Dimensions in Psychotherapy

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In counseling or in supportive therapy we are in the horizontal plane of the "here and now" situation, dealing with the patient's conscious perception of relationships with himself and his world. We try to follow his individual line, picking up some historical data along the road, which may appear to have an important bearing on the present developments. In the meantime, we become informed about his ideas and relationships regarding other people, thus exploring: first, man vs. himself; second, man vs. his fellowmen. These are the dimensions of his existence.

When we aim at depth therapy, we enter the vertical plane; we try to uncover and understand the personal and archetypal symbols of the unconscious, and become engaged in what may be called the third dimension of his existence.

These three dimensions form our common frame of reference in our therapeutic approach to intrapsychic and social conflicts. However, after much trial and error, we have learned that our tedious analytic efforts to make conscious what has been unconscious, sometimes seem to contribute more to the clarification of the psychoanalyst than to change in the patient. The process, after some time, may inspire the patient to learn our language and to express himself in appropriate terms, but we are all familiar with the analytically well-educated patient, who knows perfectly how to behave in the therapeutic session and in spite of an analysis of long standing, has remained a cripple in real life. In my opinion the truth is that intellectual knowledge only contributes to change provided it is intertwined with emotional experience. So the patient must become emotionally involved. We have learned that the most important tool of psychotherapy consists in the affective relationship with the therapist.

This is a more comprehensive concept than transference, which covers only a special aspect of the total interaction between two human beings, both fully engaged with and responsive to each other. It is clear that this interaction is not limited to the conscious level. Participation (though alert to what is going on) of the total personality of the therapist is as necessary as it is on the part of the patient. The task of the therapist is one of piloting this interaction. The patient then gradually dis-

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covers new modalities of perceiving human contact. He becomes disentangled from rigid patterns of reaction and experiences a new truth in his relationship towards another human being.

Proof of the fact that not only the conscious layers of the patient's personality participate in this process, is found in such evidence as change of dream symbols and increased capacity and intensity of creative expression. A wider scale of values comes within reach.

We like to emphasize the important fact (perhaps quite unnecessarily in this country, but certainly not in Europe) that—contrary to widespread superstition—research and experience have shown that "schools," methods, content of interpretation are not decisive for positive results. It is the quality of the relationship between the therapist and the patient that is decisive, provided that they have access to a common frame of reference which is meaningful to both.

Now, as to the aims of our therapy—how do we define positive results or cures? Is it restitution of physical and social functioning, improved adaptation to conflictual situations, a more realistic attitude toward life in general, increased capacity to deal with emotions? Do these concepts cover the total human being? Have we included all dimensions of his existence? From the current frame of reference in our profession, one would be inclined to agree perhaps, but on the other hand experience teaches us that many people who are able to meet the above criteria to a reasonable extent do not really enjoy life nor do they find the inner peace or happiness they are longing for. Apparently these modes of being require more than a successful adaptation to the claims of society. What then is lacking in our concepts of the human personality? I would like to quote an example from Dürckheim (6) to clarify this question. He refers to an average type of man, John Smith, or any one of us. Mr. Smith is that part of our personality, which he calls the empirical character, more or less determined by hereditary capacities and gifts, circumstances in childhood, educational and social influences, successes and failures in life, in short, the person that we are, as far as we can say—the result of worldly conditions, within our time and space.

> "When we are talking of ourselves or meeting each other in social life, we are only identified with this personality and its position in the world. John, on the contrary, stands for the unconditioned essence or our true self, our essential individuality, rooted in a reality beyond time and space. The central problem is now: how can Mr. Smith realise that permeability, which will make it possible for John to reveal and to manifest the unconditioned reality of his innermost individuality within the conditioned structure of Mr. Smith? The realisation of this state of mind—wherein the unconditioned reality becomes visible in our life, in our way of feeling, of acting, of loving—is what we call maturity. Since John stands for the divine reality in ourselves, the fruit of John Smith's spiritual growth and maturity would be the revelation of the divine, incorporated by John in the world of the Smiths. But mankind's position today is that the presence of divine life in John is suffocated by the man-made world of the Smiths. Therefore the lack of maturity

> is the problem of mankind today, the cause of failures in public life as well of the deepest suffering of the individual."

Similar ideas, related to Zen-Buddhism, are expressed by Fromm (9) when he refers to the "split within myself, between the universal man and the social man," and the "experience of separatedness" as making man suffer. Apparently, man is intuitively aware of his existential problem, the discrepancy between his actual self and his deeper self. When one is to achieve freedom from anxiety and insecurity, Fromm points out, our aim of curing a neurosis has to become enlarged; it must "become part of a wider humanistic frame of reference" (finding union within ourselves, with our fellowmen, with nature).

Zen philosophy doubtless has very inspiring ideas to offer to the psychotherapist, regarding the nature of man and the necessity of his ultimate transformation. However, the methods employed to reach the goal (enlightened state of creative relatedness; Satori) seem unworkable for western man. The goal itself does not meet the religious need rooted in the soil of his Christian culture and cannot be adequately expressed in words. Suzuki (19), a well known authority on Zen, says that it is "an experience which no amount of explanation and argument can make communicable to others, unless the latter themselves had it previously."

What do we learn from LSD experiences in this context? After five years of experience, I am thoroughly convinced that LSD is a most valuable agent. When LSD is properly used, the therapeutic process has far more depth. Strong resistances that seemed to make some people inaccessible to treatment (4) in the past, are now accessible in many cases. Material comes up for treatment that otherwise would never have come within reach with other methods. The high emotional level of experience makes the material meaningful for the patient. We have seen a number of patients, who most probably would have remained either lifelong emotional cripples or chronically recidivous criminals (3), who now are on their way to mental health, thanks to LSD, functioning well for years with average social success, and further engaged in a process of growth that may lead eventually to full maturity.

But there is more. LSD has added a very essential element to our psychotherapeutic arsenal.

> It is a significant fact, which, I think, cannot be explained rationally, that in the course of the development of mankind, new sources of energy have been discovered when the older ones either were about to become exhausted in the near future, or were unable to meet the requirement of a certain period to come. At last, physicists found nuclear energy, a source of which man was completely unaware, hidden in the simplest particles of matter. It seems tempting to make a comparison.
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> Is man of the 20th century now beginning to discover, that in spite of his rationalistic and technical achievements, these sources prove to be inadequate to meet his deeper spiritual needs; that he only finds peace and harmony when he transcends the ego-boundaries

and becomes aware that the most elementary source of power, love, etc., is not in himself but in his oneness with God's universe? (8)"

Have not most of us been living in a state of complete unawareness of our roots in the transcendental, until we saw this clearly under the influence of LSD? We might call this underdeveloped area our cosmic or universal unconscious.

There is the fourth dimension of human existence, a divine reality beyond time and space, beyond life and death, beyond thou and I, beyond all the antagonisms that puzzle the human mind, where man discovers the origin of his true self, his essential being. There he finds joy, faith, love, strength—whatever he needs, independent of the worldly position of his ego. When the claims of the ego are given up, man becomes enlightened and open to his participation in greater life. This kind of experience also provides the patient with a totally different outlook and attitude toward himself and life in general. This experience contributes further to a change in our concept of the human being. Seen *sub specie aeternitatis,* the true self is a spiritual immortal being on his way to fulfillment of a consciously unknown destiny. At birth he appears equipped with certain personal potentials (physical, psychological) under certain social conditions. He is going to play his role, as if life were a training-school, where obstacles are the necessary means for the process of spiritual growth. By struggling with these obstacles, it seems that he has to clear the way for the realisation of his true self (salvation). When we look at man from this point of view, it is postulated that the true self of the human being is not really affected by the neurotic distortions in the superstructure, although the true self may be imprisoned and its creativity tied up.

A further consequence of this concept of man is that we psychotherapists, not knowing the deeper core of man's personality or his ultimate destiny, cannot pretend to help him basically in this sense. Nevertheless we assist him to function better in his role and discover the true self which becomes visible when the neurotic disguise is removed. Our medical task is then to prepare him to the extent that he becomes aware of the deeper longings of his true self and that a serious wish may emerge to remove the obstacles for a breakthrough towards greater life.

One could also describe this process (of man working out his own salvation) in terms of development of consciousness, in the sense of a subjective state of awareness. After the moment in his early childhood when his ego begins to awaken with the capacity for rational thinking, he starts making his own choices and begins to assume responsibility for the consequences. This state of development is characterized by a centrifugal movement with predominantly ego-directed goals with a limited field of action, away from his transcendental origin, concentrated on the interests and achievements of the ego. In his struggle for life, his fellowman then becomes a competitor, the world a menace.

When he continues in that direction, man comes into a spiral movement ending in a blind alley, where his "separatedness" becomes more

and more accentuated, and "where he loses sight of his participation in greater life" (6).

When man begins to realise, after much suffering, that he is alienated from himself and the common source of all Being, a new phase may start with a centripetal movement, with socially directed goals. These goals promote expansion, more essential self-realisation and creative action in the individual. In quest of the meaning of life, he goes on the way of universally directed goals, in which man gradually loses his ego, to rediscover his transcendental origin and recover eventually the spiritual reality from his rationalistic, materialistic pattern of life, so that this reality may manifest itself in his world. To realise this, man has to become open-minded to the essentials of every situation in life. It requires an unobstructed, non-fictitious sense of reality (characterised as trans-egoistic, trans-materialistic and trans-idealistic) and the willingness to relate fully and adequately to any thing or any person.

In our capacity of perceiving and experiencing, we are seriously handicapped by our individual, social and cultural determinants. Encrusted as we are with prejudices, perception can only become conscious experience in so far as it can penetrate this crust or fit into our conceptional categories, which work as a selective filter (9). Only a very strong inner motivation can conquer the inhibitory forces of conformism and convention. Nevertheless, man feels the gap existing between what he outwardly is and what he is meant to be, according to the urge within for meaningful living. Man wants to render an account of the meaning and purpose of his life. He is fully alive to the importance of this question, because he has an inner need for religious or cosmic integration.

Of course, different needs appear in different periods of general history and individual life and with varying force. During the last 25 years, social relationships have been getting increased attention, while during the previous period there was more concernment with the individual development. If the signs do not fail, the universal man and world-citizen is already in the making.

During the first period of life, the accent is on self-realisation. Later on, social participation and religious integration appear. But when the day comes that the latter need becomes strong and a serious problem, man finds himself in an existential crisis which cannot be resolved with the current psychotherapeutic methods, because they all have a too narrow concept of man (7).

Freudian, Adlerian and Jungian schools deal with the instinctual, social and creative aspects of the human being, but not with the spiritual man in the perspective of his divine origin. Although we want to give full credit to the fact that the latter two schools gave evidence of their awareness of a wider scope of the realm (Adler describing his social feeling as developing towards a cosmic feeling, and Jung referring to the collective unconscious as a trans-subjective source of creativity), the aim of all depth-therapy is the cure of illnesses and symptoms. Our experiences with LSD make it clear, that this is too limited an aim. The aim of psychotherapy and the task of the therapist have to be supplemented accordingly.

Apart from the syndromes of instinctual and social deprivation, we recognise the symptoms of spiritual deprivation. Man, craving to grasp the significance in the whole of existence, can only be satisfied when his separatedness as creature is resolved and contact with the Creator is re-established. We see that man only becomes "whole" when, apart from his social integration, he experiences and works out in practice a significant God-relatedness.

Here I think LSD therapists have an important contribution to make to the current practice of our profession, because it now seems clear to me that it is part of our task to enlarge our therapeutic activities as follows:

When examining the patient, to explore not only his personal and social relations, but also his relationship toward God and religion, and to discuss the related pathology that may be present in the patient's concepts (anxiety related to punishing father imago, being lost forever, predestination, hell, unforgivable sin etc.); to help the patient become aware of the fourth dimension of his existence, that is the transformation of the universal part of his unconscious into consciousness.

Of course the transcendental reality cannot be conceptualised; it has to be experienced personally in its concrete presence. This happens in the psychedelic experience. When we regard psychotherapy as a learning process, we seem to be able to learn on four different levels:

1. *On the instinctual level:* Under certain conditions the formation of a conditioned reflex results by means of repeated stimuli. Here, the process of learning is conditioned by the repeated experience.
2. *On the operational level:* learning consists in a process of trial and error as one hits upon certain constellations that produce rewarding results either by chance or by systematic investigation on an empirical basis.
3. *On the emotional-interaction level:* learning, either by chance or by controlled human interaction, consists here in the corrective experience. A new experience, acquired under the influence of an old emotion, leads to correction.
4. *On the inspirational level:* learning consists here in revelation and the experience leads to inspiration and transformation.

LSD affects the last two levels and brings the latter source of learning, the psychedelic experience with its overwhelming inspiring power, within therapeutic reach. It has made a new dimension of psychotherapy accessible and facilitates multi-dimensional integration.

In conclusion, I should like to put forward some questions for discussion:

1. Does it belong explicitly to the task of the psychotherapist to deal with the fourth dimension of the human being, i.e., to explore it systematically and to give full scope to its development by preparing him for the psychedelic experience?
2. If so, is each patient suitable for this process or not? Which indica-

tions and contraindications can we stipulate, related to our usual diagnostic categories?

3. Assuming that a considerable time of very careful preparation is devoted to the patient and a warm positive personal relationship has developed with the therapist—who must be acquainted with the transcendental from his own experience—which factors have to be considered in order to choose the right moment?

It would be plausible to suppose that it would be beneficial for the patient to work through the majority of his personal problems first, as we see him at work in most of the sessions with lower dosages. However, from the communications of those who work with a one-large-dose technique, one is led to the conclusion that such a preparatory period of working through is not necessary. Dürckheim, referring to transcendental experience provoked not by drugs but by Zen methods, states:

> Experience has shown that the most varied forms of neuroses are cured as soon as man succeeds in breaking through to his innermost being and detects a new swing of life, realises his state of mind and body that enables him to live his life in the world, according to the demands of his real self.
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> Jackson, quoted by Cohen (5), referring to " an existential encounter of decisive proportions," says that this can be followed by "re-alignment of the perceptual set and can lead to character restructuring."

Van Dusen, quoted by Pahnke (16), states:

> There is a central human experience, which alters all other experiences. . . . not just an experience among others, but rather the very heart of human experience. It is the center that gives understanding to the whole. Once found, life is altered because the very root of human identity has been deepened.

Thus experience seems to indicate that one very strong emotional event sometimes succeeds in doing away with conditioned patterns of behavior. (It was reported that Pavlov's dogs, after being exposed to a frightening inundation of the cellar where they were kept, unlearned their conditioned reflex.) Different authors state that this happens when the individual has matured so far that he is able to benefit from this experience to the full extent, and people in his direct surroundings support him and believe in him. Very impressive changes can take place and under favorable conditions prove to be definite. Others warn against the "honeymoon" effect of such experiences, and seem doubtful as to their stability. Sudden transformation may be a new form of resistance. My personal impression is that the transcendental experience has its greatest value as the climax of a longer development, through which a greater sounding board is acquired. Pastoral and psychotherapeutic after-care to avoid a too presumptuous attitude is required.

The remaining questions are:

4. Which methods and aids have yielded positive results in conquering the very strong resistance to surrender which we encounter in certain patients with a rigid character structure?
5. Has anyone observed cultural c.q. racial determinants in the shaping and content of the transcendental experience? Or, is the striking similarity of mystical experiences, reported from different cultures in different times, also confirmed by the LSD state?

SUMMARY

Dimensions in psychotherapy are described as follows:

The first dimension regards the patient as an individual being, his relationship with himself and his intra-psychic problems.

The second dimension regards the patient as a social being, his relationships with his fellowmen and with society, as well as the related social problems.

The third dimension deals with the patient against the background of his emotional development, including material from the personal and collective unconscious.

The fourth dimension regards the patient's essential being, his relationships with the transcendental reality, irrespective of neurotic distortions in the superstructure of his personality. Psychotherapy has to deal here with existential conflicts, arising from the discrepancy between the patient's actual state of being, largely determined by influences of the external world, and what he has to realise according to his inner urge for authenticity.

The aims of Zen-Buddhism are discussed in this context. Psychedelic experiences with LSD indicate that our three-dimensional model of man is too limited a concept, that the spiritual aspect must be added when we want to deal with the "whole" man.

It is stressed that the psychotherapist cannot pretend to influence the true self in any way. He can, however, assist the patient to function better; help him to remove the obstacles that his neurotic attitudes impose on him; help him also to become aware of his deeper needs. The process of spiritual growth is described in terms of development of consciousness, different goals being set in different stages of development.

The learning process, of which psychotherapy is considered an example, is briefly summarised to make clear on which levels LSD has its strongest influence, promoting a multi-dimensional integration. In view of the widespread syndrome of spiritual deprivation, it is proposed that the new dimension be added to psychotherapy.