooding of consciousness with personal historical material and then the dramatization of this on the symbolic level, which is far more potent than the experiencing of this on the ontogenetic personal historical level.

The meaning of the symbols is clear or becomes so; the dramas unfold without the seeming incoherence and illogic found in dreams; the dramas tend to be purposive and to have as their objective the healing and growth of the person. The patient has no sense that he is creating them; it is as if by applying proper stimuli a previously inhibited entelechy is made free and functional, using the historical dramas to achieve its healing goals. Again, I refer you to the psychosynthesis techniques which are almost identical.

Ideally, the patient's participation in the dramas will be total, that is, not just by eidetic images but by ideation, by affect and kinesthetic involvement, coalescing as integrated dynamic constituents of the drama. The drama can also unfold on the verbal ideational plane without eidetic imagery; but then the chances of effecting kinesthetic, affective and sensory coalescence are diminished; or should coalescence work, there may be a lesser intensity of response.

In the psychedelic theater of symbols - as in the psychosynthesis theater of techniques - the chief function of the eidetic image seems to be the enhancement of the imaginary events by drawing into the image-ideation complex more factors of affect, sensation and kinesthetic involvement, to charge the experience with more richness and transformative power. In one of our cases, a

professor of philosophy, deeply religious and an ex-Jesuit, brought to his session complaints of a castration complex - diagnosed by his psychiatrist - inadequate sexual functioning (he was married at this point), sensory impairment, and "an abstract intellectual approach to life, various tensions, a Rorschach diagnosis of latent homosexuality" - which he thought to be incorrect - "overall sense of being cut off from full participation in life." He did not want to deal with the castration complex but hoped to become better able to relate to things more completely, establish better contact with the sensory realm, to experience life as a creative person, and to reorient some of his attitudes and values in regard to sex. This person, by the way, was one of the most abstract persons I have ever met - even his gossip was abstract.

In his experience of the sensory phenomena on the recollective analytical level he experienced with profound emotion the death of his grandmother, when he was not quite 4 years old. There was also a vivid recollection of identifying sexually with a little girl. He recalls believing that he had killed his grandmother through a magic act, the smashing of a doll; and when she was buried he said that he felt a part of himself was being buried with her. This incident, he said, had left him cut off from the concrete world. There had also been a symbolic auto-castration; he felt, too, that he also had to liberate himself from identification with the neighbor girl. Now these, with other regressions, with insights, continued for some time producing emotional discharge and recurring episodes of nausea.

He then laid down on the couch and considered his need to achieve a full manhood by overcoming the old guilt, the effect of the auto-castration and the feminine identification. Symbolic drama experience then began and it consisted of a series of vividly imaged rituals which he describes:

"I suspended my thoughts for a while and the materials simply began to come up. I soon had an image of a group of people dancing. They seemed to be primitive people but of white skin. They were dancing around a pole or platform and there was a snake associated with the ceremony. They were dancing, dancing, trying to bring something to life. I had a sense of labor and duration. At this point I was lying on the couch and was having periodic spasms seeming to come from that point of tension at the base of the phallus. These spasms continued through a long series of primitive rituals."

Now this rite he did not understand except that it seemed to be a preliminary to something of much more importance to him. The next was a puberty rite:

"In the next ritual there were boys present, having intercourse with an older woman, with the Earth Mother. Then I saw the image of a huge female figure over me and at that moment there was a bursting reaction of liberation, and the figures seemed to move quickly away. I became very ill and dashed to the bathroom to throw up. I retched violently. This was the most intense of the vomiting spells which seemed to involve my whole body. I had a sense of spitting up deep anxiety from the innermost part of my body, from my toes. There was a realization that I was vomiting up my identification with the female, an identification which had led to terrible anxieties of being castrated. As long as I identified with the female I seemed to be castrated and unless I got to this

level and liberated myself, contact with women in my life would ultimately lead to a sense of castration."

There then followed two additional sequences: a warrior initiation rite, and the other an unnamed Christian ritual which "accomplished the salvation" of the patient and made him whole. In all episodes participation was at all levels: imagery, emotion, ideation, physical sensation - kinesthetic involvement.

"I returned to the couch again and saw dancing, faster and more violent, like a war dance. I think this was the initiation ceremony for new warriors....Then I saw a group of boys killing an older man. This was the father. Then they began eating him. I felt I was there also, mutilating this man; I pulled off his genitalia and saw vividly the mutilated body and the wound in his groin. I felt a deep release of tension and I believe I vomited again.

"Then I returned to the couch and saw more dancing. This time the people were dancing around a raised platform on which people were tied by their arms on supports, perhaps two or three males. Then I had the awareness that I was lying down on my back and that someone was placing hot coals in a circle on the lower part of my abdomen near the phallus. I was afraid but I accepted the situation and entered into the ritual. I ritualistically accepted my own castration. At that moment a man appeared in front of me in the same position that the large woman had been in in the first ritual. I knew that he was the Saviour. I could not discern his features. His face seemed to be white without any features and I could only see his head and shoulders. As soon as he appeared I threw over his left shoulder an animal skin; it seemed to have hair, and to be a piece of goat skin. At this moment I knew that I was saved from castration.

"Then I noticed that people were on the field and were tearing the Saviour to bits and eating his flesh. Then I felt that I was a saviour and was lying on my back being nailed to a cross. Then the cross was lifted up, and at this moment I was a spectator, viewing the Saviour from a distance as he was being lifted up on the cross on the top of the hill for all the people. From the time the Saviour appeared, I had a deep sense of peace and integration. I felt that I was saved and that I was whole."

Therapy on the recollective analytical level can bring insights essential to growth, remission of symptoms, and even elimination of neurosis; but symbolic level work can abruptly and in fundamental ways transform the personality, freeing creative talents, actualizing potentials, and releasing such other far reaching changes, as well as accomplishing the usual therapeutic goal. I have wondered why this is so, and why so many subjects seem to undergo "rites of passage," rituals of symbolic death and resurrection, rituals of the Eternal Return. And we know that for millenia, ever since man has been man, he has undergone these rituals of death and resurrection, of dying to his old self and being born to a new self, a passing from one level of inhibited awareness to a level of sacred reality, of expanded awareness. Ours is really the only civilization since the Renaissance that has been without these symbolic rituals of passage or rituals of eternal return; and I wonder how much psyche and how much history

has been mortified - using the term in its technical sense - how perhaps the holocausts of the past few hundred years have in part been due to the fact that man has no access to this level, this ontological level of himself in which he is ritually or symbolically reborn.

I think it is so interesting that imagery such as this occurs so frequently, I believe, in the literature of psychosynthesis; the deep symbolic visions are of death or resurrection, passage - passing on to higher forms, so that it is as if we are in some sense -ontogenetically or even phylogenetically - imprinted with this necessity to overcome ourselves ritually in the course of our life process and to be reborn to new and higher levels. I suspect that so much of this new consciousness, this new generation with its spontaneous mythic gatherings and "happenings", its getting together, its becomings, the protest marches or what have you, is due to these young people rediscovering this innate necessity of man to mythically come together and be reborn.

Now, in the case just summarized, the patient felt more masculine and his self-esteem was heightened; he was more energetic and his sensory experiences were more intense. One week after the session everything seemed to be going extremely well; in succeeding weeks he accepted leadership positions which he felt that he could not have accepted previously. With a collaborator on a book he was able to resolve long standing conflicts that had made the project seem hopeless. His philosophical understanding was improved considerably, his writing became a great deal more visceral - it was a pleasure now to read it. Five months after the session the patient was progressing excellently; he was really discovering what scholarship means; there was a continuing stream of penetrating insights and deepened philosophical understanding. He now had an integrated view of the world. Personal relationships were no longer on an abstract level; instead, he had "a continuous sense of immediacy, a sense of existing in the moment, a sense of existing in the moment and a real commitment to what is being done." There was a continuing heightening of relationship to Nature, something qualitatively new. Before, he used to walk and say "Nature is silent"; now there is a belonging to nature which was not present before, and this relatedness to Nature he says "has had an effect on my relationship with my wife. There is a shared feeling to the relationship that did not exist before. I also have a deepened sense of what it means to be a father, and have a much better relationship with my children. I think, and apparently my students agree, my teaching has never been better."

A year later he was continuing to make developmental gains and it is now actually three years since the session; I saw him the other day and he seemed to believe that he was continuing with these very positive developmental gains. Objectively he was achieving more; he was "aware for the first time of a more positive dimension to sex as a means of relating to the world." In summation he said, "I am happier with myself than I have ever been and others seem to be happier with me too."

Now all this was the product of a single LSD session with supportive follow up. From the point of view of gains it is exceptional, but it does show the possibilities.

The final level of this experience, the integral level experience, generally follows successful experiencing of the symbolic level. These are what the subjects claim to be religious or mystical experiences, intensely subjective

and private, and once they have begun the therapist or guide no longer has any part to play. It is just like Virgil cannot follow Dante in the realms of bliss; he has to leave him at the door and then Beatrice takes over. Everyone seems to have their own private Beatrice who takes over at this stage.

The emotional content is extremely powerful but serene; the patient feels that he has reached the ultimate depth of consciousness and that he has experienced the depth of his being, the Essence or Ground of Being, or of God. Some subjects have said "I have reached the fundamental Self". Again, I note the equation with the literature of psychosynthesis where Assagioli speaks constantly of this depth level of the Self that is the fundamental ground of being.

Now the effects are the well known ones: of overwhelming religious conversion, Cosmic Consciousness or Peak Experience. As the world's literature abundantly records, the personality can be instantly and profoundly transformed, and the subsequent changes in behavior can be extraordinary for the climate on this level is extremely emotional. It is felt that this intense emotion, this intense affect, serves to synthesize the experiential components and to effect a lasting positive integration of the restructured psychical organization. When you get down to this level you get to the level where a restructured psychical organization can occur. Many of what the subjects regarded as ineffective and self-damaging behavioral patterns seem to have been effaced, or to have been overlaid by a kind of imprinting process. I am speaking metaphorically and not neurologically. The subjects seem to know with perfect conviction that they will in future respond in terms of the new insights and new orientations instead of making the old painful and non-productive responses which they made in the past. Unfortunately, these integral level experiences are very, very rare, even with normal subjects. Possibly by further research we might bring them about more frequently, although I think that the methodology of psychosynthesis is more successful here than psychedelic techniques. If we can bring them about it will be of interest not only to psychotherapy but also for the growth and fulfillment of normal persons to achieve what some men throughout most of human history have pursued with single minded dedication, and who have sometimes been able to alter history's course.

Reports from subjects concerning the structure of their religious and metaphysical experiences show remarkable similarity. But I must make a distinction here; at the integral level one type of experience occurs - either religious, where there is a confrontation with One who always remains "Other," either God, Self, fundamental reality; or mystical, in which there is a dissolution and a "becoming one" with the Other. If I spoke on the confrontation religious-type experience I would be here all day, so I will limit myself to the mystical experience. As I said, the structure of the reports of subjects shows remarkable similarity along with generally confirming the phenomenology of religious type characteristics as you find them in classical literature of mysticism. In almost every case the experience is initiated by the ego dissolving into boundless Being. Now this process is nearly always attended by the subject being caught up in a torrent of preternatural light. For example, one subject, a 39 year old woman, writes: "My body became a body of bliss diaphanous to the rhythms of the universe; all around and passing through me was the life of trillions of animated crystals, blinding incandescence. I was carried by this light to an ecstasy beyond ecstasy and suddenly I was no longer I but a part of the Divine Workings; no I, no you, only the Becoming of Being." This is very interesting; Being is never static, it is always experienced as a dynamic continuum. Again, Being itself is an entelechy.

Another common aspect of these experiences of the patient becoming aware of himself as continuous with the energy of the universe is frequently described by words to the effect that the person was part of a dynamic continuum; it is also experienced as the subject feeling himself to be filled by the Divine process. It is characteristic during this state of consciousness to feel that the categories of time are strained by the tensions of eternity. "Everything was touched by eternity" said one subject. "Time is no longer. Eternity has burst in," said another. "Eternity has flooded the gates of time" said yet another.

The subject experiences the world as transfigured and unified; he describes himself as having been caught up in an undifferentiated unity where the knower, and knowledge and the known are experienced as a single reality. So striking is the correspondence between these subjects in the unfolding and structural patterning of their experiences that I am moved to consider the possibility of a phenomenology of the religious consciousness - both the religious consciousness as it is evoked in the psychedelic state and as it is evoked in the methodologies of psychosynthesis. There is a remarkably similar phenomenology. For example, all who achieve this state in the psychedelic experience and in the psychosynthesis techniques seem to descend to an autonomous region of the psyche wherein reside the shadows of the ontological constructs suggested by the depth psychologists. At the depth of the phenomenological descent resides the mystical and philosophical apprehension of Being. The subject experiences Being as the ground and origin of all its configurations; with the difference, however, that in the psychedelic mystic state and in the state evoked by the psychosynthesis techniques he is freed from the interpretive prism of interpretive perception and claims a direct knowledge and experience of unfiltered primordial energy unknown to the professional ontologist. Thus, he is not likely to compound the ontologist's philosophical error of forcing Being's dynamic fecundity into the rigid framework of banal conceptualization. Rather does he conceive of Being as flux and nexus, process and concretion, autonomously derived but substantiated in the crucible of consciousness.

The method of ontology is to posit a series of hierarchical linkages through which Being may exfoliate from transpersonal levels into consciousness. A cross sectional observation of the psychedelic experience reveals such an exfoliation in its various strata; for example, the level above the integral, the level of the symbolic, or even of phylogenic material, appears from the evidence to be composed of largely autonomous, transpersonal structures which condense the primordial energy in myths and rituals, ideals, forms and archetypes, physical categories, which in turn give operational momentum to conscious life and society. The unconscious symbolic level then can feed the conscious psychological layers with its wealth of evolutionary symbolic and cultural deposits, and in so doing, help the psychological level of man to free itself from its personalistic and analytical dispositions.

So, from this phenomenology it appears that the flood tides of Being, the energy of Being itself, which gains access to the self within the depths of the psyche, reaches upwards to consciousness and concretion and psychological man extends his creative awareness to old constellations and new possibilities. Thank you.

(end of talk)

Discussion

Haronian: On a point of clarification as regards the type of subject you use; these I gather are people who were in therapy for a time prior to coming to you; and that you and your colleagues did not have any direct responsibility for that therapy?

Houston: No, we did not. Perhaps I should explain that I was engaged in research for about 8 years from 1959 on through 1966. Most of my research had to do with studying the phenomenology of altered states of consciousness instigated by the drug state. I am not a therapist; I have my Doctorate in Philosophy and I have the equivalent of another one in psychology but I am not a professional therapist. However, I was engaged for about three years in a training program in which I was training psychologists and psychiatrists in the management of drug sessions for therapy - the kind of training that is not offered by any medical school. What would happen was that I would get so many neurotic subjects when I was supposed to be dealing with what is euphemistically termed "normals" - this happened in the process of training psychiatrists. They would have a session with me and I got some of the most interesting psycho-pathological material! (laughter) The psychiatrist would observe me guiding various sessions - mostly the techniques of guiding - and then (together with me) he would guide one of his therapy patients; and it was from this that I got most of the material for the study of LSD as a psychotherapy.

Wolf: There were so many points that were brought up here that one could discuss, but to take just one in connection with psychosynthesis. I am very glad that Dr. Houston brought out the fact that where a person has a set of symptoms which are being corrected by means of the experience, the symptoms are not replaced by other symptoms. This has been a bone of contention with a great many therapies, whether it be hypnotherapy or other therapies. I would just like to underscore that point; and that this is not an unusual thing. (Houston: You have discovered this in your work, Dr. Wolf?) Yes, but we have the opposite view repeated so often by the "establishment," and these people simply copy and quote one from the other, that I wanted to emphasize the point.

Brodbeck: Your remarks about music interested me very much. If I understood you correctly this brought transitions in consciousness. Could you explain a little more deeply?

Houston: I will give you an example. Let us take just the sensory level; I had a technique I would use which involved bringing together fresh fruit, vegetables and flowers, and encouraging the subjects to get very deeply, even empathically, involved with the fruits and flowers. For instance, I would have the subject cut open a door in a pepper - and that is fascinating itself, without LSD - and he would find himself looking into a vast cathedral and would get deeply involved with this vision. With these heightened sensory sensibilities, the question was how to lead him down to the next stage. So then I would put on the record of Beethoven's 6th, the Great Pastoral Symphony, the great paean to Nature. Here we have this almost ecstatic involvement in Nature and its processes, and this hymn to Nature would lead him on to a more contemplative psychological, or even a kind of mystical, category.

With regard to the second stage, the recollective analytical level, we often found, for example, that the music of Tchaikovsky is extremely important

for there you hear the whole passion and tragedy of man; and people would take the music and actually see their whole lives symbolized in Tchaikovsky. With the third level we did not often use music, except ritualistic chants, because of the danger of imposing a pattern. But often the subject's own internal music was so loud - beats and chants - that you did not need outer music at that stage. And for the fourth stage, of course, there is only one - Bach! (Haronian: How about Carl Orff for the third stage?) Yes; I have used that. The problem is that it is so powerful that one tends to forget one's own internal drama. But it is true that you can effect radical changes in mood by changes in music. I have been very careful about using certain types of electronic music. Interestingly enough, most psychedelic subjects have a horror of the metallic, and of things that are too blatantly contrived, synthetic. Electronic music with its metallic sounds has been experienced very very negatively. Harp music or the harpsichord is received very positively. Regular drum beats and Zen chants will send them into these long reflective reveries. The experience of becoming one with the "music of the spheres" is very very common in the psychedelic experience - also in some of the techniques used by psychosynthesis - where there seems to be no real break-off point between you and the music; you are the music. This is the molecular and energetic level of the universe; one becomes almost Pythagorean in one's music mysticism in this state.

Wolf: Have you tried to see what music does what, or which phase of the music is especially effective, or does the effect tend to be individual?

Houston: It tends to be individual. Pitch, unless it is highly unpleasant, does not seem to be an important factor. Rhythm and intensity are the more dominant emotogenic factors.

Wolf: Can you tell beforehand whether a person is more likely to respond to rhythm or intensity, etc.?

Houston: Yes, the extravert tends to respond to the rhythm, the beat of the music; on the other hand the more psychologically involved types are certainly greatly influenced by the patterns and qualitative intensifications of music.

Dr. Wolf: Would a certain set of people respond more to this modern kind of music with its irregularity of beat and dissonances than to, say, Beethoven or the more classical music?

Houston: Certain patients have a predisposition to modern music and its dissonances and get ecstatic over an Alban Berg or a Schonberg; but most people do not. For instance, with the Alban Berg or the Schonberg they would say "Ah! this is the pluralistic universe with all its dissonances and its chaos, a wonderful jumble that comes together" - invariably they see the jumble as coming together; but most people do not want to have to work that hard and they would rather be carried along by a more basic rhythmic flow of music.

Goldstein: From the standpoint of Neurophysiology and Neuropharmacology it is always bewildering to hear the description of so many psychic effects. If one seeks to measure what kind of effects are produced by drugs such as LSD, one invariably ends up with a pronounced decrease in the variability of responses or spontaneous activity. For instance, Werner Koella showed that potentials evoked by light stimulation become invariant following LSD. We have done extensive work a few years ago on brain waves. A really remarkable phenomenon occurs following hallucinogenic drugs: when visual imagery takes place the cortical brain waves

become stereotyped: they repeat themselves constantly with equal frequency and amplitude. This is quite different from "normalcy" in which the picture is one of extensive variability for both frequency and amplitude. Now, I have great trouble understanding how these apparently contradictory situations, enormously variable mental processes and invariant brain waves, can be reconciled. On the basis of localized surface recordings of brain waves, one would interpret the effect of LSD as a loss of function more than anything else.

I wonder whether there would not exist the possibility that highly localized losses of function could not result in a decrease or lifting of certain inhibitory mechanisms, with the result that phenomena usually "drowned" in the extremely diversified brain function would become prominent. I would like to have your opinion on that possibility. Are there other mechanisms which would reconcile these conflicting facts?

Houston: You are talking about the electroencephalographic measurements of the psychedelic state? (Goldstein: Yes.) Not being a neurologist I do not know that I can answer your question adequately; however, in addition to the definite alterations in the brain pattern - you know of these specific studies (Goldstein: Yes.) - we are also dealing with the alteration in reticular stem formation, older areas of the brain. Thus, I really feel that there can be no reconciliation at present research levels with this problem. I think there are so many more variables present with regard to this reticular activating system that I think that only when we have the broader spectrum from the many variables of brain activity we may be able to answer the question; but as of now I do not think that that kind of neurological evidence is in, do you?

Goldstein: No, it is bewildering because if you were to judge the brain functions as we know how to measure ^{them} at present and if you did not know what the subject experienced you would end up with a diagnosis and you would say "look, you have lost 90% of the brain function," while in fact there is if not an increase at least a profound change. You brought up the subject of the reticular formation. Again, from the standpoint of neurophysiology we know that if one increases the output of that formation on the cortex, one produces prominently hyper-arousal and anxiety, which is certainly not what you describe your subjects have experienced. So it is very difficult to reconcile Neurophysiology and Psychology. There is obviously need for much more work to be done.

Houston: To draw a simple historical analogy I am reminded of the classical mystical experience, where the mystic goes into the desert and focusses on a very, very limited field and yet appears to enjoy exalted and expanded states of consciousness. Now neurologically this should not happen - the mystic should not have his experience! They are doing this at the All India University; Dr. Anand in fact does give electroencephalographs to yogis who go into Samadhi on cue; and as you say, this inhibition of brain activity, seems to be going on and yet the yogi is fully cognizant and is enjoying a relatively exalted state of consciousness. So obviously, I think we have put too much of a premium on the interpretation of the brain wave function. There are many more variables that are operational here.

I am currently engaged in a project to evoke the same phenomena that I described earlier tonight, but without drugs; for as you know almost all LSD research ended in 1965 or 66 - I think very foolishly, because in trying to solve the social problem, they confused it with the scientific problem; so that currently there are

only about five projects with humans - and not with normal people either - mental patients, alcoholics, or terminal cancer patients. But in an attempt to try to explore more intensely this phenomenology of the types of consciousness revealed in the psychedelic states of LSD, a few of us are trying to find new types of techniques to evoke similar phenomena. And perhaps you may be heartened to know that the most effective non-mechanical techniques are the techniques of psychosynthesis. They elicit very similar types of phenomena.

I am using those techniques now at my Foundation. The importance of the drug LSD, you see, was not in the experience itself, merely in the way it seemed to reveal a cross section of psychological structures and what is possible to consciousness. Whatever is possible to altered states of consciousness, is possible to ordinary consciousness (whatever that is). So we are utilizing all kinds of techniques to evoke the same phenomena. We have for example, a device, "an altered state of consciousness induction device," nicknamed "ASCID". This consists of a very large cradle or cage, seven feet high, made out of steel, which is suspended from a platform. The subject is put into a special suit and tied into this cage - not for masochistic reasons but for support. He wears two masks to keep out the light. The subject then is suspended and begins, by the effort of his own body movement on this very sensitive kind of fulcrum, to swing back and forth. This happens spontaneously, and within anywhere between two and twenty minutes most subjects fall into not an hypnotic state but an altered state of consciousness, in which there is a tremendous proliferation of imagery in a progressive form. There is also the phenomenon of ego dissolution. For instance, he looks down and there he is, five years old, going to school; or he has various subjective types of regressive and mystic type experiences, experiences of death and rebirth. There also occurs a tremendous amount of visualization of the psyche. Interestingly enough, we have discovered that a good number of subjects will spontaneously get an image of the concentric circles or the different levels of the self and that these become more and more potent as the subjects become more and more what they really are. In many cases, nothing of this is suggested to the subject; it happens spontaneously. So with this type of device we will continue our studies into the phenomenology of the states of consciousness. The value of it is that although the subject is suggestible he is not - as he is in a hypnotic state - passive to the guide; he is on his own trip. I can suggest to the subject however "when you get out of the cradle fully awake and fully cognizant, you will experience" (as in some of the Aaronson experiments) "expanded depth perception and expanded sensory awareness." So he gets out, and there he is with expanded depth perception and sensory awareness - and, of course, I have to stop this before he leaves because I don't want him going out driving a car in that condition!

Another technique we use is what we call an audio-visual-environment, abbreviated AVE which means both hail and farewell - what the Holy Ghost had to say to the Virgin Mary in His visitation. When you are dealing with these ecstatic states of consciousness it is always good to keep humor in your armamentarium!

This is probably the most sophisticated multi-media device in New York today. We have had several hippie geniuses working for many months helping us invent it. Actually it was invented - at least we gave the design to him and he did the work for us - by the man who helped create the Electric Circus, but it is far more sophisticated than the latter. Our device consists of a very large chamber in which the subject sits before a curved screen and has earphones on; pictures are projected by films, by dissolve slides, which are actually linked to

a computer so that a certain type of music will dissolve slides at different rates. The slides are surreal, organic landscapes which we have painted ourselves; and these things dissolve and flow with different types of electronic music, chants, etc., all happening at the same time. There is a very careful and critical kind of orchestration between slides, rate of dissolve, and music. The effectiveness of this is extraordinary; almost everyone gets into a state of ego-dissolution, a state of enhanced feelings, of physical sensations - ecstatic or even erotic; states of projecting oneself into the screen - often we have to remind the subject that he is not the screen. These are normal subjects, and we are using this because we believe we are in fact stimulating particular patterns, particular structures of the mind; and after a while the subject no longer sees what is on the screen and he begins to project his own imagery, symbolic imagery, some of the old mythologic dramas that we used to get with our drug subjects. We are working with artists, novelists, engineers and these people tend to project symbolically their problems onto the screen, and solve their problems; because again, you are dealing with older areas of the brain, the reticular stem processes (which are much more primary than primary process) in which the person is not dealing with analytical structures which have caused him to be hung up on his particular problem but you are dealing with whole gestalts, whole patterns. The person tends to project the pattern in gestalt formation and get a solution; because all great creativity is after all the manipulation of patterns or of symbolic forms; it is rarely the manipulation of linear sequences. So what happens in this kind of altered audio-visual-induction environment is to stimulate levels of consciousness which are tied up with the symbolizing, visualizing and creative processes. We are studying now the phenomenology of creativity and trying to find ways of accelerating the learning process.

Haronian: I was wondering if you have tried to reduce the audio-visual stimulation and so leave the subject with a more and more ambiguous situation to project onto.

Houston: We can structure our slides or films to evoke, say, anxiety. We have many thousands of them so we have orchestrated programs for almost any mood we would care to evoke; but these are not as effective as the ambiguous ones in which the subject has much more freedom and autonomy to project.

Haronian: What I was meaning is that when the subject's own fantasies and imagery, etc. starts to happen, have you tried gradually to remove the actual stimulation?

Houston: Oh yes. You see, the program comes to an end, gradually, but the subject still sits there and he is still seeing images and perhaps hearing some great symphonic music. For instance, I had a perfectly normal subject and when I asked her how she liked the music she said "It was the most beautiful symphony I have heard - was it Beethoven?" But this was something that she was projecting into the whole thing. So subjects will often continue to project after the program is over, they are "doing their own drama."

Haronian: I just had an idea of how it might be enhanced. By producing a kind of fog-like visual situation such as one might get by pasting ping pong balls over one's eyes, and continuing with a very amorphous like musical stimulation.

Houston: We do this. We have what looks like a man-from-Mars-helmet, made out of a kind of opaque plastic which has its own sound system and its own air

system suspended from the ceiling. We put it on the subject and then we project whatever - it doesn't make any difference, because nothing is going to be clear; everything is going to be foggy and misty, and music similarly. What happens is very rapid ego-dissolution, quasi-mystic type of states and also a great deal of personal projection. So although it is misty, after a while he sees specifics which do not relate to the specifics that are being projected.

Elizur: With how many of your (LSD) subjects did you get therapeutic results?

Houston: Well, they all claim to, but I discount some of them. The proof of the pudding is in the telling; and I think that except for these people who reach these very deep levels of consciousness, no real transformation occurs unless the patient is willing to put in many days and weeks afterwards in integrating his insights - either in therapy or not in therapy, with the guide, working with me. I have been on the back of so many subjects making them do various tasks in the effort to integrate these insights into their daily life. I know that there are people like Timothy Leary who do claim a kind of instantaneous imprinting but I doubt very seriously whether that happens. I also doubt seriously whether much therapeutic affect happens to people under 22 years of age. Under 22 years of age the ego structures are far too fluid and LSD can work like a kind of Humpty-Dumpty syndrome; it can often deglue them and they don't come back the same person. And also, with regard to the great ecstatic revelations that they claim to have, they don't seem to have the personal structures to incorporate them, however important they may be. Most positive LSD therapy happens with people well over 22. (Cooper: Over 30 would be better!) Yes.

Elizur: I would like to know more of your techniques as a guide; and if the guide would supposedly have been another, would he possibly have used another type of technique to make it more specifically therapeutic? For different types?

Houston: Yes, there are certain techniques that don't work. For instance, taking a subject back to a childhood trauma, dwelling on it for eight hours does not work; the subject gets either hysterical or extremely anxious or else he will turn off completely and have nothing to do with his therapist. Let me tell you about this psychiatrist whom I had as a subject, a sick fellow. He wanted to go back into his problem; he wouldn't look at anything, he wouldn't listen to music. He said "I don't want that stuff, I want to be with my problem." He wanted to stay there with his problem and finally I got sick of it, so - I had a pomegranate in my hand - I walked over to him and split the pomegranate open right in front of him - the seeds of the pomegranates are very impressive - and he said "Ah! the seeds of anguish, the wounds of discontent." But he was able through this image to get a great deal of visceral content and to come to terms with his problem in a very radical way and in a very non-reflective, non-cognitive way, which he had not done normally through years of reflective analysis. So, there are many, many tricks to the psychedelic trade. The whole process of being a psychedelic guide is a whole new profession. It certainly draws upon the traditional techniques of psychotherapy but it also calls upon the shaman, the priest, and what have you. Sometimes many things have to be calculated for emotogenic effect that the subjects cannot anticipate.

Haronian: Have you taken people on more than one trip?

Houston: Yes, but rarely. (Haronian: What is the effect of a second or third trip?) We described this in great detail in our book, The Varieties of Psychedelic

Experience. They tend to do entirely different things; they rarely return to the same place. And on several different occasions the subjects have tended to go to a deeper level of consciousness. The first time they may only go to the first level; the second time they may go quickly through the first level to the second. (Haronian: Then it is advantageous to have multiple trips?) It depends. Let us say generally not more than two. Also, we are dealing with an unknown. LSD is really a very primitive substance, and we do not know the long term effects on the brain. The chromosome business turned out to be a boondoggle; I mean, it just does not ring true. There have been many articles in Science for example, repudiating all that evidence about chromosome breakage. Chromosome breakage, if it exists, is in no way as important as the possible psychological damage to the subject. (Cooper: Yes, that is why the subject should be over 30 years of age; it is the younger ones who get damaged because they have not matured enough. And this is the major problem as I see it. The Penitentiary is full of them!) But with the ostrich like attitude of the government in regard to this, what we have virtually done is to create a black market. When the government slapped on restrictions, this gave a charisma to Leary and created the whole psychedelic underground and this tremendous usage by people all under 30. If they had had, instead, a vastly extended research program then most people would not have gone to the friendly pusher on the corner; they would have probably waited to go to a proper scientific research center where they would get the best guidance, the best preparation and the best experience.

Cooper: And most of the stuff is not real LSD.

Houston: As I understand it, the real formula of the pure LSD was never really published - what was published was the gross industrial formula, so all these kids in the chemistry labs have been cooking up these batches of "bathtub gin LSD." It is very unstable at the molecular level and they have been coming up with the darndest combinations, which do have an analogous effect, but it is not LSD, and what it is doing to the brain we don't know. Interestingly enough, it is not with the pure LSD that the so-called chromosome breakage has been found; it has been found in this home brewed stuff. Real LSD does not seem to cause it. Of course, the whole point is academic now, because all the stuff that is around is phoney LSD. Also, 25% of all LSD now contains methadrine, which will scramble your brains. Methadrine can cause lesions of temple lobes. It is very, very dangerous.

Wolf: When we did work with LSD we experimented a good deal with the speed with which the effect is produced; in other words, whether you give the dose in one shot or over a period of an hour and a half or two or three hours; and the same with the wearing off. I was wondering if you had noted in your psychedelic experiments in your Institute whether there are any differences in these new modalities which you are using - between the cradle, the screen, or any of the others; and whether there is a gradual very slow leading into the experience rather than a swift entry.

Houston: Well, with regard to the LSD, in our research up to about 1962 we would give a dose all at once - a 100 or a 150 micrograms, and then I began to see the advantages of giving 75 and then 100 or 125 after about an hour into the session - when they had gotten used to the psychedelic sensibilities.

With regard to the drugless experience, it is a question of their own physiology; some people tend to go into it "wham!" but most people will not. The

people who tend to go "wham," all the way, tend to be those who are very impressionable, neurotic, young girls about 19 years old. They are just out in about 5 minutes. But with most people it tends to be a gradual thing; if they tend to go too fast I might give them an image to play with - a green meadow; I often use some of the images given in the translation of Leuner's work; the "wise old man" is a remarkably potent image. He very often tells people the essence of their problem; he symbolizes, he crystallizes the contents - indicates the most important thing that person needs most. This particularly applies with subjects that I would describe as not very intelligent, not very aware of their own processes - the only term for them would be real "nebbishes". There is no other word, we don't have the equivalent in English. But get them into the cradle and into this confrontation with the "wise old man", and he has things to say to them which are extraordinary. In their wise old man phase I would take them to be 20 years older and fifty points higher in IQ! It often has to do with "Here you are, this jewel that is surrounded by these clouds and mists of self-destruction; and how can this jewel be polished?" And the "wise old man" will give very specific recommendations. If ever we can talk about transpersonal symbols in the psyche, this wise old man certainly seems to be one, because it does not seem to be coming from anything in their life historical material.

Cooper: Up at the Penitentiary we have dozens of people who are regularly in communication with their "wise old man" (Houston: They take the place of the therapist.) And how!

Brodbeck: I am interested in the application of this sort of thing. Suppose people have some kind of project or the solving of a problem of some sort, is there any evidence to indicate that at some stage of this experience in the "cradle" is there evidence of their creativity being increased?

Houston: Yes, I have had quite a few cases of people who have had quite specific creative problems - and engineering and scientific problems and blocks. Some of the structures of the self have been confronted in the cradle, or with similar techniques (we have some 60 or 70 different techniques which we use). As the result of these techniques the subjects have these very intense, very affective, dynamic confrontations, and the self seems to give them not so much answers as the energy to continue. As a result of the work we have been doing over the past 15 months we can chalk up three finished novels (not ours, other people's), three non-fiction academic pieces, a number of paintings, and a number of engineering projects. So it is the releasing of a creative process. It is the tuning into a process that is there and available, the structure is available to consciousness. Our whole problem is that we have so limited a consciousness, our whole notion of consciousness. Here we are, living with a 20th and 21st century technology but with a 17th century reality pattern, essentially the old Cartesian reality pattern, and I think that the so-called generation gap is not so much a gap in years as it is a gap in consciousness, and as a gap in the availability of the types of consciousness to normal reality patterns. Sometimes you call these people crazy, but always the psychopathology of one generation is the expanded reality pattern of the next. I think that is what we are seeing happen now.

Brodbeck: What is this Cartesian type of consciousness?

Houston: A consciousness that is split, very narrow, as limited to or split off from the body and certainly split off from the environment; as being a kind of encapsulated ego; as being really kosher when it is being analytical, cognitive

- McLuhan and his Gutenberg galaxy have certainly something to offer here!; invalid when it is poetic, aesthetic, expanded or even sacramental; whereas we know that consciousness that changes history for the better does not seem to participate narrowly in this kind of limited, linear awareness - it is ecstatic, it sees itself as a consciousness that is open to the environment.

Man is not organism; he is organism-environment; it is consciousness that is aware of extended reality. I call the sacred or sacramental consciousness the consciousness of expanded reality. Now I maintain that this is a normal form of consciousness which has been truncated because of the Cartesian hang-up of the past 300 years. And I think that the real revolution in our time is not so much economic as it is the revolution of consciousness which is going to be effective in the next 20 or 40 years.

(In response to undecipherable question. Ed.) Nature is not "other"; it is part of ourselves. I think that perhaps many people have tended to swallow too wholeheartedly Eastern thought because of seeing nature as this process or continuum - we get lost in the vicissitudes of Kali and Shiva and never come back again; whereas in fact these structures of nature as process, which can be organized rightly, is something which is native to the human psychodynamic structure if we only bothered to look inward and discover these structures. More than any other techniques I know, the techniques and methodology of psychosynthesis have afforded really the best appropriation of this natural continuum of process which is Man.

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