

Perinatal Roots of Wars, Totalitarianism, and Revolutions:

Observations from LSD Research

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At the time when I am writing this paper I am approaching an important anniversary of my professional career. It will soon be twenty years since I started my work in active psychiatric research. During all these years, the study of LSD and other psychedelic substances for personality diagnostics and therapy of emotional disorders has been the primary focus of my interest. I have conducted personally over 3000 psychedelic sessions and, in addition, have had access to records from more than 1800 sessions run by my colleagues in Europe and in the United States.

The majority of subjects in this research were psychiatric patients with a wide variety of emotional disorders, such as severe psychoneuroses, psychosomatic diseases, sexual deviations, alcoholism, narcotic drug addiction, borderline psychoses, and various forms of schizophrenia. Another large category of subjects consisted of "normal volunteers"—psychiatrists, psychologists, students and psychiatric nurses who asked for psychedelic sessions for training purposes; painters, sculptors, and musicians seeking artistic inspiration; philosophers and scientists from various disciplines interested in insights that the psychedelic experience has to offer; and ministers and theologians willing to explore the mystical and religious dimensions of the experience. A smaller fraction of these sessions involved patients suffering from cancer

and facing impending death.

Two different treatment modalities were used during these years of clinical research. In the early stage which took place in the Psychiatric Research Institute in Prague, Czechoslovakia, most of the subjects received repeated medium dosages of LSD (100-250 mcg) in the framework of analytically oriented psychotherapy (psycholytic approach). The number of sessions per patient ranged widely between 18 and 100. In the second stage of my research, which was conducted in Baltimore, Maryland (at first in the Research Unit of Spring Grove State Hospital and since 1969 at the Maryland Psychiatric Research Center), high dosages of LSD (300-600 mcg) were used in a special set and setting (psychedelic approach). An important aspect of the latter modality is the use of eyeshades, headphones and stereophonic music.

The single most important finding that was made during the years of my psychedelic research and reinforced by everyday clinical experience, was the insight that LSD has very few, if any, specific pharmacological effects per se and can best be viewed as an amplifier or catalyst of the unconscious processes. LSD research thus is not the study of the effects of a psychoactive substance, but the study of the human mind with the aid of a powerful chemical facilitator. It is not an exaggeration or overstatement to see the potential significance of LSD (and other psychedelics) for psychology and psychiatry as being comparable to that of the microscope for medicine and the telescope for astronomy.

Although LSD experiences appear to represent an exteriorization of the unconscious material present in a latent form in the human mind, none of the existing systems of occidental psychology and psychiatry seem to offer an adequate conceptual framework for the entire range of psychedelic phenomena. Observations from LSD research thus indicate a need for revision of many of our present concepts and for the formulation of a broader theoretical model of the mind. Data from psychedelic therapy have important implications for many diverse areas, such as psychiatry, psychology, religion, psychosomatic medicine, genetics, art, obstetrics, thanatology, modern physics, anthropology, psychohistory, philosophy, and many others. It is beyond the capacity of a single researcher to assess the relevance of the data for all the above disciplines. In the past I have discussed systematically the heuristic implications of LSD research for personality theory, psychopathology, psychotherapy, art, metaphysics, anthropology, and the study of human culture in general (10-15).

In this paper I would like to focus on those aspects of LSD experiences which seem to throw new light on a variety of historical and sociopolitical phenomena, such as the psychology and psychodynamics of tyranny, dictatorship and totalitarianism; concentration camps, genocide and mass extermination; utopian movements, radical philosophies and bloody revolutions; religious and secular wars; and the present global crisis. I have been interested in these aspects of LSD sessions for many years, since they represent a rather constant, salient, and dramatic aspect of psychedelic experiences. In the past, I have made only occasional allusions to sociopolitical phenomena in the context of writing about some more general topics (12). My interest in this area has been recently stimulated by the psychohistorical research of Lloyd deMause which brings quite unexpectedly powerful independent confirmation for my data. This correspondence is so striking and far-reaching that it will be discussed later in considerable detail. The sociopolitical insights from LSD sessions might well represent the most important part of psychedelic research data; they may generate new approaches to social rather than individual psychopathology and are thus potentially of rather broad relevance.

Before discussing the specific observations concerning various historical and political events, it is necessary to describe the phenomenology of the LSD experience and to outline the extended cartography of the human unconscious emerging from psychedelic research. This will provide the referential framework and general background necessary for a deeper dynamic understanding of individual sociopolitical phenomena. It is important to emphasize, however, that because of the holographic nature of psychedelic phenomena, any attempt at their linear description and classification necessarily involves a certain degree of artificiality and oversimplification. The content of LSD sessions represents usually a multidimensional dynamic continuum of mutually overlapping elements. Although for didactic purposes, we will isolate and describe distinct experiential categories, in actual sessions they are frequently intimately interwoven. With these reservations we can distinguish the four following major categories of LSD experiences: 1. Abstract and aesthetic experiences, 2. Psychodynamic experiences, 3. Perinatal experiences, and 4. Transpersonal experiences. The interested reader will find a more comprehensive discussion of this cartography of the human mind in my book *Realms of the Human Unconscious: Observations from LSD Research*.¹⁵

ABSTRACT AND AESTHETIC EXPERIENCES

These experiences usually occur in the initial stages of the LSD procedure when lower and medium dosages are used, or at the beginning and end of high dose sessions. With the eyes open, the individual experiences dramatic changes in the perception of the environment. Colors become unusually bright and beautiful, other persons and inanimate objects appear to be geometrized and everything vibrates and undulates. Various external stimuli can elicit responses in inappropriate sensory organs (synaesthesias) and new forms are seen in perceived objects (optical illusions).

With the eyes closed the intraocular (entoptic) phenomena are distinctly enhanced. The subject sees color spots, afterimages, flashes of light, spirals, starlets, and other forms of elementary visions. Quite common are also complex geometrical figures, ornaments, intricate decorative patterns, kaleidoscopic displays, magic fountains and rich fireworks, as well as visions of naves of gigantic Gothic cathedrals or cupolas of Oriental mosques (arabesques).

The aesthetic experiences seem to represent the most superficial level of the LSD experience. They are probably produced by chemical stimulation of the optical apparatus and reflect its inner structure. Although the optical phenomena are by far most prominent, similar changes can occur in any of the sensory areas. This is the only type of the LSD experience that does not seem to have any psychodynamic significance and reveal deeper unconscious content.

PSYCHODYNAMIC EXPERIENCES

The experiences belonging to this category are associated with and derived from biographical material from the subject's past and present life, particularly from emotionally highly relevant events, situations, and circumstances. They are related to important memories, emotional problems and unresolved conflicts from various periods of the individual's life history since early childhood. Psychodynamic experiences originate in the areas of human personality that are generally accessible in usual states of consciousness, or are derivatives of repressed material from various realms of the individual unconscious.

The least complicated psychodynamic phenomena have the form of actual reliving of emotionally highly relevant events. They seem to be vivid reenactments of traumatic or unusually pleasant

memories from infancy, childhood or later periods of life. More complicated experiences of this kind represent pictorial concretization of fantasies, dramatization of wishful daydreams, screen memories, and other complex mixtures of fantasy and reality. In addition to these, the psychodynamic level involves a variety of experiences that contain important unconscious material in the form of symbolic disguise, cryptic defensive distortions, and metaphorical allusions.

The experiences in psychodynamic LSD sessions can be to a great extent understood in terms of basic psychoanalytic concepts. If psychodynamic sessions were the only type of LSD experiences, the observations from LSD psychotherapy could be considered laboratory proof of the Freudian theoretical framework. Psychosexual dynamics and the basic conflicts described by Freud are manifested with unusual clarity and vividness even in the sessions of naive subjects. Under the influence of LSD, such persons can experience regression to childhood and early infancy, relive various psychosexual traumas and confront conflicts related to activities in different libidinal zones. They have to face and work through some of the basic psychological problems described by psychoanalysis, such as the Oedipus and Electra complex, early cannibalistic feelings, conflicts about toilet training, castration anxiety, and penis envy.

However, for a more complete understanding of these sessions and of the consequences that they have for the clinical condition of psychiatric patients and for the personality structure, a new principle has to be introduced into psychoanalytic thinking. Many LSD phenomena on this level can be comprehended, and some of them even predicted, if one thinks in terms of specific memory constellations for which I use the name *COEX systems* (systems of condensed experience). This concept emerged from the analysis of the phenomenology of therapeutic LSD sessions in the early phase of my psychedelic research in Prague. It proved unusually helpful for understanding the dynamics of the initial stages of psycholytic therapy with psychiatric patients.

A *COEX system* can be defined as a specific constellation of memories (and/or fantasies) from different life periods of the individual. The memories belonging to a particular *COEX system* have a similar basic theme or contain similar elements and are accompanied by a strong emotional charge of the same quality. The deepest layers of this system are represented by vivid and colorful memories of experiences from the period of infancy and early childhood. More superficial layers of such a system involve memories of similar experiences from a later time, up to the

present life situation. The excessive emotional charge which is attached to the COEX systems (as indicated by the often powerful abreaction accompanying the unfolding of these systems in LSD sessions) seems to be a summation of the emotions belonging to all the constituent memories of a particular kind.

Individual COEX systems involve special defense mechanisms and are connected with specific clinical symptoms. The detailed interrelations between the constituent parts of COEX systems are in most instances in basic agreement with Freudian thinking; the new element from the theoretical point of view is the concept of the organizing dynamic system. The personality structure usually involves several COEX systems. Their specific forms, total number, extensity and intensity vary considerably from one individual to another.

According to the basic quality of the emotional charge, we can differentiate *negative COEX systems* (condensing unpleasant emotional experiences) and *positive COEX systems* (condensing pleasant emotional experiences and positive aspects of the individual's past life). Although there are certain interdependencies and overlappings, individual COEX systems can function relatively autonomously. In a complicated interaction with the environment, they influence selectively the subject's perception of himself or herself and of the world, his or her feelings and thoughts, and even many somatic processes.

It seems appropriate to mention in this connection a category of experiences that represent a transitional form between the psychodynamic area and the following perinatal level which focuses on the phenomena of birth and death, or death and rebirth. This transitional group involves reliving of traumatic memories from the life of the individual that are of a physical rather than purely psychological nature. Typically such memories deal with threats to survival or body integrity; they cover a wide range from serious operations, painful and dangerous injuries, severe diseases and instances of near drowning to episodes of cruel psychological and physical abuse. Memories of incarceration in a concentration camp, exposure to brainwashing and interrogation techniques of the Nazis or Communists, and maltreatment in childhood could be mentioned as special examples of the latter group. These memories are clearly biographical in nature, yet thematically they are closely related to perinatal experiences. Not infrequently, reliving of various physical traumas occurs simultaneously with the experience of the birth agony as a more superficial apposition to the latter. Memories of somatic traumatization seem to have a significant role in the psychogenesis

of various emotional disorders, as yet unrecognized and unacknowledged by the schools of dynamic psychotherapy. This is particularly true in the case of depressions, suicidal behavior, sadomasochism, hypochondriasis, and psychosomatic disorders.

PERINATAL EXPERIENCES

The most important common denominator and central focus of the experiences originating in this area of the unconscious are the problems related to biological birth, physical pain and agony, disease, aging, decrepitude, dying and death. It is important to emphasize that the encounter with these critical aspects of human existence takes the form of a profound first-hand experience rather than just symbolic confrontation. Specific eschatological ideation and visions of wars, revolutions, concentration camps, accidents, decaying cadavers, coffins, cemeteries and funeral corteges occur as characteristic illustrations and concomitants of perinatal experiences. However, the very basis of the latter is an extremely realistic and authentic feeling of the ultimate biological crisis that subjects frequently confuse with real dying. It is not uncommon in this situation to lose critical insight and develop a delusional conviction that actual physical demise is imminent.

The shattering encounter with these critical aspects of human existence and the deep realization of vulnerability and impermanence of man as a biological creature has two important consequences. The first of these is a profound emotional and philosophical crisis that forces the individuals to seriously question the meaning of existence and any values in life. They come to realize through these experiences, not intellectually but on a deep, almost cellular level, that no matter what they do, they can not escape the inevitable. They will have to leave this world bereft of everything that they have achieved and accumulated. This process of ontological crisis is usually associated with a distinct crystallization of basic values. Worldly ambitions, competitive drives, and craving for status, power, fame, prestige and possessions tend to fade away when viewed against the background of the mandatory ending of each human drama in biological annihilation.

The other important consequence of the shocking emotional and physical encounter with the phenomenon of death is the opening up of areas of religious and spiritual experiences that appear to represent an intrinsic part of the human personality and are independent of the individual's cultural and religious

background and programming. The only way to resolve the existentialist dilemma described above is transcendence. To escape this crisis, the individual has to find referential points that are beyond the narrow boundaries of his or her perishable physical shrine and the limitations of the individual life span. It seems that everybody who experientially reaches these levels develops convincing insights into the utmost relevance of the spiritual dimension in the universal scheme of things. Even positivistically oriented scientists, hard core materialists, sceptics and cynics, uncompromising atheists and antireligious crusaders, such as Marxist philosophers and politicians, suddenly become interested in the spiritual quest after they confront these levels in themselves.

Perinatal experiences are manifestations of a deep level of the unconscious that has not been taken into consideration in mainstream psychoanalytic speculations. Various aspects of perinatal phenomena have been discussed in the writings of renegade pioneers such as Rank^{2,7} Jung,^{1,6} Peerbolte^{2,5} and Mott;^{2,3} to my knowledge none of these researchers has covered the perinatal field in its entirety. Clinical psychiatrists see experiences from this category in a variety of acute psychotic conditions. To some extent, this level can also be reached in a more controlled fashion in a variety of recently developed experiential techniques of psychotherapy, such as marathon, nude marathon, primal therapy, gestalt practice, and bioenergetics. Since time immemorial, powerful techniques have existed in many ancient and so-called primitive cultures that make it possible to activate this deep level of the unconscious. They cover a wide range of methods, from the use of psychedelic plants, trance dancing, starvation, sleep deprivation, and physical torture to elaborate and sophisticated spiritual practices developed in Oriental countries. From this point of view of the LSD material, any attempt to interpret rites of passage and healing rituals of aboriginal cultures without recognition of the perinatal level of the unconscious, is necessarily incomplete and superficial.

The sequences of dying and being born (or reborn) that are so characteristic for the process of perinatal unfolding are frequently very dramatic and have many biological concomitants, apparent even to the outside observer. Subjects can spend hours in agonizing pain, with facial contortions, gasping for breath and discharging enormous amounts of muscular tension in various tremors, twitches, violent shaking and complex twitching movements. The color of the face can turn dark purple or dead pale, and the pulse can show considerable acceleration. The body temperature usually oscillates in a wide range, sweating can be

profuse, and nausea with projectile vomiting is a frequent occurrence.

It is not quite clear at the present stage of research how the above experiences are related to the circumstances of the individual's actual biological birth. LSD subjects often refer to them as reliving of their birth trauma. Others do not make this explicit link and conceptualize their encounter with death and rebirth in purely symbolic, philosophical, and spiritual terms. Even in this latter group, however, perinatal experiences are quite regularly accompanied by a complex of physical symptoms that can best be interpreted as a derivative of biological birth. It involves a variety of physical pains and muscular cramps in different parts of the body, feelings of pressure, suffocation with drastic changes in color, tremors and seizure-like motor discharges, cardiac distress and irregularities, profuse sweating, and hypersecretion of mucus and saliva. Such subjects can also assume various fetal postures and move in complex sequences that bear a striking similarity to those of a child during various stages of the delivery. In addition, they frequently report visions of or identification with fetuses and newborn children. Equally common are various authentic neonatal feelings, postures and behavior, as well as visions of female genitals and breasts. Because of these observations and other clinical evidence, I have labeled the phenomena in this category *perinatal experiences*.

Most of the rich and complex content of the LSD sessions reflecting this level of the unconscious seems to appear in four typical clusters or experiential patterns. Searching for a simple, logical, and natural conceptualization of this observation, I was struck by the astonishing parallels between these patterns and the clinical stages of delivery. It proved to be very useful for didactic purposes, theoretical considerations and practice of LSD psychotherapy to relate these four categories of phenomena to the four consecutive stages of the biological birth process and to the experiences of the child in the perinatal period. For the sake of brevity, I refer to the unconscious structures which are manifested in these four major experiential patterns as *Basic Perinatal Matrices (BPM I-IV)*. I see them as hypothetical dynamic governing systems that have a similar function on the perinatal level of the unconscious that the COEX systems play on the psychodynamic level. Perinatal matrices have specific content on their own, namely the perinatal phenomena. The latter have two important facets: concrete, realistic and authentic experiences related to the individual stages of the biological birth process, and their symbolic and spiritual counterparts (exemplified by the

BASIC PERINATAL MATRICES

B P M I	B P M II	B P M III	B P M IV
RELATED PSYCHOPATHOLOGICAL SYNDROMES			
schizophrenic psychoses (paranoid symptomatology, feelings of mystical union, encounter with metaphysical evil forces, karmic experiences); hypochondriasis (based on strange and bizarre physical sensations); hysterical hallucinosis and confusing daydreams with reality	schizophrenic psychoses (elements of hellish tortures, experience of meaningless "cardboard" world); severe inhibited "endogenous" depressions; irrational inferiority and guilt feelings; hypochondriasis (based on painful physical sensations); alcoholism and drug addiction	schizophrenic psychoses (sado-masochistic and scatological elements, automutilation, abnormal sexual behavior); agitated depression, sexual deviations (sado-masochism, male homosexuality, drinking of urine and eating of feces); obsessive-compulsive neurosis; psychogenic asthma, tics, and stammering; conversion and anxiety hysteria; frigidity and impotence; neurasthenia; traumatic neuroses; organ neuroses; migraine headache; enuresis and encopresis; psoriasis; peptic ulcer	schizophrenic psychoses (death-rebirth experiences, messianic delusions, elements of destruction and re-creation of the world, salvation and redemption, identification with Christ); manic symptomatology; female homosexuality; exhibitionism
CORRESPONDING ACTIVITIES IN FREUDIAN EROGENIC ZONES			
libidinal satisfaction in all erogenic zones; libidinal feelings during rocking and bathing; partial approximation to this condition after oral, anal, urethral, or genital satisfaction and after delivery of a child	oral frustration (thirst, hunger, painful stimuli): retention of feces and/or urine; sexual frustration; experiences of cold, pain, and other unpleasant sensations	chewing and swallowing of food; oral aggression and destruction of an object; process of defecation and urination; anal and urethral aggression; sexual orgasm; phallic aggression; delivering of a child, statoacoustic eroticism (jolting, gymnastics, fancy diving, parachuting)	satiation of thirst and hunger; pleasure of sucking; libidinal feelings after defecation, urination, sexual orgasm, or delivery of a child
ASSOCIATED MEMORIES FROM POSTNATAL LIFE			
situations from later life where important needs are satisfied, such as happy moments from infancy and childhood (good mothering, play with peers, harmonious periods in the family, etc.), fulfilling love, romances; trips or vacations in beautiful natural settings; exposure to artistic creations of high aesthetic value; swimming in the ocean and clear lakes, etc.	situations endangering survival and body integrity (war experiences, accidents, injuries, operations, painful diseases, near drowning, episodes of suffocation, imprisonment, brainwashing and illegal interrogation, physical abuse, etc.); severe psychological traumatizations (emotional deprivation, rejection, threatening situations, oppressing family atmosphere, ridicule and humiliation, etc.)	struggles, fights, and adventurous activities (active attacks in battles and revolutions, experiences in military service, rough airplane flights, cruises on stormy ocean, hazardous car driving, boxing); highly sensual memories (carnivals, amusement parks and nightclubs, wild parties, sexual orgies, etc.); childhood observations of adult sexual activities; experiences of seduction and rape; in females, delivery of their own children	fortuitous escape from dangerous situations (end of war or revolution, survival of an accident or operation); overcoming of severe obstacles by active effort; episodes of strain and hard struggle resulting in a marked success; natural scenes (beginning of spring, end of an ocean storm, sunrise, etc.)

PHENOMENOLOGY IN LSD SESSIONS

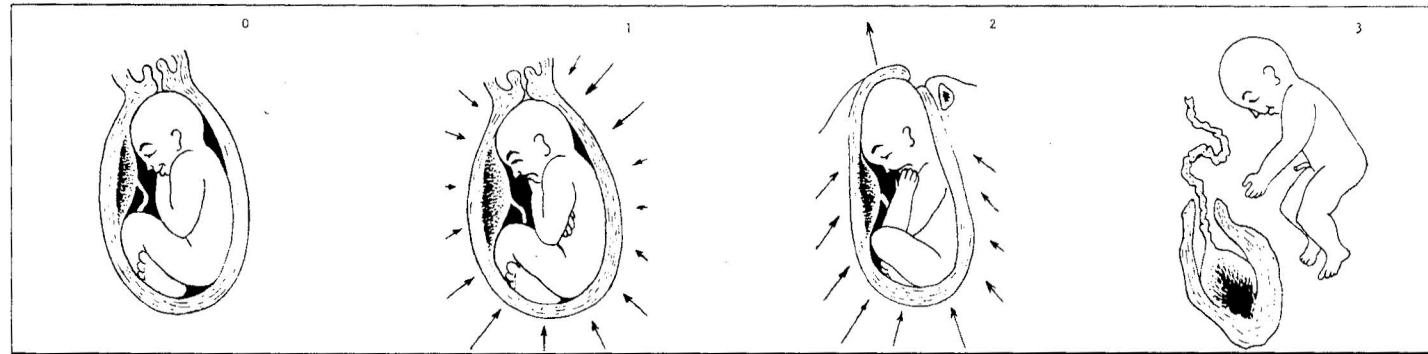
undisturbed intrauterine life: realistic recollections of "good womb" experiences; "oceanic" type of ecstasy; experience of cosmic unity; visions of Paradise; *disturbances of intrauterine life:* realistic recollections of "bad womb" experiences (fetal crises, diseases and emotional upheavals of the mother, twin situation, attempted abortions), cosmic engulfment; paranoid ideation; unpleasant physical sensations ("hangover," chills and fine spasms, unpleasant tastes, disgust, feelings of being poisoned); association with various transpersonal experiences (archetypal elements, racial and evolutionary memories, encounter with metaphysical forces, past incarnation experiences, etc.)

immense physical and psychological suffering; unbearable and inescapable situation that will never end; various images of hell; feelings of entrapment and encagement (no exit); agonizing guilt and inferiority feelings; apocalyptic view of the world (horrors of wars and concentration camps, terror of the Inquisition; dangerous epidemics; diseases; decrepitude and death, etc.); meaninglessness and absurdity of human existence; "cardboard world" or the atmosphere of artificiality and gadgets; ominous dark colors and unpleasant physical symptoms (feelings of oppression and compression, cardiac distress, flushes and chills, sweating, difficult breathing)

intensification of suffering to cosmic dimensions; borderline between pain and pleasure; "volcanic" type of ecstasy; brilliant colors; explosions and fireworks; sadomasochistic orgies; murders and bloody sacrifice, active engagement in fierce battles; atmosphere of wild adventure and dangerous explorations; intense sexual orgiastic feelings and scenes of har-ems and carnivals; experiences of dying and being reborn; religions involving bloody sacrifice (Aztecs, Christ's suffering and death on the cross, Dionysos, etc.); intense physical manifestations (pressures and pains, suffocation, muscular tension and discharge in tremors and twitches, nausea and vomiting, hot flushes and chills, sweating, cardiac distress, problems of sphincter control, ringing in the ears)

enormous decompression, expansion of space, visions of gigantic halls; radiant light and beautiful colors (heavenly blue, golden, rainbow, peacock feathers); feelings of rebirth and redemption; appreciation of simple way of life; sensory enhancement; brotherly feelings; humanitarian and charitable tendencies; occasionally manic activity and grandiose feelings; transition to elements of BPML; pleasant feelings can be interrupted by *umbilical crisis:* sharp pain in the navel, loss of breath, fear of death and castration, shifts in the body, but no external pressures

STAGES OF DELIVERY



elements of cosmic unity, universal engulfment, no exit, death-rebirth struggle, and death-rebirth experience). In addition to manifesting specific content, basic perinatal matrices also function as organizing principles for the material from other levels of the unconscious. Perinatal experiences can thus occur in psychedelic sessions in association with specific psychodynamic material related to various COEX systems, but also with certain types of transpersonal experiences. Particularly frequent concomitants of the birth experiences are memories of diseases, operations and accidents from the individual's life, archetypal phenomena (especially the archetypes of the Terrible Mother and Great Mother), elements of group consciousness, ancestral and phylogenetic experiences, and past incarnation memories.

Individual perinatal matrices have fixed associations with certain specific aspects of the activities in the Freudian erotogenic zones and with specific categories of psychiatric disorders. All these interrelations are shown on the synoptic paradigm (Illustration 1). This paradigm demonstrates, among others, the parallel between the stages of biological delivery and the pattern of the sexual orgasm. The similarity between these two biological patterns makes it possible to shift the etiological emphasis in the psychogenesis of emotional disorders from sexual dynamics to perinatal matrices, without denying or negating the significance and validity of the basic Freudian principles for understanding psychodynamic phenomena and their mutual interrelations.

In the following text, Basic Perinatal Matrices will be discussed in the sequence in which the corresponding phases of biological delivery follow during childbirth. In serial LSD sessions this chronological order is not maintained and elements of individual matrices can occur in most variegated sequential patterns. The death-rebirth process does not consist of one simple experience of dying and being reborn, no matter how profound and complete this experience might feel. It takes as a rule a great number of death-rebirth sequences and a whole series of high-dose LSD sessions to work through the material on the perinatal level with all its biological, emotional, philosophical, and spiritual manifestations. In this process the individual has to face the deepest roots of existential despair, metaphysical anxiety and loneliness, murderous aggression, abysmal guilt and inferiority feelings, as well as excruciating physical discomfort and the agony of total annihilation. These experiences open up the access to the opposite side of the spectrum—orgiastic feelings of cosmic proportions, spiritual liberation and enlightenment, a sense of ecstatic connection with all of creation, and mystical union with

the creative principle in the universe. Psychedelic experiences on the perinatal level thus seem to represent a twentieth century version of the process that has been practiced through millenia in various ancient and preliterate cultures in the form of temple mysteries, rites of passage, secret initiations, and religious meetings of ecstatic sects.

PERINATAL MATRIX I (PRIMAL UNION WITH MOTHER)

The first perinatal matrix (BPM I) is related to the primal union with mother, to the original state of intrauterine existence during which the child and the maternal organism form a symbiotic unity. When no noxious stimuli intercede, the conditions for the fetus are close to being ideal, involving protection, security, and continuous satisfaction of all needs. A variety of adverse circumstances can, however, interfere with this condition. These involve diseases and difficult emotional states of the mother and interferences from the outside world, such as toxic influences, loud noises, and mechanical concussions or vibrations. The first perinatal matrix has therefore its positive and negative aspects; subjects frequently refer to them as the "good womb" and the "bad womb" experience. The elements of *undisturbed intrauterine* existence can be experienced in LSD sessions in a concrete biological form or in the form of its spiritual counterpart, *the experience of cosmic unity*. Although the "oceanic feelings" of the embryonal state are not identical with the experience of cosmic unity, there appears to be a deep association and overlapping between these two conditions.

The experience of cosmic unity is characterized by transcendence of the usual subject-object dichotomy. The individual in this state becomes deeply aware of his or her unity with other people, nature, the entire universe, and with the ultimate creative principle, of God. This is accompanied by an overwhelming positive effect that can range from peace, serenity, and bliss to an ecstatic rapture of an orgiastic nature. Typically, the categories of space and time are transcended in this state and subjects can perceive themselves as existing outside of the usual space-time continuum. In the extremes, they can experience eternity and infinity within a period lasting seconds or minutes of actual clock-time. Other typical characteristics of this state are a sense of sacredness and of ultimate insight into the true and real nature of existence. Accounts or descriptions of this revelatory experience are usually full of paradoxes that appear to violate the

basic laws of the Aristotelian logic. This state of mind is referred to as "contentless yet all-containing," "formless but pregnant with form," one of "cosmic grandeur yet utmost humility," or characterized by a loss of ego when the ego expanded and became the whole universe. Different subjects experience and describe this event within different symbolic frameworks. Most frequent in this context are references to Paradise, Garden of Eden, Heaven, Elysian Fields, the Tao, Atma-Brahma union, or Tat tvam asi (Thou art That) of the Upanishads.

With the eyes closed, the phenomenon of cosmic unity is experienced as an independent complex experiential pattern. With the eyes open, it results in an experience of merging with the environment and a sense of unity with perceived objects. It is basically this experience that is described in Walter Pahnke's²⁴ mystical categories and to which Abraham Maslow¹⁸ refers as "peak experiences." In LSD sessions, feelings of cosmic unity seem to be closely related to "good womb" experiences, "good breast" experiences, and to happy childhood memories. They also appear to be a rather important gateway to a variety of transpersonal experiences, such as ancestral memories, elements of the racial and collective unconscious, evolutionary memories, and archetypal phenomena. The *disturbances of intrauterine existence* can likewise be literally relived in a biological sense, or be experienced symbolically as encounters with various demonic appearances, metaphysical evil forces, or malefic astrological influences.

As far as the relation to memory mechanisms is concerned, the positive aspects of BPM I are related to positive COEX systems. The positive facet of BPM I seems to represent the basis for the recording of all later life situations in which the individual is relaxed, relatively free from needs, and not disturbed by any unpleasant stimuli. Negative aspects of BPM I have similar links to negative COEX systems.

In regard to the Freudian erotogenic zones, the positive aspects of BPM I coincide with the biological and psychological condition in which there are not tensions in any of these zones and all the partial drives are satisfied. Conversely, satisfaction of needs in these zones (satiation of hunger, release of tension by urination, defecation, sexual orgasm, or delivery of a child) results in a superficial and partial approximation to the tension-free ecstatic experience described above.

PERINATAL MATRIX II (ANTAGONISM WITH MOTHER)

LSD subjects confronted with this experiential pattern frequently relate it to the very onset of the biological delivery and its first clinical stage. In this situation the original equilibrium of the intrauterine existence is disturbed, first by alarming chemical signals and later by muscular constrictions. Eventually, the fetus is periodically totally constricted by uterine contractions; the cervix is closed and the way out is not yet open.

As in the previous matrix, the corresponding biological situations can be relived in a rather realistic way. The symbolic concomitant of the very onset of delivery is *the experience of cosmic engulfment*. It involves overwhelming feelings of increasing anxiety and awareness of imminent vital threat. The source of this approaching danger cannot be clearly identified and the subject has a tendency to interpret his or her immediate environment or the entire world in paranoid terms. Not infrequently do individuals in this state report experiences of evil influences coming from members of secret organizations, inhabitants of other planets, malevolent hypnotists, black magicians, or diabolic gadgets emanating noxious radiation or toxic gases. Further intensification of anxiety typically results in an experience involving a monstrous, gigantic whirlpool, a maelstrom sucking the subject and his or her world relentlessly towards its center. A frequent variation of the universal engulfment is an experience of being swallowed by a terrifying monster, such as a giant dragon, octopus, python, crocodile, whale or spider. A less dramatic form of the same experience seems to be the theme of descent into the underworld and encounter with various dangerous creatures and entities.

The symbolic counterpart of a fully developed first clinical stage of delivery is the *no-exit experience*. An important characteristic of this experiential pattern is striking darkness of the visual field and ominous and sinister colors of all the images that accompany it. Subjects feel encaged and trapped in a monstrous claustrophobic situation and experience incredible psychological and physical tortures. Typically, this situation is absolutely unbearable and appears to be endless and hopeless. While under the influence of this matrix, the individual cannot see the possibility of termination of his or her torments nor any form of escape from them. Death wishes and suicidal craving can be combined with feelings of futility and with a conviction that not even physical death would terminate this hellish state and bring relief.

This experiential pattern can be manifested on several levels; these levels can be experienced separately, simultaneously, or in an alternating fashion. The deepest level is related to various concepts of hell—a situation of unbearable suffering that will never end, as it has been depicted by many religions of the world. In a more superficial version of the same experiential pattern, the subject is confronted with images of our planet and sees the whole world as an apocalyptic place full of bloody terror, senseless suffering, genocidal wars, racial hatred, dangerous epidemics and natural catastrophes. Existence in this world appears to be completely meaningless, nonsensical and absurd, and the search for any meaning in human life futile. While under the influence of this matrix, the individual perceives the world and human existence as if through a negatively biased stencil; he or she appears to be blinded to any positive aspects of life. In the most superficial form of the experience, the subject sees his or her own concrete life situation in terms of circular patterns and as completely desperate, unbearable, and full of insoluble problems. Agonizing feelings of metaphysical loneliness, alienation, helplessness, hopelessness, inferiority and guilt are a standard part of this matrix.

The symbolism that most frequently accompanies this experiential pattern involves images of hell from various religions, Christ's humiliation and suffering, the theme of eternal damnation as exemplified by Ahasverus, Flying Dutchman, Sisyphus, Ixion, Tantalos, and Prometheus. The most important characteristic that differentiates this pattern from the following one is the unique emphasis on the role of the victim and the fact that the situation is unbearable, inescapable and eternal—there appears to be no way out either in space or in time.

BPM II seems to represent the basis for recording of all future extremely unpleasant situations, in which the passive and helpless individual is victimized and endangered by an overwhelming and destructive external force.

In regard to Freudian erotogenic zones, this matrix seems to be related to a condition of unpleasant tension in all of them. On the oral level, it is hunger, thirst and painful stimuli; on the anal level, retention of feces; and on the urethral level, retention of urine. The corresponding phenomena on the genital level are sexual frustration and excessive tension, as well as pains experienced by the delivering female in the first clinical stage of labor.

PERINATAL MATRIX III (SYNERGISM WITH MOTHER)

Many aspects of this complex experiential matrix can be understood from its association with the second clinical stage of biological delivery. In this stage, the uterine contractions continue, but the cervix stands wide open, and the gradual and difficult propulsion through the birth canal occurs. There is an enormous struggle for survival, mechanical crushing pressures, and often a high degree of anoxia and suffocation. In the terminal phases of delivery, the fetus can experience immediate contact with a variety of biological materials, such as blood, mucus, fetal liquid, urine and even feces. From the experiential point of view, this pattern is rather ramified and complicated: beside actual realistic reliving of various aspects of the struggle through the birth canal, it involves a variety of phenomena that can be arranged in typical sequences. Its most important facets are an atmosphere of *titanic fight*, *sadomasochistic orgies*, *intense sexual sensations*, *scatological involvement*, and *the element of purifying fire (pyrocatharsis)*. The above elements constitute the *death-rebirth struggle*.

The subject experiences in this state powerful currents of energy streaming through his or her entire body and increasing to a level of concentration and condensation that seems to transcend all imaginable limits. This is followed by episodes of explosive discharges and feelings of ecstatic release. Visions typically accompanying these experiences involve explosions of atomic bombs, thermonuclear reactions, launching of missiles and spaceships, power plants, hydroelectric stations, high-voltage power lines, dramatic scenes of war destruction, gigantic conflagrations, exploding volcanoes, earthquakes, tornadoes, and other natural catastrophes. A mitigated form of this experiential pattern is associated with visions of medieval battles, bloody revolutions, dangerous hunts for wild animals, or discoveries and conquests of new continents.

Another important aspect of this experiential matrix is excessive activation of sadomasochistic elements in the personality of the subject. Enormous amounts of aggressive energy are being discharged and consumed in destructive and self-destructive fantasies, images, and vivid experiences. The individual indulges in rapes, various sexual perversions involving pain, bestial murders, tortures and cruelties of all kinds, executions, mutilations, bloody sacrifices, and self-sacrifices. This can be accompanied by suicidal ideation, fantasies, or even tendencies, involving brutal and mutilating self-destruction.

Sexual arousal can reach an unusually high degree and be expressed in complex scenes of unbridled orgies, visions of Middle-Eastern harems, endless nuances of the Oriental art of loving, lascivious carnivals, and rhythmic sensual dances. Many LSD subjects discovered a close psychogenetic link between agony and sexual ecstasy; they realized that intense orgiastic arousal can border on suffering and mitigated agony can be experienced as sexual pleasure.

The scatological facet of this death-rebirth struggle involves intimate encounter with various forms of repulsive biological material. This experience can be very complete and have not only visual and tactile, but also olfactory and gustatory dimensions. The subject can experience himself or herself as wallowing in excrements, drowning in cesspools, crawling in offals or sewage systems, eating feces, swallowing phlegm, drinking blood or urine, and sucking on putrefying wounds. This is often followed by an experience of passing through a purifying and rejuvenating fire; its overpowering flames destroy whatever is corrupted and rotten in the individual and prepare him for the experience of spiritual rebirth.

The religious and mythological symbolism of this matrix is most frequently derived from religions that glorify or use bloody sacrifice as part of their ceremonies. Quite common are allusions to the Old Testament; images of Christ's suffering and death on the cross; scenes of worshipping Moloch, Astarté or Kali; and visions of rituals from various Pre-Columbian cultures using sacrifice and self-sacrifice, as they were practiced in the Aztec, Mixtec, Olmec, and Mayan religion. Another group of images is related to religious rituals and ceremonies involving sex and wild rhythmic dances, such as fertility rites, phallic worship or various tribal religions of the aborigines. A frequent symbol associated with the purifying fire is the image of the legendary bird Phoenix. A very appropriate symbolization of the scatological aspect of the death-rebirth struggle is Hercules cleaning the stables of King Augeas, of the Aztec goddess Tlacolteutl, Devourer of Filth, a deity of child-birth and carnal lust.

Several important characteristics of this experiential pattern distinguish it from the previously described no-exit constellation. The situation here does not seem hopeless and the subject is not helpless. He or she is actively involved and has the feeling that the suffering has a definite direction and goal. In religious terms, this situation would be closer to the concept of purgatory than to that of hell. In addition, the subject does not play exclusively the role of a helpless victim. He is an observer and can at the same time

identify with both sides to the point that he can hardly distinguish whether he is the aggressor or the victim. While the no-exit situation involves sheer suffering, the experience of the death-rebirth struggle represents the borderline between agony and ecstasy and the fusion of both. It seems appropriate to refer to this type of experience as "volcanic ecstasy" in contrast to the "oceanic ecstasy" of cosmic union.

As a memory matrix, BPM III is related to all future experiences of the individual involving intense sensual and sexual elements; to wild, hazardous, and exciting adventures; as well as scatological exposures. Memories of sexual abuse, orgies, and violent rapes are also recorded in this context.

In regard to the Freudian erotogenic zones, this matrix is related to those activities which bring sudden relief and relaxation after a prolonged period of tension. On the oral level it is the act of chewing and swallowing of food (or conversely, of vomiting); on the anal and urethral level, the process of defecation and urination; on the genital level, the mechanism of sexual orgasm, and the feelings of the female in the second stage of labor.

PERINATAL MATRIX IV (SEPARATION FROM MOTHER)

This last perinatal matrix seems to be meaningfully related to the third clinical stage of delivery. In this final phase, the agonizing process of the intense struggle culminates; the propulsion through the birth canal is completed, and the extreme intensification of tension and suffering is followed by a sudden relief and relaxation. After the umbilical cord is cut, blood ceases to flow through its vessels, the child takes its first breath, and a new circulatory pathway is opened through the pulmonary area. The physical separation from the mother has been completed, and the neonate starts its existence as an anatomically independent individual.

As in the case of the preceding matrices, some of the experiences belonging here seem to represent a realistic reenactment of the actual biological events during this phase. The symbolic concomitants of the reliving of this final stage of delivery is of the *death-rebirth experience*; the latter represents the termination and resolution of the death-rebirth struggle. Physical and emotional agony culminates in a feeling of utter and total annihilation on all imaginable levels. It involves physical destruction, sense of emotional catastrophe, intellectual defeat, ultimate moral failure, and absolute damnation of transcendental

proportions. This experience is usually described as "ego death;" it seems to entail an instantaneous and merciless destruction of all the previous reference points in the life of the individual involved.

After the subject has experienced the very depth of absolute annihilation and "hit the cosmic bottom" he or she is struck by visions of blinding white or golden light. The claustrophobic and compressed world of the birth struggle suddenly opens up and expands into infinity. The general atmosphere is that of liberation, salvation, redemption, love and forgiveness. The subject feels unburdened, cleansed and purged and talks about having disposed on an incredible amount of "garbage," guilt, aggression and anxiety. This is typically associated of warm human relationships, friendship and love. Irrational and exaggerated ambitions, as well as craving for money, status, fame, prestige and power, appear in this state as childish, absurd and irrelevant. There is often a strong tendency to share and engage in service and charitable activities. The universe is perceived as indescribably beautiful and radiant. All sensory pathways seem to be wide open and the sensitivity to and appreciation of external stimuli is greatly enhanced. The individual tuned into this experiential area usually discovers within himself or herself genuinely positive values, such as sense of justice, appreciation of beauty, feelings of love, and self-respect, as well as respect for others. These values, as well as motivations to pursue them and live in accordance with them appear to be on this level intrinsic to human nature. They cannot be satisfactorily explained in terms of compensation, reaction-formation, or sublimation of primitive instinctual drives. The individual experiences them as integral parts of the universal order. It is interesting to point in this context to the striking parallels between this observation from psychedelic therapy and Abraham Maslow's¹⁹ concept of metavalues and metamotivations derived from the study of spontaneous peak-experiences occurring outside of the drug context.

The symbolism associated with the experience of death and rebirth can be drawn from many different cultural frameworks. Thus the element of ego death can be associated with visions of various deities, such as Moloch, Shiva the Destroyer, the terrible goddess Kali, and the Pre-Columbian Huitzilopochtli, or experienced in full identification with the death of Christ, Osiris, Adonis, or Dionysos. Typical symbolism of the moment of rebirth involves visions of radiant sources of light experienced as divine, heavenly blue cosmic spaces rainbow spectra, or stylized peacock feathers. Rather frequent are nonfigurative images of God, as exemplified by the Cosmic Sun or Brahma. On occasion, subjects

can see personified images and traditional representations of God and various deities of specific religions. God can, for example, appear in the Christian form as a wise old man sitting on a throne surrounded by cherubim and seraphim in radiant splendor. Quite common in this context is also the experience of union with the Great Mother, such as the Divine Isis of the Egyptians, or Virgin Mary. Joining the Greek gods on Mount Olympus in drinking nectar and eating ambrosia, admission to the Germanic Valhalla, or advent to the Elysian fields are some additional symbolic alternatives for the rebirth experience. Other visions involve gigantic halls with richly decorated columns, marble statues and crystal chandeliers, or especially beautiful natural scenery—star-filled sky, majestic mountains, luscious valleys, flourishing meadows, clear lakes and oceans.

In regard to memory, BPM IV represents a matrix for recording of all later situations involving major personal success, and termination of situations of prolonged serious danger (end of wars or revolutions, surviving an accident, recovery from diseases, etc.).

As far as Freudian erotogenic zones are concerned, BPM IV corresponds on all the levels of libidinal development with the condition of satisfaction immediately following the activity that reduced or discharged tension (swallowing of food, defecation, urination, sexual orgasm and delivery of a child).

TRANSPERSONAL EXPERIENCES

Transpersonal experiences are extremely heterogeneous and multiform; the most important common denominator of the phenomena in this group is the fact that the experient transcends his or her usual spatial and temporal limits. Detailed classification and description of various types of transpersonal experiences including many clinical examples has been published elsewhere.¹⁵ A similar discussion in this context would go beyond the scope and purpose of this paper. Intimate knowledge of the cartography of this area of the human unconscious is indispensable for deeper understanding of the phenomenology and basic nature of the psychotic process, rites of passage, of psychology and psychopathology of religion, or mysticism and the occult tradition.

The transpersonal dimension is relevant also for the problem of aggression that is central from the point of view of our discussion. On occasion, the deepest roots of violent ideation, emotions, imagery and behavior can be found in archetypical structures,

ancestral psychological vestiges, elements of the racial unconscious, or past incarnation memories. Discussion of these observations will be reserved for a future publication. By far the most relevant material for a new understanding of sociopolitical phenomena comes from observations of LSD sessions focusing on biological birth and death and/or the death-rebirth process. For this reason, we will limit our present discussion to perinatal material which seems practically and theoretically most important from the point of view of our area of interest.

In the course of clinical work with LSD, it became increasingly clear that psychodynamic biographical material alone, no matter how traumatic, cannot provide adequate explanation for certain serious phenomena of individual psychopathology, such as automutilations, bloody suicide, sadomasochism, bestial homicides, sexual perversions of the order of coprophagia, urolagnia or necrophilia, and certain aspects of clinical symptomatology of schizophrenia and maniomegalomania. Explanations based entirely on the analysis of biographical material appear equally or even more inadequate in the case of serious social psychopathology, such as the insanity of mass extermination and genocide, apocalyptic horrors of concentration camps, grandiosity and megalomania of autocrats and dictators reaching planetary proportions, sacrifice of millions in the name of utopian visions, or the holocaust of absurd wars and bloody revolutions. In the following text, we will describe and discuss the major observations from LSD sessions suggesting that the dynamics of the perinatal level of the human unconscious might be deeply involved in the above phenomena, if not responsible for them.

The theme of war is an important, standard and typical aspect of LSD sessions on the perinatal level. The intensity and scale of the war scenes, as well as all the subjective experiences involved, are usually way beyond what the subject used to consider his or her experiential limits, or even humanly possible. The time period, historical location, nature of weapons or gadgets, and the specifics of the combats vary within a wide range. LSD subjects have reported in this context primitive skirmishes of cavemen and savages involving stone tools and primitive clubs, ancient battles with chariots and war-elephants, medieval combats of knights on horses in full armor, wars involving twentieth century technology including nuclear weapons, as well as futuristic internecine encounters between spaceships representing different stellar systems or galaxies. In those individuals who actually experienced

the war, reliving of actual memories from this time frequently occurs simultaneously with the above scenes of a more general nature.

The two perinatal matrices most meaningfully related to war are BPM II and III. It is important for the purpose of our discussion to emphasize the difference between these two matrices, specifically in regard to the theme of war. In general, both the subjects facing BPM II and those under the influence of BPM III have frequently profound experiences related to war; the basic difference is in the role of the experient. An individual under the influence of the second perinatal matrix is involved in these scenes in the position of a helpless victim, identifying with civilians subjected to airraids, persons trapped under the debris of destroyed houses, villagers tortured by invaders whose settlements are being burnt, mothers and children attacked by napalm, or soldiers exposed to poisonous gases. The general atmosphere of these scenes is that of desolation, despair, anguish, hopelessness, and absurdity of human existence. The nature of war experiences within the framework of the third perinatal matrix is quite different. The predominant emotion is wild instinctual arousal involving aggression, anxiety, lust, fascination, a peculiar mixture of pain and pleasure, and scatological indulgence. The experient assumes three roles alternately or successively—that of a victim, aggressor, and observer.

It is interesting that all the major facets of BPM III find ideal expression within the context of psychedelic experiences involving war. The *titanic aspect* is represented by the monumental military technology from gigantic stone-throwers and ramming devices of ancient armies to colossal tanks, amphibian vehicles, battleships, flying fortresses, and missiles. In this context, atomic bombs and thermonuclear weapons seem to have special symbolic significance, as we will discuss later. The *sadomasochistic aspect* of BPM III is best manifested in close man-to-man combats in which hurting and being hurt is equally possible, alternates, or is intimately interwoven. The scenes of wrestling, boxing, gladiator combats, Neanderthal warfare, primitive aboriginal battles, medieval sword and shield encounters, and bayonet attacks of the First World War seem to be the ideal channels. The parallel between two warriors involved in this intimate internecine encounter and the symbiotic situation of the mother and child during the delivery seems to be particularly close. The two individuals are bound together by a situation which they both have to face, and both of them simultaneously inflict pain and are hurt by the other. Of special significance seems to be the fact that

the blood spilt on both sides can mix and fuse.

Although it represents a certain departure from our main theme of discussion, it is interesting to mention in this context that LSD subjects described several other instances of a similar mutually destructive dyadic interlock, as being closely related to the mother-child situation of BPM III. The most salient example is the interaction between the satanists or witches and the Inquisition. The peculiar mixture of death symbolism, deviant sex, sadomasochism, and scatology occurring in the framework of religious rituals of the satanists betrays its rooting in BPM III. In the LSD sessions, images of satanic practices or the Sabbath of the Witches frequently occur in this context. The sadistic methods of the Inquisition, their extortionist chambers, bestial instruments of torture, autodafés, as well as their interest in sexual and scatological behavior of their victims, reflect essentially the same depth-motivational structure. All the diabolic practices of both the Inquisition and the satanists were exercised in the name of religion. According to the insights of LSD subjects, the state of mind of the true practitioners of satanism and their self-appointed "rescuers" exposing them to tortures was strikingly similar and was motivated by essentially the same forces. Other examples of similar dyads are the sadist and the masochist, the Pre-Columbian high priest and his sacrificed victim, the prisoner and the guard, the policeman and the criminal, ultrarightist government official and radical leftist, but particularly the autocratic tyrant and the revolutionary, as will be discussed later.

Another symbol ideally expressing the sadomasochistic, or combined destructive and self-destructive, aspect of BPM III is that of the kamikaze pilot or torpedo driver. Here the element of catastrophic annihilation of the enemy and oneself occurs in the framework of sacrifice to a higher cause.

The *sexual aspect* of BPM III finds its expression in the context of the war in the general moral and sexual disinhibition during the wartime resulting in "avant-deluge," "va banc," or "carpe diem" psychology, but particularly in the opportunity for rape or sexual irresponsibility and homosexual behavior associated with the military way of life. The *scatological aspect* of BPM III finds ample expression within the context of various war scenes. The scatological element ranges here from the total disarray, piles of rubble and generally unhygienic conditions to colossal pollution of various kinds, massacred and disembowelled soldiers, and panoramas of putrefying corpses and carcasses. The *pyrocathartic aspect* of BPM III is quite frequently associated with scenes of war destruction. The concrete situations involving this element range

from pouring burning resin from the ramparts of fortresses and destroying conquered villages and towns by fire to bombs exploding in airraids, mass rocket fire of "Stalin's organ," and nuclear warfare. This fire can be seen as ominous and destructive, but more frequently the subject experiences it with the fascination of a pyromaniac and draws satisfaction from its purging action.

The moment of biological birth in the context of BPM IV is frequently associated in psychedelic sessions with scenes symbolizing the end of war. Celebration of the military victory, triumphant processions, dancing in the streets, and fraternizing between soldiers and civilians are quite common images and experiences in this context. This period of carefree jubilation before the call of new duties was seen by many LSD subjects as equivalent to the short period after birth before the neonate encounters the vicissitudes of its new existence.

The above observations can be summed up in the surprising conclusion that the human personality make-up seems to contain, in the unconscious armamentarium of the perinatal level, matrices the activation of which can result in complex and vivid reproduction of all the experiences of horror, agony, polymorphous instinctual arousal, as well as strange fascination, associated with various forms of war.

On many occasions, LSD subjects experiencing perinatal elements in their sessions reported also many interesting insights into other sociopolitical problems closely related to the above. These involved the problems of totalitarianism, autocracy, dictatorship and police systems, on the one hand, and bloody revolutions on the other. Again and again, LSD subjects experiencing elements of BPM II reported identification with people of the countries oppressed by a tyrannizing dictator, subjected to a police regime, or living in a totalitarian state. Some Czech patients and volunteer subjects who had had negative experiences with either the Nazi occupants during the Second World War or with the Communist regime, relived their actual traumatic political memories in this context. According to the insights from psychedelic sessions the atmosphere in an oppressed country represents a mitigated version of what the fetus experiences during the contractions in a closed uterine system.

Contrariwise, the experiences of BPM III frequently involve manifestations of the politics of power, tyranny, subjugation of others, atmosphere of dirty tricks and intrigues, betrayal and treason. Many LSD subjects had the experiences of identification with tyrannical dictators of the past and present time, such as Emperor Nero, Genghis Khan, Hitler or Stalin in the terminal

phases of the birth agony. As a result of this profound identification they stopped seeing dictatorship as a manifestation of special power. According to their insights, the mental set of the dictator has a deep similarity with that of a child struggling in the birth canal: it represents a strange mixture of inflated megalomaniac feelings, impulsive aggression intolerant of any obstacle, a sense of strangulation, primitive childlike anxiety, and generalized paranoia. LSD subjects who had a firsthand experience of this state realized how disastrous it can be if somebody with these feelings is in a position of power. On the other hand, they recognized that this dictatorial element is a part of the human personality make-up and that they themselves would be potentially capable of committing the same mass crimes, if the corresponding level of their unconscious would get activated for some reason under the conditions of everyday life, instead of in the controlled situation of a psychedelic session. Genuine sense of competence and power were thus seen as lacking need for proof and ostentatious display, whereas the real feelings of dictators appeared to be characterized by an agonizing inferiority complex, insatiable hunger for recognition, excruciating loneliness, and suspiciousness. In LSD sessions the "dictator complex" is resolved by completing the death-rebirth process. The resulting feelings are those of total fulfillment, acceptance of one's role in the world, belonging and connectedness, security, importance, one's own significance associated with humility, respect for life and creation, understanding, and tolerance.

As mentioned above, the feelings of the dictator and oppressor closely resemble those of the infuriated individual revolutionary or of the revolutionary mob. According to the insights of LSD subjects, the situation between the oppressor and the oppressed is on a deeper level another example of the internecine dyadic interlock which exteriorizes the forces involved in the third perinatal matrix. Representing a lack of real psychological insight, it is a no-gain situation on both sides, without regard to the historical outcome of this encounter. Visions of bloody revolutions inspired by utopian ideals, and alternating identifications with the oppressors and the revolutionaries, are quite characteristic for BPM III. LSD subjects repeatedly reported insights concerning the basic similarity between the state of mind of the tyrant and the revolutionary during the culminating moments of their internecine encounter. The concrete images here range from the revolt of Roman slaves led by Spartacus to the conquest of the Bastille in the French Revolution and the Bolshevik takeover of the Winter Palace of the Czars.

Closely related to the above observations are insights that LSD subjects had into the tragicomic chronic failure of all bloody revolutions in spite of their high ideals and the general appeal of some radical philosophies on which they are based. Bloody revolutions are unusually powerful and successful in their destructive phase, when they are using the described instinctual forces to destroy the old corrupted regime. The failures occur inevitably in the next phase when they are trying to establish the promised "paradise." The perinatal forces are not worked through in a bloody revolution, they just surface and are acted out. The destructive energies that were so useful and instrumental during the revolution become the seed of corruption of the new system and continue operating after the victory. This was the explanation LSD subjects gave for the frequently stunning military success of radical revolutions and their failure to build the utopia the vision of which functioned as the carrot of the movement.

The real solution would be to connect psychologically with the feelings of BPM IV which cannot be done by external enactment, but by radical inner transformation. In this way, revolutions, although they usually represent some degree of historical progress, have to fail in their utopian efforts, because their external accomplishments are not accompanied by inner psychological transformation that would neutralize powerful destructive forces innate to human nature. This can again be illustrated by insights of LSD subjects who saw a parallel between the situation of the revolutionary after his victory on the barricades holding the triumphant banner and the newborn child overwhelmed by the explosive liberation from the oppressive clutches of the birth canal. Not dissimilar to the child whose feelings of triumph are soon replaced by distress due to newly discovered and quite unexpected feelings of cold, wetness, hunger and emotional starvation, the revolutionary instead of the promised paradise has to cope with the vicissitudes of his new role, including an approximate replica of the old internecine system insidiously developing on the ruins of the utopia.

Another area which is frequently discussed by LSD subjects is that of concentration camps, mass extermination and genocide. The experiences of BPM II frequently involve identification with the inmates of prisons and concentration camps, including feelings of despair, hopelessness, extreme anguish, starvation, physical pain, and suffocation in gas chambers. This is usually accompanied by a profound existentialist crisis; the sense of meaninglessness and absurdity of human existence alternates here with an excruciating desire to find meaning in life. From this point of view

it does not seem accidental that Victor Frankl⁷, the father of existential analysis, developed his insights into the significance of the sense of meaning in human life during his stay in a Nazi concentration camp. LSD subjects who have complex experiences of concentration camps within the context of BPM III experience not only the role of helpless victims, but also the deviousness, cruelty and bestiality of the Nazi officers.

Closer examination of the situation in concentration camps reveals that they were clearly a literal enactment of a perinatal nightmare in the material world. The prevailing atmosphere was that of insanity and sheer horror: emaciated naked corpses piled up in gigantic heaps, dead bodies strewn all over the roads and hanging from the barbed wire fence, human skeletons in anonymous crowds stripped of their human identity, high-voltage electric fences and watch-towers with machine guns, sounds of shots ringing incessantly in the air, and fiendish Kapos with half-wild Alsatian dogs walking around looking for victims. Sadism and aggression, so typical for perinatal experiences, was manifested on a scale that is hard to imagine. The uncontrollable fury and pathological rage of the SS officers, their capricious cruelty and boundless desire to ridicule, humiliate and torture, went far beyond what was necessary for the goals of the camp system—to threaten and terrorize, to provide slaves, and exterminate certain populations and alleged or real individual adversaries of the Nazi regime. This is particularly clear in regard to the scatological dimension which represented quite a striking aspect of the life in concentration camps.²⁶ In many instances, prisoners were forced to urinate on each other's face or into each other's mouths. They were allowed to go to the latrines only twice a day and those who tried to get to them at night risked being shot by the guards; thus some of the prisoners had to use their bowls as chamber pots. In Birkenau, soup bowls were periodically taken from the prisoners and thrown into the latrine, from which they had to be retrieved. Prisoners in the Nazi camps were literally drowning in their own waste and death by excrement was common. One of the favorite games of the SS was to catch men in the act of relieving themselves and throw them into the pit; in Buchenwald ten prisoners suffocated in excrement in this way in a single month. The above practices obviously represented a severe hygienic risk and were thus directly contrary to the usual meticulous concerns about epidemic control in prisons, armies, or any situations of communal living.

The sexual aspect of perinatal experiences was also amply illustrated in the conditions of concentration camps. Use of

inmates as prostitutes, heterosexual and homosexual rapes, and other instances of sexual abuse were quite common; in some instances the SS staged mandatory sexual activities among prisoners for their own entertainment.

The perinatal experience of the ego death commonly involves feelings of complete humiliation, degradation, debasement, and defilement. What the imagination of LSD subjects evokes from the rich banks of the unconscious matrices, was enacted in the concentration camps with frightening vividness. The prisoners were stripped of all possessions, clothes, hair, name—anything that they associated with their identity. Absolute lack of privacy, unimaginable dirt and the dictate of biological functions were amplified to grotesque proportions; this was the baseline for a more specific program of dehumanization and total debasement carried out by the SS in a way that was as methodical and systematic in its general strategy, as it was erratic and unpredictable in its daily manifestations.

The element of suffocation, as exemplified by the infamous gas chambers, and the fact of disposal of the dead bodies in glowing furnaces of the crematoria complete the list of extraordinary parallels between perinatal imagery and the actual conditions of concentration camps. The fact that the Nazis seemed to focus their perverse fury especially on pregnant women and little children is just an additional illustration of this striking association. The most powerful passages from Terrence des Pres' book *The Survivor*²⁶ are without doubt the description of a truckful of babies dumped into flames and that of pregnant women beaten with clubs and whips, torn by dogs, dragged around by the hair, kicked in the stomach, and finally thrown into the crematory alive.

Professor A. Bastians from Leyden, Holland who has had extensive experiences with the treatment of the so-called concentration-camp syndrome, a complex of emotional disturbances occurring in former inmates with a delay of several decades after their incarceration, developed a unique program of LSD therapy for victims of the Nazi regime. The objective of this procedure is to reenact, abreact, and work through various traumatic experiences from the camp. In the paper describing his work with these individuals, he came quite close to the above conclusions, even though in a much more general form. He pointed to the fact that the concentration camps are products of the human mind and must, therefore, represent a manifestation of certain aspects of the unconscious. This idea was clearly expressed in the title of his paper, "Man in the Concentration Camp and the

Concentration Camp in Man."¹

Again, as in the case of war and bloody revolution, the surprising discovery here is the fact that the human unconscious has matrices that can generate under certain circumstances the whole gamut of passive and active experiences related to concentration camps. Similarly, images of mass extermination and genocide belong to the most frequent channels through which LSD subjects experience the extraordinary amount of aggression that is associated with the third perinatal matrix.

The least substantiated, but most intriguing and exciting insights based on observations from LSD sessions are related to the present situation of mankind and the existing economic, psychological, moral, philosophical and spiritual planetary crisis. Frequently, LSD subjects have reported their ideas about the fundamental conflict that seems to be inherent in human nature and is reflected in various external crises in modern society. In recent years many authors have tried to formulate in different terms the dangerous schism in contemporary man, namely the dysbalance between the evolution of intellectual performance and the rate of emotional maturation, or between the more recently developed and the archaic parts of the human brain. In an incredibly short period, modern man has multiplied his intellectual capacities; he has been able to release nuclear energy, send spaceships to the moon, and transmit color pictures all over the surface of the planet within a split second. At the same time, the emotional development of man does not seem to have proceeded much beyond the level where it was during the Stone Age. The most astonishing and epoch-making technological discoveries are thus actually or potentially used for destructive purposes. As a result of this, modern man is living in chronic anxiety, being constantly on the verge of a global catastrophe. This is, in a nutshell, the theme that appears again and again in different variations in the LSD sessions.

The following discussion involves observations of a more specific nature than the above statements. It is based on phenomenological analysis of the content of LSD sessions, as well as explicit comments of individual subjects. A closer look at the situation in the world reveals a surprising fact, namely, that the most salient and most frequently discussed aspects of the recent development on this planet are identical with the basic characteristics of BPM III. The titanic aspect is represented by overgrown technology that has become a threat for mankind and for the future of the whole planet. The sadomasochistic element is reflected in the increase in violence, as exemplified by the arms

race, wars, revolutions, racial riots, and crime rate. General lifting of sexual repression manifested in everyday behavior of both sexes, movies, literature, forms of entertainment, as well as social movements such as the "gay liberation," can be seen as the analog of the sexual facet of BPM III. The scatological element is most dramatically represented by the industrial pollution that is reaching dangerous proportions. In a more abstract form, the degree of political corruption would fit this category. Another parallel between the contemporary situation and the elements of the third perinatal matrix is the increased interest in satanic phenomena (La Vey's satanic church, Charles Manson's "Family," the Symbionese Liberation Army, etc.) and the practice of witchcraft, as well as the occurrence of Messianic sects. The ego death is in LSD sessions frequently associated with images of launched missiles and experiences of atomic explosions or the nuclear holocaust; the fact that the atomic danger and the outer space program are the two most important symbols of modern man makes this probably the most striking parallel between the events in the inner and outer world.

As the above parallels indicate, we seem to have exteriorized the elements of our deep unconscious and to have made them part of our everyday life. One of the most important technical problems of successful psychedelic therapy is to interiorize the process and keep it on the symbolic and metaphorical level. The greatest danger of the LSD procedure is acting out of certain elements as such, or in the form of their analogs and derivatives. In this case the symbolic ego death can get confused with suicide, aggression is manifested in everyday life with all the adverse consequences instead of in the treatment room, and interpersonal dramas are enacted in reality instead of in fantasy. If we apply this observation to the situation in the world, mankind might be in the process of an important transformation and might have the alternative between a deep change in consciousness—a symbolic death and rebirth experienced on the inner plane—or an irreversible annihilation on the physical plane.

The above insights of LSD subjects concerning war, totalitarianism, revolutions and global crisis obviously are not reliable data of unquestionable theoretical and practical relevance. Even in their present form, these observations represent, however, a quite unique source of unusual data and inspiration for potential specific hypotheses that could be put to a more rigorous test. I can see at least three alternative ways of interpreting the above data. First, it is possible that the fixed association of the described social and political phenomena with specific elements of the basic

perinatal matrices (and thus with certain aspects of the process of biological birth of the individual) simply reflects the way material is recorded in our memory banks. From this point of view, the above association would be due to the fact that the areas involved have on some level similar features and are associated with emotions of a similar kind. This would not then necessarily imply a causal nexus, but formal similarity. Second, both the described sociopolitical phenomena and certain aspects of the birth process could be independent manifestations of a more basic pattern on a higher level of abstraction, for example, in the form of a Jungian archetype or an elementary cosmic structure. This interpretation also would not imply a causal nexus and would be, therefore, of little practical significance. Third, the described association could be due to the fact that perinatal matrices represent deep motivational structures that are actually responsible for deviant behavior of individuals and for social psychopathology. In such a case, the sociopolitical phenomena discussed in this paper would represent exteriorizations of certain aspects of the personality intrinsic to human nature. The existence of such a causal nexus opens also, at least theoretically, the possibility of active intervention in this process. Even at the present stage of research, it is possible to bring certain supportive evidence for the last alternative.

An important observation from LSD therapy should be mentioned in this connection, as it seems to throw some light on the mechanism of exteriorization of deep psychological material and enactment of unconscious themes in everyday life. Individuals who, in the termination period of LSD experiences, are under the influence of a certain unconscious content that was insufficiently resolved and integrated (whether it is a traumatic memory from childhood, perinatal experience, or a transpersonal theme), tend to show in the post-session periods very characteristic changes. Their self-concept, perception of the world, and attitudes toward the immediate environment are strongly influenced by the unconscious theme. This results frequently in specific changes in their behavior that in turn tend to evoke complementary reactions on the part of various interpersonal partners. A person who is under the influence of a strong unconscious matrix, can in this way actually be instrumental in creating in his or her everyday life an approximate replica of the original traumatic constellation.

Thus, a person who, as a result of an unresolved LSD session, feels anxious and threatened, tends to seek out dangerous situations, or even create them by his or her own actions. In addition, he or she can aggravate and irritate other people to the

degree that they resort to aggressive actions. Similarly, an individual experiencing feelings of inadequacy can in more or less obvious ways be instrumental in creating situations that will provide the "proof" that he or she is a failure. A similar mechanism seems to be operating also in everyday life outside of the context of LSD psychotherapy. In the case of the so-called "pseudodelinquency," intense irrational feelings of guilt precede by months or even years the actual antisocial act. The crime or transgression seems to provide for the subject an explanation and justification of the existing guilt feelings rather than causing them.

The most striking examples of this phenomenon are persons who attempt suicide, or have suicidal ideation and tendencies. Careful analysis of their feelings reveals that at the time when they contemplate a certain kind of suicide, they already have all the feelings associated with the particular situation that they intend to enact. Thus, persons who want to drown or hang themselves feel suffocated and strangled before they commit the act. Those who tend to stab themselves or use a shotgun, have excruciating physical pains in the body prior to their actual suicidal behavior. Similarly, self-destructive persons who are attracted to trains or hydroelectric turbines have already the sensations of being torn to pieces, and those who make suicidal jumps experience the feelings of falling. This is important in regard to the problem of choice of the method of suicide, which has been rather poorly understood in the past. In suicidal persons we are confronted not only with the question why they want to kill themselves, but also why they feel strongly attracted to a particular method. The relevance of this question can be illustrated by the story of a famous Czech professor of psychiatry and toxicology who committed bloody suicide in the early sixties. Being an expert toxicologist, he could have chosen a number of safe and relatively comfortable ways of killing himself, had he simply wanted his death. However, he was found in the garden of the institute where he worked, with several razor cuts in his throat.

The most plausible explanation of the above phenomenon seems to lie in the fact that human beings are able to tolerate only a limited degree of cognitive-emotional dissonance. Experiencing intense irrational emotions which are clearly incongruent with what is happening in the environment is very alarming, since it implies insanity. Thus a person who is tense, agitated and anxious, would experience these feelings as indicative of a serious psychiatric problem, if he or she were sitting on a beautiful clear day in the middle of a flourishing meadow in the mountains. The same feelings could be seen as reasonable or appropriate would

they occur in the battlefield, during hazardous driving in heavy traffic, or even in the course of a night walk in the middle of Manhattan. Seeking for situations that are in accord with one's feelings, or being instrumental in creating such situations, can thus be seen as an attempt to achieve congruence between one's inner experience and the outside world. In situations that involve emotions of highly threatening and catastrophic proportions, getting involved in violent fights, hazardous behavior and senseless risk taking or even murder and suicide can be seen as desperate attempts to regain congruence between the inner and outer world and basic consonance between emotions and cognition.

It is possible that similar mechanisms operate also on a mass scale and influence the behavior of leaders, social groups and whole nations. In this case, latent or even overt need to be dominated would exist in the population of a country before the tyrant seizes power, and would actually make his advent possible. British psychiatrist, Joshua Bierer, discussed in his 1964 paper at the International Congress of Social Psychiatry what he called Centripetal Womb Reaction (C.P.W.R.). Among others, he saw the willingness of recidivists to return to prison and the vulnerability of the oppressed towards the tyrant as manifestations of an unconscious need to regress back to the womb. The party declaring war would already feel attacked and endangered and the actual fact of war would legitimize these otherwise irrational feelings. As discussed earlier in this paper, many phenomena and situations of social psychopathology could thus represent exteriorization and rationalization of the repressed and unacknowledged dark recesses of the human mind.

Lloyd deMause,²⁰ a foremost proponent of psychohistory has collected extensive material on speeches of military leaders and politicians from various periods of serious crisis. His fascinating data bring powerful independent support for the thesis that regressive infantile material, including that related to biological birth, plays an important role in a variety of sociopolitical phenomena. DeMause's analytical method is quite unique and imaginative. In addition to traditional historical sources, he draws data of great psychological relevance from jokes, anecdotes, caricatures, personal imagery, slips of tongue, side comments, and even scribbles on the edge of documents.

The results of deMause's analysis of a wide variety of historical crises suggest that leaders, rather than being big Oedipal figures, seem to function as "garbage collectors" for various repressed feelings of groups and nations. They provide channels for projected emotions which individuals are unable to keep bound by

means of the usual intrapsychic defenses. According to deMause, in psychology of large groups the psyche regresses to modes of relating that are characteristic of preverbal childhood or even infancy. These infantile emotions come from all levels of psychic organization; not only Oedipal and phallic, but also anal and oral. It is interesting to mention in this context that perinatal experiences involve simultaneous activation of all the Freudian erotogenic zones. The overlapping of activities in various zones that psychoanalytic theoreticians (such as Sandor Ferenczi,⁵ with his concept of *amphimixis*) consider to be secondary fusion of originally isolated drives, represents according to the LSD observations residuum of the original condition. An important parallel between the pattern of sexual orgasm and that of the birth experience deserves special emphasis. Wilhelm Reich's concept of total orgasm seems to be related to the discharge of perinatal energies rather than just genital release. His speculations about the relationship between the mass psychology of fascism and incomplete orgasm are more convincing if we introduce this element into his theory.^{2 8}

Particularly frequent in deMause's documents from periods immediately preceding war are figures of speech and images related to biological birth. These involve strangulation, choking, being crushed, dark caves, craving for the light on the other side of the tunnel, descent into the abyss, life and death struggle for breathing space, drowning, hanging, and feeling small or helpless. Two more metaphors commonly occurring in war speeches are known from LSD therapy and also Nandor Fodor's⁵ analytical work as birth symbols; they involve the images of fire and fall or jumping from a tower. The fact that pregnant women and children are the center of the war fantasy deserves special attention in this context.

DeMause's psychohistorical illustrations cover a very wide range; examples from world history involving such persons as Napoleon, Kaiser Wilhelm II, and Hitler, are complemented by those taken from remote, recent and present history of the United States. In another paper, deMause analyzed the psychohistorical roots of the American Revolution and discussed its relation to birth practices and specifics of child-rearing.^{2 1} He was also able to find striking elements of birth symbolism in the statements of Admiral Shimada and Ambassador Kurasa before Pearl Harbor, in the symbolism associated with the atomic explosion in Hiroshima, in John Kennedy's message to Khrushchev at the time of the Cuban conflict, and even recent speeches of Henry Kissinger on the Middle Eastern crisis. A striking finding in the above studies

was the fact that images of strangulation and oppression occurred only in speeches preceding the war (and here sometimes even in regard to nations who were not immediate neighbors), but not in situations during the war which involved *actual* encirclement.

DeMause thus brought ample evidence for the hypothesis that in wars and revolutions nations act out a group-fantasy of birth; his observations are in full accord with the observations from LSD research, described earlier. This psychohistorical research represents a continuation of the tradition of depth psychological analysis of social upheavals initiated by Gustav le Bon³ and Sigmund Freud.⁸ Although generally compatible with the conclusions of the above authors, the new data bring important specific insights of great theoretical and practical relevance. DeMause's shift of emphasis from the individual unconscious reflecting childhood events to biological birth is in such far-reaching agreement with the material from LSD psychotherapy, that it can be seen as important support for his thesis. The only difference I can see between my own data and deMause's conclusions involves the interpretation of the psychological situation at the moment the war is declared. He attributes the feelings of clarity and relief so frequently described in this context to the fact that leaders and nations connect at this point psychologically with the memory of the moment of biological birth. I relate it to the fact of reaching congruence between the already existing quite specific feelings of the leader and the nation on the one hand, and external reality on the other, or elimination of the preexisting strong emotional-cognitive dissonance. In spite of its absurdity, monstrosity, and insanity, the new situation seems logical and sober, since there is no major disparity between the event and the emotional reactions.

The last question which we should discuss in this context, is the possible practical relevance of the above data. If the perinatal matrices actually represent a reservoir of motivational forces for certain forms of social psychopathology, what are the perspectives of beneficial intervention in the actual dynamics that is involved in the historical and political processes discussed above? Clinical observations from LSD psychotherapy suggest that abreaction of the powerful energies associated with BPM II and BPM III and integration of their specific content into consciousness can result in a specific transformation of the subject's personality. Such change involves considerable reduction of aggression, anxiety, depression and guilt, as well as improved self-image, increased self-acceptance and general increase in zest. As a result of this process, exaggerated and irrational ambitions are greatly mitigated

and much less emphasis is put on power, status, prestige, fame and material possessions. Individuals tend to develop deep reverence for life, new sense of the value of human relationships, and deep appreciation of nature and art. The probability of development in this direction seems to be greater in persons who show average adjustment than in those who have severe psychopathological problems. This change is particularly striking when experiences related to the second and third perinatal matrix are followed by feelings of cosmic unity associated with BPM I. Through these experiences, individuals seem to gain access to deep sources of positive energies—a genuine sense of justice, beauty, and love. They connect with a new value system which appears to be on this level intrinsic to human nature and cannot be explained as reaction formation to primitive instinctual drives or their sublimation. These values seem to be independent of the injunctions and prohibitions of the Freudian superego, formal precepts and commandments of established churches, educational influences, social pressures, and the threats of penal systems. Thus, behind the barrier of instinctual hell of the perinatal area, one discovers genuine spiritual feelings and a system of transcendental aesthetic and ethical values. Persons who successfully complete this process seem to have a higher frustration tolerance, are oriented toward the here-and-now rather than the past or the future, focus psychologically on the process rather than the outcome, and are able to draw satisfaction from ordinary aspects of life rather than focusing on remote, grandiose, heroic, irrational and often unattainable goals. As we mentioned earlier, these observations show a striking similarity with Abraham Maslow's¹⁹ concept of metavalues, metamotivations and self-actualization developed in the course of his study of spontaneous mystical states or "peak experiences." Since Maslow's theoretical conclusions are based on different observations and independent research data, this similarity is most encouraging.

Some proselytes of the psychedelic movement have suggested, probably on the basis of similar experiences as the ones described above, that LSD could become a panacea for a desperately sick mankind. On occasion, psychedelics have been advertised as man's only viable alternative to a slow death in industrial fallout products, or a fast one in a nuclear holocaust. According to the advocates of this idea, LSD could help man to transcend the bestial elements of his nature and stop his absurd power games, insane wars and self-destructive technological race. These would be replaced by respect and reverence for man and all of life, existence in harmony with nature, and consideration for basic ecological

laws on the planet.

I have no doubt that such transformation can under special circumstances be achieved in separate individuals undergoing the LSD procedure. I have seen a sufficient number of successful outcomes during twenty years of LSD research to support this view. For this to be accomplished, however, a number of favorable extrapharmacological variables have to be involved. Ingestion of the drug itself only amplifies the unconscious processes and exteriorizes them; the outcome of this process can be beneficial or detrimental depending on the set and setting. There is ample anthropological, sociological, and psychiatric evidence that the use of psychedelics *per se* does not result necessarily in positive transformation of personality. Ritual use of yagé by the Jivaro in Ecuador does not prevent this tribe from carrying on its headhunting practices. The Yanoamo Indians on the border of Venezuela and Brazil cultivate eighteen psychedelic plants and use them regularly. In spite of this, they belong to the most vicious and belligerent peoples known to anthropologists. Their shamans use psychedelic plants alternately for healing of their own tribesmen and for hexing and evil magical purposes. Examples from our own culture indicating that use of psychedelics is not incompatible with violence and evil are, among others, Charles Manson's clan and the Symbionese Liberation Army. Numerous accidents and psychiatric admissions due to the use of psychedelics present a convincing testimony that these drugs do not guarantee in all cases and under all circumstances a positive transformation described above. For reasons discussed earlier in this paper, it is not very probable that the LSD procedure will ever be used successfully on a large scale to change whole social groups.

Instead of getting at this point involved in far-reaching sociological and political speculations about the future, I would like to express my belief that the observations presented in this paper are sufficiently striking and potentially significant to merit more systematic interdisciplinary research. If these findings can be validated by future studies, it is possible to foresee many possibilities of their practical application, with the use of psychedelics or outside of it. Changed approaches to pregnancy, biological delivery and early postnatal care; different emphasis and system of basic values in modern education; wide publicity for the psychohistorical data on violence, war, and revolution; and development of powerful nondrug techniques and safe structured frameworks where individuals could work through destructive perinatal energies; these are just a few possible practical alternatives. According to some prominent anthropologists, such

as Margaret Mead,^{2 2} Arnold von Gennep,⁹ and Mircea Eliade,⁴ the absence of viable rites of passage might be a contributing factor to social psychopathology in modern cultures. Because we do not have structured ritual forms in which individuals could safely confront and work through deep energies from their unconscious, the latter leak insidiously into our everyday life and become an integral part of the world we live in. The problems in question are of sufficient scope and relevance to deserve focused and systematic effort of all concerned. In view of the present situation in the world, all clues that seem to be of at least some promise should be pursued.

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