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Mystical and Archetypal Experiences of Terminal Patients in DPT-Assisted Psychotherapy

WILLIAM A. RICHARDS

Among the different altered states of consciousness facilitated by the administration of psychedelic drugs in a supportive setting, there are two general types of experience that appear to be of potential importance in accelerating and qualitatively enhancing psychotherapeutic processes.* The first type of experience encompasses what might be called "conventional psychodynamic phenomena" such as vivid experiences of regression to childhood and infancy, intensified transference, emotional expression of early deprivation and conflict, and symbolic manifestations of what Stanislav Grof has termed "systems of condensed experience."[1] These altered states basically are congruent with mental processes well known in dynamically-oriented psychotherapy that often are presumed to be of importance in contributing to conflict resolution and increased personality integration. Potent as such psychodynamic experiences often appear to be in facilitating psychotherapeutic progress, usually they are not viewed as "religious experiences," except insofar as any intense experience of emotional catharsis and interpersonal acceptance may be deemed to be of some religious import.

The second type of experience, on which this article focuses, includes *mystical*

William A. Richards, S.T.M., Ph.D., is Research Associate, Department of Psychiatry, University of Maryland School of Medicine, Baltimore, and Assistant Professor, Antioch College, Columbia, Maryland.

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Among the colleagues who have contributed to the psychotherapy research with cancer patients are Francesco DiLeo, Judith Floam, Louis Goodman, Stanislav Grof, Nancy Jewell, Albert Kurland, Ann Lansinger, Karen Leihy, John Rhead, Ilse Richards, Lockwood Rush, Charles Savage, T. Glyne Williams, and Richard Yensen.

* Other types of experience not discussed here include perceptual changes in various sensory systems of the body, or symbolic dream-like sequences in which the meaning remains veiled, either of which appears to have minimal therapeutic potential, and experiences of confusion, panic, or paranoia that may prove to be antitherapeutic if competent therapeutic direction is not immediately available.

consciousness and the archetypal visions that sometimes precede or follow its occurrence. In contradistinction to psychodynamic phenomena that appear to be rooted in the subject's unique personal life history from birth to the present, mystical and archetypal forms of experience often are alleged to be universal and intrinsic to the human psyche, even though the content of such experiences may resonate profoundly with the subject's existential needs in everyday life. Within the paradigm suggested by Carl Jung, psychodynamic phenomena may be considered expressions of the "personal unconscious," whereas mystical and archetypal phenomena may be viewed as manifestations of the "collective unconscious."

Whether or not mystical consciousness and/or archetypal experiences are considered "religious experiences" basically depends upon how one chooses to define "religion." It is clear that they are very impressive psychological events, and that many persons who have such experiences refer to them as "religious experiences," including persons who have minimal ties with an institutional church or synagogue or who have tended to view themselves as agnostic.

A definition of mystical consciousness

Before advancing further, a definition of the term "mystical experience," or its synonym "mystical consciousness," as used in this article is in order. Concisely, the term is defined herein as a form of human consciousness the nature of which, when retrospectively described, may be found to include the following six categories: 1) Unity; 2) Transcendence of Time and Space; 3) Objectivity and Reality; 4) Deeply-Felt Positive Mood; 5) Sense of Sacredness; and 6) Ineffability and Paradoxicality. These categories, explained and illustrated in detail by Walter Pahnke and me,[2] arise from the research of several scholars who have attempted to describe phenomenologically the core of an apparently universal form of human consciousness, without reliance on culturally-determined theological or philosophical interpretations.[3–9] Briefly, these six categories may be delineated as follows:

The first category, *Unity,* refers to the transcendence of the subject-object dichotomy of perception during mystical consciousness. Instead of standing as a subject in polar relation either to objects in the external world or to specific thoughts, symbols, or visionary images within one's own mind, the experiencer seems to merge into a unity that transcends all empirical distinctions. Although such unity entails the transient "death" or "transcendence" of the empirical ego (i.e., the personality or usual sense of self) followed by its "rebirth," consciousness paradoxically remains in that state of mind that follows "ego-death" and precedes "ego-rebirth." The second category, *Transcendence of Time and Space,* reflects the description of mystical consciousness as transcending usual three-dimensional environmental perception and also somehow being outside of the entire historical drama, including past, present, and future. This state of transcendence sometimes is called "eternity" or "infinity." The third category, *Objectivity and Reality,* perhaps most perplexing to the person unfamiliar with this literature, denotes that aspect of mystical consciousness

that William James named "the noëtic quality," writing, "although so similar to states of feeling, mystical states seem to those who experience them to be also states of knowledge. They are states of insight into depths of truth unplumbed by the discursive intellect."[10] Following such experience, subjects often claim to have recognized intuitively a more fundamental form of reality than the phenomena of everyday consciousness. Frequently the experiencer reports a compelling certitude about the validity of the insights encountered and tends to view the altered state as intrinsically self-validating.

The fourth category, *Deeply-Felt Positive Mood,* reflects the elements of love, pureness, and peace, and occasionally joy, that are reported to be inherent in mystical consciousness. The feelings of peacefulness often are attributed to a noëtic insight that ultimately there is no ground for anxiety. Encompassed in the fifth category, *Sense of Sacredness,* is the aspect of mystical consciousness reflected in the term *mysterium tremendum* that Rudolf Otto introduced to indicate the elements of awe, majesty, and energy.[11] Irrespective of the religious or secular enculturation of the experiencer, mystical consciousness often evokes powerful feelings of humility and reverence, sometimes described as those of a creature confronting its creator or of the finite encountering the infinite. The final category, *Ineffability and Paradoxicality,* indicates the alleged dilemma of the rational mind when, in striving to express significant aspects of mystical consciousness, it often finds Aristotelian logic inadequate and finds itself formulating paradoxical assertions not unlike the koans of Zen Buddhism. A void was experienced that contained all reality. One died, but yet was alive. Ultimate reality may have been perceived as impersonal, yet personal; without qualities, yet possessing qualities; unchanging, yet in process. Classical philosophical antinomies, including the one and the many, and freedom and determinism may, like space and time, be viewed as finite mental constructs. The content of mystical consciousness typically is felt to include and transcend all of the polarities of human thinking. Because of these factors and the sheer intensity of the experience, which often is claimed to surpass usual expectations of the range and potentials of human consciousness, persons often assert that it is ineffable and cannot adequately be expressed linguistically.

A definition of archetypal experience

Whereas the term "mystical consciousness" denotes a unitive state in which there is no observing subject and thus no objects of observation such as visionary forms or images, the term "archetypal experience" refers to a state of mind in which the ego encounters, and sometimes approaches and identifies itself with, one or more visionary figures. Although this type of experience in itself does not entail a sense of unity, it may immediately precede or follow the occurrence of mystical consciousness. The other five categories included in the definition of mystical consciousness, however, generally apply to archetypal experience, although in a lesser degree of intensity.

The term "archetype," which can be traced back through at least twenty centuries of philosophical literature to Philo, was introduced into modern

psychology by Jung and defined as a "universal image" or a "foundation stone of the psychic structure."[22] Among the archetypes that have been reported and described by subjects participating in psychedelic drug-assisted psychotherapy are the Wise Old Man (sometimes interpreted as the father aspect of the Christian trinity in anthropomorphic form); the Christ, either as child or adult; the Great Mother; and the Buddha or Bodhisattva. Not uncommonly the visionary encounter with an archetype is described in terms of a sequence of images that depict classical mythological themes.[13]

The role of psychedelic drugs in facilitating mystical and archetypal experiences

Turning to the role of psychedelic drugs in facilitating the occurrence of mystical and archetypal experiences, it is suggested that such compounds as lysergic acid diethylamide (LSD), methylenedioxyamphetamine (MDA), dipropyltryptamine (DPT), and psilocybin—the substances employed in investigations at the Maryland Psychiatric Research Center—may best be viewed as agents that evoke an "undifferentiated activation" within the central nervous system.[14] This unspecific psychopharmacological activity, in turn, constitutes an *opportunity* for the resolution of psychological conflicts and the exploration of the so-called "deeper levels" of consciousness. How one responds to this opportunity, the nature of the psychological content encountered, and the positive growth or negative decompensation that may ensue from the experience, clearly depend upon extrapharmacological variables.[15] Most basic among such variables appears to be the personality structure of the subject and the quality of the interpersonal interaction that characterizes the therapeutic relationship. Of decisive importance seems to be the subject's capacity to suspend temporarily the usual mechanisms of ego defense, to accept the flow of altered forms of consciousness, and to trust in an essentially unconditional manner—a factor that may well have parallels with the experiential dimension of religious faith.

It also may be stressed that most, if not all, of the altered forms of consciousness encountered during the action of psychedelic drugs also may be facilitated by means of nondrug induction techniques, including various forms of meditation, hypnosis, and sensory isolation or overload. The unique promise of psychedelic drugs in psychotherapy—and their dangers if misused—lies in their potency in reliably engendering radically altered states of consciousness, especially in persons who are strongly resistant to milder forms of potentially psychotherapeutic intervention.

Concerning the value of mystical and archetypal experiences

The personal significance of mystical and archetypal experiences for most persons who encounter them is generally without question, irrespective of whether such experiences occur spontaneously or are evoked by drug-assisted or nondrug-assisted procedures. Unlike the typical nocturnal dream, these experiences usually are described as having a numinous quality and tend to be

vividly remembered even decades after their occurrence. The insights inherent in experiences of this nature often seem to become centrally incorporated into the person's subsequent religious or philosophical perspective on life.

The impact of these experiences on everyday attitudes and behavior, both initially and over time, however, is subject to question and constitutes an area in need of careful investigation. The pragmatic approach espoused by William James in his survey of the varieties of religious experience continues to be germane, namely, that it is by the "fruits for life" that ensue from an experience that its importance – if not its validity – may be determined.

In order to explore this issue, I designed and implemented a research project at the Maryland Psychiatric Research Center in collaboration with Sinai Hospital of Baltimore to investigate the hypothesis that terminal cancer patients who experienced mystical consciousness in the course of short-term, psychedelic drug-assisted psychotherapy would manifest greater therapeutic improvement, as measured by the Personal Orientation Inventory (POI),[16] than patients who participated in the same form of psychotherapy, but did not experience mystical consciousness. The POI was administered to twenty-eight terminal cancer patients at the time of screening for the program of brief psychotherapy and approximately four weeks later following completion of the experimental treatment intervention. Treatment consisted of a mean of twenty hours of individual, dynamically-oriented psychotherapy that included a single, intensive therapy session assisted by dipropyltryptamine (DPT), a short-acting psychedelic drug.[17] The purpose of the treatment as developed during the past decade was to relieve the depression, anxiety, and interpersonal isolation reported by these patients and to assist them in living whatever time might remain before death in as full and meaningful a manner as possible.[18] In accordance with existential approaches to psychotherapy, it was theoretically assumed that the confrontation of the reality of death, as well as the exploration of other areas of psychological conflict, could facilitate conflict resolution and lead to enhanced personality integration.

In order to determine whether or not a subject experienced mystical consciousness during the period of altered consciousness engendered by the action of DPT, the Psychedelic Experience Questionnaire (PEQ) was administered on the day following the drug-assisted therapy session. Employed in studies at the Maryland Psychiatric Research Center since 1967, this questionnaire consists of 100 items that are rated on a 0–5 scale of intensity, 43 of which were designed by Pahnke to measure the presence of each of the six categories included in the definition of mystical consciousness.[19] The remaining 57 filler items are intended to indicate the occurrence of phenomena associated with other, nonmystical, altered forms of consciousness. As was specified before the clinical phase of this study began, a cutoff point of 60% of the maximum possible score for the mystical experience items of the questionnaire was established as the criterion to be employed in order to separate the subjects following their DPT-assisted therapy sessions, in a necessarily post hoc manner, into those who were deemed to have experienced mystical consciousness and those who were deemed not to have had that depth or quality of experience. As

indicated in Table 1, the resulting groups proved to be clearly disparate in regard to the intensity of the contents of the six categories that define mystical consciousness.

When the scores obtained before and after treatment (that is, at screening and approximately four weeks later, one week following the administration of DPT) for the two groups were compared, it was found that the group of subjects that experienced mystical consciousness had manifested psychological improvement of greater magnitude than the group that did not have such experience. Dependent *t*-tests for the group of subjects that experienced mystical consciousness indicated positive changes of statistical significance on nine of the twelve POI scales; in contrast the same statistical procedure indicated no changes of significance for the group that did not experience mystical consciousness. As the various POI scales are interrelated, the number of scales that reached significance is not especially noteworthy; the cluster of significant results for the group that experienced mystical consciousness, however, suggests a different response to the therapeutic procedure. In order to correct for possible baseline differences between the two groups, the data were also processed by analysis of covariance (employing the baseline, pretherapy findings as the covariate controls). As indicated in Table 2, statistically significant results were found on two scales, indicating that the subjects who experienced mystical consciousness reflected greater "capacity for intimate contact" and greater "flexibility in application of values" (existentiality) following treatment. Other factors that might have contributed to this differential response to therapy, including baseline personality traits as measured by the POI, the Mini-Mult (a brief form of the Minnesota Multiphasic Personality Inventory), and independent ratings on two psychiatric rating scales, as well as variables of duration of

TABLE 1
Differences Between Subjects Who Experienced Mystical Consciousness (MC) and Subjects Who Did Not on Scales of Psychedelic Experience Questionnaire

Scale	*Subjects deemed to have experienced MC (N = 13)*		*Subjects not deemed to have experienced MC (N = 15)*		*Difference between means*	*t**
	M Percentage	*SD*	*M* Percentage	*SD*		
1. Unity	74.4	20.3	24.9	14.9	49.5	7.43
2. Transcendence of time and space	76.8	22.3	37.0	23.0	39.8	4.64
3. Objectivity and reality	81.9	14.4	37.0	28.6	44.9	5.12
4. Deeply-felt positive mood	81.5	11.2	40.1	24.1	41.4	5.68
5. Sense of sacredness	81.3	22.3	40.1	21.7	41.2	4.95
6. Ineffability and paradoxicality	76.9	18.4	26.7	22.1	50.2	6.48
Combined Total	78.5	13.7	34.5	13.9	44.0	8.39

* all $p < .001$.

TABLE 2
F-Tests Between Adjusted Means (Analysis of Covariance) of POI Scales for Subjects Who Experienced Mystical Consciousness (MC), N = 13, and Subjects Who Did Not (NM), N = 15

Variable	*Group*	*Pre-therapy means** (covariate x)*	*Post-therapy means** (variate y)*	*Adjusted y means*	*F*
Time competency	MC	30.8	41.3	43.8	2.26
	NM	38.8	39.3	37.2	
Inner directedness	MC	40.2	48.2	49.0	3.86*
	NM	42.8	44.3	43.6	
Self-actualizing values	MC	43.9	50.5	51.0	3.14*
	NM	45.5	45.3	44.8	
Existentiality	MC	37.0	45.9	48.2	6.16†
	NM	44.5	42.9	40.9	
Feeling reactivity	MC	46.9	49.9	48.9	.77
	NM	42.5	45.4	46.2	
Spontaneity	MC	48.5	52.4	52.3	.79
	NM	48.2	49.0	49.1	
Self-regard	MC	44.4	52.9	52.8	2.12
	NM	44.0	47.1	47.2	
Self-acceptance	MC	40.3	47.6	47.9	1.23
	NM	41.5	44.9	44.7	
Nature of man constructive	MC	41.4	46.2	46.6	.60
	NM	42.9	44.1	43.8	
Synergy	MC	37.9	45.1	45.5	1.94
	NM	40.1	40.6	40.2	
Acceptance of aggression	MC	44.1	49.6	49.5	2.21
	NM	43.2	44.5	44.6	
Capacity for intimate contact	MC	40.9	50.8	52.0	4.43†
	NM	44.8	45.7	44.6	

* $p > .10$.
† $p > .05$.
** Higher scores reflect greater magnitude of variable indicated.

therapy, DPT dosage and therapist personality were analyzed with negligible results.

It should be stressed that this study does not indicate that mystical experience "caused" a greater degree of self-actualization, although there is no basis on which to discount the unique contribution such experience may have made. The study does indicate a correlation between the occurrence of mystical consciousness and rapid progress in at least some components of what variously

might be labelled "self-actualization," "psychological growth," or "spiritual maturation."

Also, it should be noted that the changes found reflect the status of subjects at the termination of therapy, one week following the administration of DPT. How enduring the changes found for these subjects might have been remains unknown, as most of the subjects, having been terminal at the time of referral, died within a few weeks following participation in the research project. Clinical experience with other persons who have experienced mystical consciousness following either drug-assisted or nondrug-assisted procedures, however, would strongly suggest that positive changes in attitude and behavior would have gradually faded if no effort had been made to apply the insights gained in mystical consciousness to the concrete interpersonal problems of everyday living. The stance of classical mysticism on this matter appears to be clearly evident, namely, that an experience of mystical consciousness—or even a series of such experiences—is no confirmation of sainthood; rather it may best be seen as a gift that may signal the awakening of a long and arduous struggle toward greater self-actualization or spiritual maturity. The learning obtained in a transcendental state of consciousness must be transferred and integrated into the functioning of everyday existence.

The following excerpt from the report of a DPT-assisted therapy session, written by a 31-year-old, male cancer patient, married, with two children, may illustrate the initial impact mystical consciousness may have on attitudes and behavior.

> [After DPT administration,] I first went to a place that seemed to completely lack the qualities of this world as we know it. I seemed to transcend time and space and I lost complete identification with the "real" world. The experience seemed to me to be as if I was going from this world back to another world before this life had occurred. . . . The actual changing from this life to whatever was before this life seemed to be involved in a very bright silver mass of energy with very strong electrical current. . . . Strangely enough I felt that I had been in that mass of energy at one time before. When I was there everything seemed to make sense. . . . It was a very beautiful world, one in which love was very much a part . . . The basic theme that I perceived . . . was that life continues to go on and we are basically some form of essence from a Supreme Being and we are part of that Supreme Being . . . We really don't have the final control per se over life or death.
>
> The results of the use of the hallucinogenic drug on my life have been very profound. I seem to have a much deeper understanding of life and death. I don't have the fear of death that I once had . . . I have found that everyday living seems to be much more enjoyable. Small things in life that I may have overlooked I seem to appreciate now. I have a much greater and deeper understanding of other people . . . and a much greater capacity to try to fulfill other people's needs. . . . Overall I think that I am a much more content individual, having had the great opportunity to just glimpse for a very short moment the overall thinking of God, of possibly being brought into his confidence for just a brief period, to be reassured that there is a very beautiful, loving masterful plan in this Universe for all of us.

Clinical impressions would suggest that archetypal experiences, unassociated with mystical consciousness, also may entail a therapeutic efficacy of their

own. The potency of such experiences in psychotherapy may well depend upon the nature and completeness of the specific archetypal encounter involved. A female subject, included in the nonmystical sample analyzed above, for example, experienced herself in a visionary synagogue during the action of DPT. In the experiential sequence reported, she described being met by a wise old man she called God and taken by the hand to the ark in the front of the sanctuary where she was given a Torah to carry as a sign that, in her words, she was "forgiven" and had "come home." Another patient described a visionary scene of being on a mountaintop where he was embraced by two figures that he identified as Christ and the Holy Spirit. Concomitant with this embrace, he claimed to have experienced an intuitive insight that, in spite of his cancer, life still somehow made sense and there was no ground for anxiety.

In conclusion, the distinction between "the religious experience" and "the religious life," and how the former may be only one ingredient in the latter, may be recalled.[20] Perhaps a parallel discrimination might be noted between "the psychological insight" and "psychological growth"; the former may contribute to the latter, but does not in itself guarantee it. The religious life, like psychological growth, would seem to demand personal effort and discipline within an interpersonal and sociocultural matrix in addition to the experiential discovery of unique psychological events, however awesome and impressive they may be. Nonetheless, mystical and archetypal experiences often do seem to constitute a powerful fulcrum for personal growth, and to give an initial impetus towards further self-actualization.

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