

Mysticism and Psychedelics: The Case of the Dark Night

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ABSTRACT: This study uses a model of consciousness derived from LSD-assisted psychotherapy to illumine an enigmatic set of painful experiences that occur on the mystic's path known in Western circles as the "dark night." It argues that the dark night experiences described in John of the Cross's classic work *Dark Night of the Soul* can be conceptualized in terms of Stanislav Grof's category of "perinatal experience." The discussion examines the implications of this reconceptualization in three areas: (1) our understanding and evaluation of mysticism, (2) assessing LSD's potential for fostering genuine spirituality, and (3) reassessing the ancient claim that the capacity to experience transcendental states of being is innate.

Background and introduction

The publication of Aldous Huxley's *The Doors of Perception* in 1954 touched off a heated debate among philosophers and theologians on "chemical" versus "natural mysticism" that lasted for about 15 years. Participants on both sides of this debate shared one point in common. In assessing the spiritual merit of psychedelic substances, they focused on the euphoric side of psychedelic experience. What intrigued them about these chemicals was their capacity to release a state of consciousness in the subject which was strikingly close to, if not identical to, mystical ecstasy. The phenomenological proximity of psychedelic "highs" to mystical "highs" led some to celebrate the mind-openers as initiating a new era of spirituality, while others criticized the sleight of hand of "instant" or "chemical mysticism."¹ Aldous Huxley and R.C. Zaehner first defined the issues of the debate, which others adopted and refined in the years that followed.²

Fueling the protest against the psychedelic "high" was a gut sense of moral outrage. Philosophical subtleties aside, it did not seem fair that 400 micrograms of LSD on a sunny afternoon should open the same vistas to a curious college sophomore that a monk gave over 30 years of his life in prayer and meditation to realize. Supporting this position was the observation that the psychedelic experience did not appear to have the transformative value or

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staying power of experiences that occurred in more traditional spiritual contexts, even when the experiences themselves were phenomenologically quite similar. Huston Smith recommended a mediating position that recognized the legitimate mystical character of selective psychedelic experiences but questioned their relevance to genuine spiritual development. In the final analysis, mystical consciousness is not about transient peak experiences but a permanent transformation of consciousness, and this recreational tripping will not produce. Put succinctly, a mystical experiences does not a mystic make.³

Although this was an important debate, it ended in a standoff for essentially three reasons. First, scholarly discussion was soon overtaken by the social upheaval surrounding psychedelics in the sixties. The excesses of lay experimentation led to tighter legal restrictions that by the mid-seventies effectively ended all legally sanctioned research into the psychoactive effects of the major psychedelics. Second, discussants found themselves on opposite sides of the metaphysical court, speaking from within apparently incompatible ontological paradigms. The nature-supernature dichotomy preferred by Western orthodoxy and Zaehner clashed with the more organic ontological models favored by the East and Huxley. On the whole, the Eastern systems were less threatened by the psychedelic experience than Western ones, though they too were not enamored with them. Having never divorced heaven and earth as severely as had the West, it was less shocking to them that an earth-element might assist humans in bridging this gap, even if only temporarily.

Finally, and most importantly, the debate ended in a draw because it became clear that we simply understood neither psychedelics nor mysticism well enough to decide the questions being asked. We in the West lacked an adequate psychology of mystical consciousness, and the materialist bias of mainstream academic psychology as well as the reductionistic bias of mainstream clinical psychology discouraged the research necessary to develop one. The situation was even worse for psychedelics. Although many studies on LSD had appeared by 1965, we still lacked a comprehensive model of consciousness that could integrate the extraordinary experiences unleashed by this substance. Even as refined an anecdotal account as Huxley's was no substitute for a paradigm that could synthesize psychedelic experience and current psychological theory.

Fortunately, we find ourselves in very different intellectual waters today. The transpersonal movement in psychology has survived its infancy and every year roots itself more deeply in American education. Dialogue between Eastern and Western traditions has accelerated in both psychological and theological circles, producing more substantive and informed exchanges and generating innovative attempts at synthesis.⁴ In addition, our understanding of psychedelics has matured considerably, with Stanislav Grof emerging as the world's foremost authority on the psychoactive effects of LSD.

For over 30 years Grof has pioneered the attempt to integrate LSD into the

psychotherapeutic process, to study systematically the dimensions of consciousness revealed through psychedelics, and to relate the results of this study to contemporary clinical theory, revising that theory as necessary. His numerous books outline and document a new model of consciousness deriving from this work and place the question of the relation of psychedelics to mystical experience on a new foundation.⁵ It is on the basis of this foundation that I wish to reopen the discussion of psychedelics and mysticism.

As noted at the outset, both sides of the early debate focused on the euphoric side of psychedelic experience. In doing so, however, both missed what Grof has demonstrated to be perhaps the most significant feature of LSD and psychedelics in general, that is, their capacity to create states of consciousness conducive to the cleansing of consciousness. He has shown that LSD functions as a powerful catalyst of psychical processes capable of unearthing deeply buried, problematic psychological (and physical) blocks in the system. If LSD's catalytic energy is therapeutically focused, these negative blocks can be brought into awareness and cleansed from the system with a subsequent healing of the system following naturally.

And yet it is a misleading shorthand to say as I have that it is LSD that uncovers and cleanses these negative memories from the system. What LSD appears to do is to produce a heightened, more "open" mode of conscious functioning in the psycho-physical system that allows the system to purge itself of its problematic baggage. *The system heals itself* when given the opportunity to do so. This is not a trivial point if we want to understand the causal mechanisms operating for diverse spiritual practices.

As I understand it, the spiritual path consists of various practices that encourage one's psycho-physical-spiritual system to cleanse itself of impurities it has collected through the centuries and which are preventing it from functioning at its highest or most complete levels. Each component of the path contributes to this project—a simplified lifestyle, following a moral code of compassion, disrupting the habits of individuality, cultivation of religious awe and trust, relaxing chronically tightened muscle groups, fasting, study, breathing exercises, meditation, contemplative prayer, and so on. Through mechanisms not fully understood, the time-tested methods of spirituality create the conditions of purification, and the system, following innate laws, purifies itself. Purification then allows contact. The system opens naturally to more complete and more perfect levels of functioning, moving step by step into greater intimacy with something larger, wiser, and more loving than itself—something we strive to name but cannot. At the highest levels, the system "resonates with," becomes completely "attuned to," even becomes "one with" a cosmic rhythm, order, or will, eventually accepting that reality as its own true identity. We call this family of experiences mystical experience. Again, the techniques do not create these experiences, the capacity for which is innate, but only the conditions of cleansing that allows them to emerge.⁶

The position taken in this study is that LSD, if therapeutically managed, is

but another instrument or technique of cleansing with its own advantages and disadvantages vis-à-vis other spiritual techniques. It does not add anything to consciousness, but only activates and energizes capacities inherent within consciousness. Specifically, it triggers a profound purification process that mirrors in essential respects the purification process triggered by more conventional spiritual methods. The triggers differ, but the dynamics of purification are essentially the same. I shall argue this thesis by demonstrating the many parallels that exist between the LSD subject's perinatal experiences and the mystic's dark night experiences. While these parallels alone may not be sufficient to prove in the strictest sense that these two sets of experiences derive from the same psycho-spiritual tissue, their existence strongly supports this conclusion. Furthermore, considerable insight into the mystic's psychological development is gained when experiences traditionally viewed as pathological are reconceptualized as perinatal experience.

While many sources could have been consulted for a description of these difficult episodes, I have chosen St. John's account in *Dark Night of the Soul* because it is widely taken by students of mysticism to be a classic portrait of this painful phase of the mystic's development. Other studies will be needed to determine whether John's account is sufficiently representative of the experiences of other mystics to allow us to generalize from it. At present, I am optimistic that such studies will support the use of this text. The parallels, for example, between John's account of the dark night and Buddhaghosa's description of the "Higher Realizations" in the *Vissudhimagā* are quite striking.⁷

To conclude this introduction, I would like to emphasize that this study differs methodologically from the earlier debate on psychedelics and mysticism in two important respects. First, it focuses not on the most ecstatic psychedelic and mystical experiences but on the *most painful* and difficult ones. There are both strategic and methodological reasons making for this shift. Strategically, we gain a fresh point of entry into the discussion, with less conceptual and emotional carry-over from the earlier debate. Methodologically, by focusing on the mystic's pain, we focus our attention on the dynamics of purification, and this is precisely where we must look to appreciate the significance of LSD to the development of genuine spirituality. Second, this study shifts the focus away from comparing individual experiences gleaned from psychedelic and mystic accounts toward comparing the *full course* of psychological development undergone by both the mystic on the one hand and the LSD subject on the other. It does so in the belief that the true relevance of LSD to mysticism can be determined only by studying changes that take place in the consciousness of a subject over an entire course of therapeutically focused sessions—numbering 20, 50, or more—and comparing these to changes that occur in persons who travel the full length of more classical spiritual paths. We are in a position to carry out such studies only

since the publication of the Grof material. (Readers already familiar with Grof's paradigm may want to skip the next section and go directly to the discussion of the dark night.)

Perinatal symptomology in LSD psychotherapy

Having come to understand LSD's psychoactive effect to be that of a non-specific catalyst and amplifier of psychical processes, Grof has demonstrated that it can be used in a series of self-exploration sessions to activate memories and other psychical content from "layer" after "layer" of consciousness, resulting in a gradual unfolding of the psyche. He has personally supervised or been present during the major portion of over 5,000 such sessions. The subject population was highly diversified and included such unmystical types as staunch atheists, skeptics, Marxists, and positivistically oriented scientists. It should be emphasized that these were therapeutically structured sessions designed to encourage introspection and inner confrontation, and to avoid projective involvements with the outside world.⁸ The widely varying experiences people have on LSD begin to fall into distinct sets when such a large sample is studied and reveal, Grof believes, a coherent and stable picture of consciousness that is universally applicable.⁹

Grof's model identifies three distinguishable though interpenetrating experiential realms of consciousness: the psychodynamic, the perinatal, and the transpersonal. Psychodynamic experiences are those "associated with and derived from biographical material from the subject's life, particularly from emotionally highly relevant events, situations, and circumstances. They are related to important memories, problems, and unresolved conflicts from various periods of the individual's life, since early childhood."¹⁰ It is this realm that is addressed by the various schools of conventional psychodynamic theory. Perinatal experiences ("concerning birth") focus on problems relating to fetal existence, biological birth, physical pain, disease, aging, dying, and death.¹¹ Transpersonal experiences constitute a highly diversified set of experiences that share as their common denominator the subject's feeling that his or her consciousness is in one fashion or another expanded beyond the usual ego boundaries, that personal ego-identity has been transcended. Typical transpersonal experiences may include unity states of consciousness with other life forms; exploration of one's cultural, racial, and even evolutionary past; recalling past incarnations; and various ESP experiences or out-of-body experiences. In a large set of transpersonal experiences, phenomenal reality and the space-time continuum are transcended altogether as the individual moves into experiential realms traditionally the exclusive domain of shamans, mystics, and meditators.¹² Summarizing the interrelation of these three realms, Grof writes:

The psychodynamic level draws from the individual's history and is clearly biographical in origin and nature. Perinatal experiences seem to represent a frontier between the personal and trans-individual, as is reflected by their deep association with biological birth and death. The transpersonal realm, then, reflects the connections between the individual and cosmos mediated through channels which seem at the present to be beyond our comprehension.¹³

Perinatal experience combines personal and transpersonal elements in a complex fashion, making them quite difficult to summarize. I will, therefore, restrict myself to highlighting those portions of Grof's findings most pertinent to this study and direct the reader to the original for closer analysis.

The themes of perinatal experience are birth, physical pain, disease, aging, and death. Very frequently these themes center on a set of vivid experiences that the subjects themselves identify as a reliving of their actual birth, specific aspects of which have sometimes been verified by family members or attending physicians (for example, twisted cord, breech birth, forceps, resuscitation maneuvers, odors, sounds, and lighting). These data strongly suggest that the fetus is conscious before and during labor and delivery, and at some level remembers these events.

The exact relation of the perinatal experiences to biological birth is at present uncertain. On the one hand, the content of these experiences cannot be reduced to the memory of biological birth, while, on the other hand, many of the physical symptoms that manifest themselves in this context appear to derive from biological birth. In addition, both the physical symptoms and their corresponding experiential content seem to form four experiential clusters that can be modeled on the four consecutive stages of biological birth. To explain these data, Grof has suggested that the four phases of birth come to constitute on the personal level of the psyche four basic matrices for storing subsequent memories of psychologically similar experiences. He calls the resulting clusters of cumulative, focused memory and affect the "Basic Perinatal Matrices I-IV." The considerable energy of each BPM is the summation of the energies of the various memories that together constitute the system. When one of these matrices emerges in an LSD session, then, it manifests itself as a multi-level repository of experience and insight, and always with an overwhelming emotional charge.

Turning to specifics, Grof uses as the four stages of biological birth:

1. Intrauterine existence before the onset of delivery;
2. Labor before dilation of the cervix;
3. Labor after dilation of the cervix;
4. Final propulsion through the birth canal and separation from the mother.

Before delivery the fetus has "good womb" and/or "bad womb" experiences depending on the quality of prenatal support given by the mother. In the first phase of labor the fetus experiences a biochemical and physical assault; but because the cervix is not open, it has no place to escape to, experiencing a

literal “no-exit” situation. In the second phase, the cervix is open, thus creating a possible way out of the dilemma. In the final phase, the labor agonies culminate, followed by sudden release and separation from the mother. The prototypical themes of the four stages of birth as matrices for storing subsequent memories include:

1. Good womb: satisfaction of important needs, nurturing, fulfilling love. Bad womb: unpleasant physical sensations, disgust, anxiety.
2. Unwarranted, violent aggression against helpless innocent; hopelessness, guilt, absurdity of human existence, entrapment without escape.
3. Titanic struggle, life-death crisis but not absolutely hopeless, high energy experiences of various sorts—volcanic ecstasy, sexual excitement, sado-masochism.
4. Death-rebirth experience: total annihilation of the individual followed by breaking through to a new level of existence, profound love, mystical insights.

Infant, child, and adult experiences (and fantasies) that approximate these themes cluster around the relevant perinatal core in our memory, with the result that each constellation gathers energy through time and comes to influence behavior.

When a subject in an LSD session engages a perinatal matrix, then, the experience will be multi-dimensional but thematically coherent. He or she may experience simultaneously one or more phases of the original natal trauma, similar real or imagined traumas from later life of both a physical and psychological nature, and, in addition, thematically congruent religious and philosophical conflicts and insights. Following Grof, let us distinguish the physical component of the matrices from the psychological component and discuss each in the order the matrices emerge in the sessions—BPM II, III, IV, and I.

Typical among the physical symptoms associated with engaging these matrices are enormous pressure on the head and body, excruciating pains in various parts of the body, tremors, jerks, twitches, twisting movements, chills and hot flushes, and ringing in the ears. As Grof summarizes it:

Subjects may spend hours in agonizing pain, with facial contortions, gasping for breath and discharging enormous amounts of tension in tremors, twitches, violent shaking and complex twisting movements. The face may turn dark purple or dead pale, and the pulse show considerable acceleration. The body temperature usually oscillates in a wide range, sweating may be profuse, and nausea with projectile vomiting is a frequent occurrence.¹⁴

These symptoms characterize all three matrices but become more intense as the third and fourth matrices are activated. Eventually the physical torments peak and end as the subject moves from intense constriction and con-

finement to sudden decompression and spaciousness in the death-rebirth experience. While not all subjects experience these symptoms as a self-conscious reliving of their actual birth trauma, many of the physical symptoms themselves seem to be best interpreted as derivative of biological birth. Subjects often assume fetal postures and move in ways that resemble the movements of a child during biological delivery. This is true even for those subjects who psychologically experience their perinatal encounter in purely symbolic, philosophical, or spiritual terms.

The psychological dimension of the perinatal experiences is difficult to summarize because of the extreme multi-dimensionality of psychedelic experience. In all three perinatal matrices, the individual must face the deepest roots of existential despair, metaphysical anxiety and loneliness, and profound feelings of guilt and inferiority; but the nuance and focus of the confrontation differ in each phase and follow a developmental sequence. (It would be a mistake, however, to overemphasize the sequential nature of this encounter, as the perinatal matrices often manifest themselves in combination with significant overlap.)

In BPM II the subject typically experiences an overwhelming assault against which he is utterly helpless. Tortured without chance of escape, he is plunged into extreme metaphysical despair. Existence appears to be completely meaningless, and feelings of guilt, inferiority, and alienation have a distinctly hopeless quality to them. At the deepest level, subjects may experience hell itself—an endless, hopeless, meaningless situation of extreme suffering. In BPM III many of the above themes are continued but with an essential difference. Because there is now a slight possibility of escape—the cervix is dilated—a titanic struggle for survival takes place which Grof calls the *death-rebirth struggle*. Amid crushing mechanical pressures and often a high degree of anoxia and suffocation, the subject typically experiences powerful currents of energy building in his entire body and then releasing themselves in explosive discharges. Another frequent experience related to this matrix is the encounter with purifying fire that destroys all that is disgusting or corrupt in the individual.¹⁵ Because the situation is not hopeless, it resembles purgatory more than hell.

In BPM IV the subject eventually loses the struggle for survival:

Suffering and agony culminate in an experience of total annihilation on all levels—physical, emotional, intellectual, ethical, and transcendental. The individual experiences final biological destruction, emotional defeat, intellectual debacle, and utmost moral humiliation. . . . He feels that he is an absolute failure from any imaginable point of view; his entire world seems to be collapsing, and he is losing all previously meaningful reference points. This experience is usually referred to as *ego-death*.¹⁶

After the subject has died as an ego, he experiences rebirth into a more holistic, trans-individual mode of consciousness. All torment suddenly ceases

and is followed by experiences of physical and psychological redemption, forgiveness, and profound love. "The individual feels cleansed and purged, as if he has disposed of an incredible amount of 'garbage,' guilt, aggression, and anxiety. He experiences overwhelming love for his fellow men, appreciation of warm human relationships, solidarity, and friendship."¹⁷ These experiences are subsequently deepened in a mystical direction as the subject becomes absorbed into fully developed experiences of Cosmic Unity in BPM I.¹⁸

The death-rebirth process is never fully actualized in a single LSD session. Many sessions of repeatedly engaging the same issues are required before one has exhausted them—from ten to over a hundred.¹⁹ The usual pattern is that a subject working at this level will eventually experience a major perinatal crisis centering on one of the phases described above. Yielding to and resolving the crisis will often shift the person into positive transpersonal experiences for the remainder of the session even though perinatal content may remain for future sessions. If the process is continued through serial sessions, a final death-rebirth experience will eventually exhaust completely the perinatal material. Making copious use of case histories, Grof has demonstrated that systematically engaging this traumatic material can actually dissolve the perinatal matrices, thus permanently removing their influence from the individual's behavior. In subsequent sessions the subject moves directly into transpersonal experiences as the journey in consciousness continues. These transpersonal experiences reach their peak in mystical experiences of "Universal Mind" or the "Void."²⁰

With this outline of perinatal experience in place, let us turn to consider John's description of the mystic's experiences in the dark night of the soul.

The experience of the dark night

John of the Cross divides the dark night of the soul into the nights of "sense" and of "spirit" the former being common, the latter being reserved for the relatively few destined for deep spiritual realization.²¹ Both nights are further subdivided into active and passive phases depending upon whether you are doing the work or whether God is working in you while you remain passive.²² The active nights are discussed in *Ascent of Mount Carmel*, the passive in *Dark Night of the Soul*.

The passive night of sense is a time of recurring psychological aridity and darkness which weans the novice from his spiritual naïveté, purges him of his elementary vices, and instructs him in the rudiments of the "way of negation."²³ Though much less severe than the night of the spirit, it is nevertheless "bitter and terrible."²⁴ People's experiences in the night of sense are highly individualistic and correspond to the number and severity of each person's imperfections. As they move into the night of spirit, however, everyone's experiences become more uniform.²⁵

The cleansing that takes place in both nights is said to be caused by the infusion of God into the soul, which John calls contemplation. Through a life of simplicity, prayer, fasting, discipline, solitude, and manual labor, one prepares oneself to receive this gift of God himself. When given, this infusion of divine love causes the soul to throw off its imperfections, exactly how John does not say.

The difference between the nights of sense and of spirit is primarily one of degree. Imperfections that have become habitual are deeply rooted in the spirit and remain untouched by the night of sense. The difference is like that of removing a fresh stain and one that is long-standing. John even goes so far as to say that because *all* the imperfections attacked in the night of sense are actually rooted in the spirit, they are not finally purged until the spirit is purged. Technically, therefore, the night of sense should be conceived of as a kind of "correction and restraint" of the soul's desires, rather than a purgation.²⁶

The night of sense moves one from the stage of "beginner" to that of "proficient," where he may pass even years before entering the night of spirit. This interim time is characterized by a deepened spirituality made possible by the purification already effected. Eventually, however, if one is to enjoy full union with God, one must enter the passive night of the spirit which is said to be so much more horrible than the earlier night as to bear no comparison with it.²⁷ This radical purging is necessary because if one is to be one with God, everything in oneself that is unlike God must be removed. As John repeatedly explains, "Two contraries cannot coexist within one subject." The passive night of the spirit, therefore, is the dark night *par excellence*, and it is here that we find unmistakable perinatal elements.²⁸

John divides the varied pains of the night of spirit into four categories. The first kind of pain suffered is a profound experiential knowledge of one's many flaws and personal worthlessness. His imperfections highlighted in the juxtaposition with God's perfection, the mystic experiences himself to be so impure that he believes God has turned against him and cast him aside. Worst of all, he thinks that as he will never be worthy of God, he will remain alienated from his creator forever. This confrontation appears to have a violent quality about it as John speaks of the Divine Light "assailing," "assaulting," and "overwhelming" the individual, and of it and the mystic's imperfections "warring" against each other.

The second kind of pain results from the sheer force of this confrontation with God. Its intensity is such that the pain, apparently the physical pain, causes one nearly to faint. Speaking to this point elsewhere, John obliquely refers to the "dislocation of bones" that typically occurs during this stage.²⁹ Given his close relationship with Teresa of Avila, he clearly had, in addition to his own experience to draw on, intimate knowledge of her long history of painful seizures and convulsions. Here, however, he emphasizes the experience of oppression, of being under an immense, dark load that weighs heavily

upon him. Powerless under this burden, the mystic discovers that all help has vanished and wishes for release from his agony in death. To these images of oppressive constriction John later adds the image of suffocation. Describing the destruction of the mystic's "natural supports" in the purgation of fire, he adds that it is "as if a man were suspended or held in the air so that he could not breathe."³⁰

The third kind of pain is the anguish of having one's habitual imperfections uprooted from the psyche. The loss of that to which we have become deeply attached always causes suffering, but when that which is lost is part of the self, the pain is particularly elemental in character. The habits under assault have formed such an intimate part of the mystic's person that their violent removal is experienced as a dismantling of one's very being: "The soul feels itself to be perishing and melting away, in the presence and sight of its miseries, in a cruel spiritual death, even as if it had been swallowed by a beast and felt itself being devoured in the darkness of its belly, suffering such anguish as was endured by Jonah in the belly of that beast of the sea."³¹ The belly of the beast is described as the "sepulcher of dark death," and quotations from the Psalms reinforce the themes of being swallowed and dying. This ordeal is said to transcend all description. Underpinning it and running throughout it is a particularly sharp experience of being abandoned by God. This abandonment is the essence of hell, and John explains that in its most severe form the mystic actually experiences the suffering of hell. Perhaps recalling Teresa's account of such an experience in her autobiography,³² he states that there are "they that in truth go down alive into hell, being purged here on earth in the same manner as there."³³ Like hell, this anguish is experienced as being without end.

The fourth kind of pain appears to be an extension of the third. It is a profound emptiness and impoverishment in which the mystic experiences the loss of all previous goods both natural and spiritual. With the negation of all desires, conceptualizations, and capacities, he enters the darkest phase of the dark night. As John describes it:

... the spiritual and the sensual desires are put to sleep and mortified, so that they can experience nothing, either Divine or human; the affections of the soul are oppressed and constrained, so that they can neither move nor find support in anything; the imagination is bound and can make no useful reflection; the memory is gone; the understanding is in darkness, unable to understand anything; and hence the will likewise is arid and constrained and all the faculties are void and useless; and in addition to all this a thick and heavy cloud is upon the soul, keeping it in affliction, and, as it were, far away from God.³⁴

The soul experiences this pain as a "complete undoing of itself in its very substance," and John likens the process the purifying gold in a crucible. Like the image of being swallowed, the image of a purifying fire appears to have a

compelling quality for John, as he introduces it frequently, often developing it with the aid of biblical quotations. As fire consumes the rust of metal and burns flesh off bones, so the soul's impurities are destroyed by fire. Here he describes the fire as the fire of hell, whereas elsewhere he likens it to the fire of purgatory.³⁵ One image is truer psychologically, the other theologically. That is, psychologically, the torture of the purifying fire is without end and therefore causes hopelessness, while the fire of purgatory is temporary as is the dark night.

While John's main thrust is to interpret these various ordeals as coming from God and resulting automatically from his sheer presence in the soul, he also suggests, rather traditionally, that the devil is sometimes given permission to torture those whom God is preparing for union with himself. Usually the devil's role is to subvert the mystic's progress by distracting him with false delights and by interfering with the various types of divine revelations. Occasionally, however, he is said to be responsible for particularly painful horrors:

At other times the devil prevails and encompasses the soul with a perturbation and horror which is a greater affliction to it than any torment in this life could be. For, as this horrible communication passes direct from spirit to spirit, in something like nakedness and clearly distinguished from all that is corporeal, it is grievous beyond what every sense can feel.³⁶

The night of spirit lasts for as long as is necessary for the purgation to be complete, usually years. It is not constant, however, as there are intervals of relief in which the mystic experiences the infusion of God in a loving rather than painful manner. At such times the soul is "like one that has gone forth from this dungeon and imprisonment, and is brought into the recreation of spaciousness and liberty, [and] feels and experiences great peace and loving friendship with God, together with a ready abundance of spiritual communication."³⁷ In these respites the mystic is given a foretaste of union:

The soul sees and tastes abundance, inestimable riches, finds all the rest and recreation that it desires, and understands strange kinds of knowledge and secrets of God. . . . It feels likewise in God an awful power and strength which transcends all other power and strength: it tastes a marvelous sweetness and spiritual delight, finds true rest and Divine light and has lofty experience of the knowledge of God which shines forth in the harmony of the creatures and acts of God. Likewise it feels itself to be full of good things and far withdrawn from evil things and empty of them, and, above all, it experiences, and has fruition of, an inestimable feast of love, which confirms it in love.³⁸

These experiences become richer as the soul is gradually emptied of its creatureliness, and they can be so powerful that the mystic sometimes prematurely believes that the dark night has ended. Until the purification pro-

cess is complete, however, the pains will return, and each time they do they will be worse than before.³⁹

While usually it is the will that is moved in these divine touches, sometimes, as the quotation from *Spiritual Canticle* mentions, the understanding is also affected. When this happens, the mystic may have “spiritual revelations” that convey knowledge either of God or of his creation. While recommending that the mystic ignore and reject these revelations, John nevertheless lists and analyzes them in considerable detail.⁴⁰ Included in the knowledge of things lower than God are a variety of paranormal experiences including clairvoyance, precognition, xenoglossy, and discernment of the heart—experiences not uncommon in advanced LSD sessions.⁴¹ Knowledge of God himself may take the form of experiencing one of God’s attributes. Such an experience is said actually to bring one into contact with God and to carry with it a delight far surpassing that associated with lesser visions. It also has a powerful purifying effect, for as John explains it, there are “certain of these touches effected by God in the substance of the soul, which enrich [the soul] after such wise that . . . one of them suffices to take from the soul once and for all the whole of the imperfections that it had itself been unable to throw off during its whole life.”⁴² In still another type of revelation, the mystic may experience insights into the inner workings of God (for example, the Trinity) or into the workings of the “universe in general.”

It is interesting to note as an aside that John appears to see in these revelations many more mysteries than he as a Catholic is willing to accept, for he writes: “Since, then, there are no more articles of faith than those which have already been revealed to the Church, not only must everything new be rejected, but it behooves the soul to be cautious and pay no heed to any novelties implied therein.”⁴³ It is a significant phenomenon if there are revealed in these privileged states of awareness more than the individual is willing to accept. Besides giving the lie to any theory of mystical experience that exaggerates the programming effect of trained expectations,⁴⁴ it tends to place into perspective the insights of even the great mystics such as John of the Cross over against the profoundly mysterious universe they are sampling.

Summary of correspondence

The similarities between the mystic’s experience in the dark night of the soul and the LSD subject’s perinatal experiences are so clear as to require only brief summary.

1. *Psychologically*, both sets of subjects must face the deepest roots of metaphysical anxiety and alienation. Confronted by all his faults in stark relief, the mystic’s sense of inferiority reaches metaphysical proportions and plunges him into deep despair. Abandoned by God, he can see no

way out of his dilemma and experiences his estrangement to be without end. In a conceptual context that is meaningful to him, therefore, the mystic repeats the basic elements of the LSD subject's experience: estrangement from all that is meaningful and good, extreme alienation, personal worthlessness, and hopeless despair.

2. Though elliptically described, the *physical symptoms* associated with the dark night are congruent with perinatal symptomology. The LSD subject will typically experience excruciating pains throughout the body, contractive spasms, fluctuations in pulse, suffocation, and a sense of physical confinement. John mentions the dislocations of bones which "always happen when the communications are not purely spiritual,"⁴⁵ presumably resulting from violent seizures such as those described by Teresa of Avila. These pains are so great as to cause one nearly to pass out. John emphasizes the sensation of oppressive constriction and includes the suggestive image of suffocation. Finally, the transition out of these pains is described as a sudden liberation from prison into the "recreation of spaciousness and liberty," strongly reminiscent of BPM IV decompression.
3. The psychological and physical suffering continues to intensify over time bringing both the mystic and LSD subject closer to a point of *complete existential collapse*. The experience of being swallowed and devoured is common to both, as are the experience of purifying fire and comparisons drawn to hell and purgatory. Eventually both persons experience a total annihilation of the self in ego-death, which John describes as "the complete undoing of [the soul's] very substance."
4. Following spiritual death, both subjects experience a *rebirth* into a higher level of consciousness characterized by profound love, tranquility, and peace, and accompanied by deep insights into the energies constituting and governing the universe. When continued to this breakthrough, both purgative processes result in a *permanent transformation of consciousness* now emptied of the negative constellations once deeply embedded in the psyche. Both discover positive values innate within themselves and, at a deeper level, the divine dimension of their own being. This is true even for those LSD subjects who began their journey with deep anti-religious and anti-spiritual beliefs.
5. The *pattern* this purification process follows is the same in both contexts. The pains return again and again each time worse than before until the ordeal reaches a climax in which the suffering exceeds all experiential limits. The resolution of this crisis marks a permanent transition in consciousness as the purification process is now complete and the suffering comes to an end. Internal to this larger progression, both subjects experience a cycle in which negative crises are followed by positive transpersonal experiences, John's "divine touches." This sub-pattern repeats itself with the pains becoming more severe and the respites

sweeter. The therapeutic value of these "touches" is mirrored in LSD psychotherapy where positive transpersonal experiences often produce healing on the psychodynamic and perinatal levels.⁴⁶

6. The various "*spiritual revelations*" John reports as the mystic becomes absorbed into positive transpersonal states are continuous with the experiences and insights recorded in advanced LSD sessions. Though the range of experiences reported in LSD sessions is considerably broader than that reported by John, this difference can be easily explained. First, John self-consciously uses his Catholic faith to edit out unorthodox transpersonal insights and experiences. Second, John's stated purpose in writing is to guide his charges to full and complete union with God, not to explore the inner workings of the universe as these are revealed through non-ordinary states of consciousness. As all enlightenment traditions have recognized, these undertakings are quite distinct if sometimes overlapping.
7. A final point. An LSD subject's perinatal experience during a session is typically much *more intense* than the monk's dark night experience. This is true for both the physical and psychological dimensions of the experience. Rather than weakening our case, this contrast is *exactly what we would expect to find in these different contexts*. The purification effected through years of monastic discipline is more gradual and therefore gentler than that produced by LSD, which is sudden and traumatic by comparison. A process that takes place slowly and organically in the monastic context is accelerated and intensified many times in LSD therapy, producing a more violent confrontation and catharsis.

In the intervals between therapeutically structured sessions, the perinatal matrices sometimes exert a subtler effect on consciousness that more closely approximates what typically occurs in the monk's dark night experience. In discussing the emotional and psychosomatic changes in subjects in the intervals between sessions, Grof explains that under certain conditions the governing perinatal systems activated during a session will continue to make themselves felt after a session has ended. Once a perinatal matrix has been activated, if it is not completely integrated during the session, it may continue to color the subject's psychological (and physical) experience long after the pharmacological effect of the LSD has worn off.⁴⁷ Whether it does so will depend upon (1) the individual subject's ego strength and (2) the degree to which the themes of the matrix involved are similar to the subject's fundamental personality organization.

The direction of the distortion will depend upon which matrix is involved. For example, a session that ends with unresolved BPM II elements may leave the subject deeply depressed, riddled with feelings of inferiority, guilt, and shame, and feeling trapped in a meaningless existence with no redeeming features. His or her life appears to be unbear-

able, filled with problems without solution, and devoid of any enjoyment whatsoever. Unresolved content from BPM III may produce a pervasive sense of imminent catastrophe and a high level of irritability. Caught in an aggressive depression, a subject may oscillate between destructive and self-destructive impulses, feeling ready to explode in either direction. He or she is painfully aware of his or her real and imagined inadequacies and sees the world as a dangerous and unpredictable place.

The degree to which the mystic's experiences in the dark night parallel the LSD subject's perinatal experiences justifies, I believe, interpreting the dark night experience in perinatal terms. The reason perinatal experiences surface in both monastic and psychedelic contexts is simply that the perinatal stratum of consciousness is a universal structure of consciousness that is being elicited through different techniques. In one case it is the catalytic energy of LSD internally focused in carefully structured therapeutic sessions, while in the other it is the expanded awareness systematically cultivated through monastic life and the practice of contemplative prayer. This result is supported by two earlier studies on Teresa of Avila and the emergence of perinatal symptoms in Buddhist meditators.⁴⁸

Discussion of results

The points I wish to make fall into three categories: (1) the implications of this study for our understanding of mysticism, (2) assessing LSD's relevance to genuine spiritual development, and (3) reassessing the ancient claim that the capacity to experience transcendental states of being is innate.

1. Psychiatrists have usually taken the disturbing and traumatic experiences of the dark night as evidence for the pathological nature of the mystical endeavor.⁴⁹ Perhaps the most important implication of recognizing the perinatal character of these experiences is to refute this argument. Though dark night experiences may resemble psychopathology in certain respects, they are in fact not pathological at all. Far from being regressive, these experiences are the symptoms of progress toward higher, healthier states of consciousness. They are the growing pains of expanded consciousness, symptoms of a deep transformative process that is removing deeply embedded psychological and spiritual toxins from the system.

By construing the dark night experiences as perinatal, a point of contact is established between one of the great works of mystical autobiography and a comprehensive model of consciousness that incorporates theoretical perspectives from both clinical and spiritual traditions. A classical spiritual path is placed in dialogue with a contemporary psychotherapy which itself assumes the form of a spiritual journey at advanced stages. This is not psychological reductionism, as experiences of transcendence are not reduced to anything

less. Rather, psychological theory has expanded to incorporate transpersonal realities, and thus can finally do justice to the dark night and to the experiences that follow.

The concept of perinatal bridges psychology and spirituality. The perinatal dimension of consciousness is the border domain between personal and transpersonal dimensions of consciousness and shares characteristics of each. How we conceptualize it will differ depending upon whether we are viewing it from the personal or transpersonal perspective. From the personal perspective, it is the most primitive core of the personal unconsciousness, the basement in which are stored fragments of the most elemental sort concerning personal survival and bodily integrity. The perinatal matrices collect our memories of the most serious challenges to our existence, both physical and psychological, and of our ultimate helplessness against life's destructive forces. From the personal perspective, therefore, the perinatal dimension of consciousness is the record of the individual's heroic struggle for survival.

The same reality, however, looks quite different when viewed from the transpersonal perspective. From this perspective, these fragments are the psychic residue of our attempts to go through life as a separate individual, cut off from other life forms and from the universe itself. They are the storehouse of the psychological consequences of perceiving ourselves as a "self" distinct from "other" and of the life strategies that derive from that perception. As such they represent the ultimate philosophical ignorance and most fundamental existential mistake—the illusion that we exist only as separate beings, that we are not always connected to and even one with the whole of life. As consciousness expands to experience this wholeness, it is inevitable that these fragments be forced to the surface of awareness and that their lie be exposed. They must be purged from the system because they are incompatible with the mystic's growing experience of oneness with the All. Their removal from consciousness will naturally constitute the most frightening ordeal a person can undergo, because collectively they constitute our most basic sense of being a self. Nevertheless, from the transpersonal perspective, we are *encouraged* to die as a self in order that we might be reborn into a new awareness of our deeper nature.

2. My second point addresses LSD's potential for facilitating genuine spiritual development. In making this assessment, it is essential, of course, to distinguish between the therapeutic and non-therapeutic or recreational use of LSD. While the recreational use of LSD might provide temporary contact with transpersonal dimensions and thus yield various meaningful and genuine spiritual insights, the mass of the individual's inner programming will remain largely unchanged after the psychedelic peak subsides. The further removed in time the insight experience becomes, the weaker its power. A once living experience becomes merely a memory of the experience. Hence, one is inclined to repeat the psychedelic experience to re-experience at least temporarily the transcendental states and truths one cannot permanently re-

tain. Huston Smith was correct—a mystical experience does not a mystic make.

On the other hand, the *therapeutic* use of LSD can dramatically change the inner programming of the individual by forcing confrontations with one's deepest fears, dissolving blocks to healthy functioning, and discharging large quantities of negative energy amassed within the system. Repeated sessions deepen the cleansing process, gradually reducing the distance between ordinary consciousness and transcendental consciousness. Possible theological scruples notwithstanding, therefore, it would appear that used therapeutically LSD has considerable potential to facilitate genuine spiritual opening. In this context we note that Grof reports that *every LSD subject without exception who exhausts the perinatal material and connects with transpersonal dimensions of existence develops a philosophy of life essentially congruent with the great spiritual philosophies of the world* and begins to cultivate an interest in traditional spiritual disciplines.

It should be clear by now that there are no shortcuts on the spiritual path. If the goal of this path is a permanent transformation of consciousness, no technique can sidestep the arduous purification process necessary for this transformation to occur. Used therapeutically, however, LSD appears to be capable of accelerating this purification process to an unprecedented degree. Far from sidestepping the dark night's anguish, it intensifies and deepens it beyond imaginable limits. If it shortens the time spent in the dark night, it pays for this saving in the extreme severity of psychedelic perinatal experience. Its sometimes brutal character is a direct function of its efficiency. At this point in time, professional discussion should shift from whether "chemical mysticism" is "real mysticism" to assessing the pros and cons of LSD psychotherapy as a strategy of spiritual transformation. It carries some obvious advantages and perhaps some not so obvious disadvantages, and these require careful discussion. Despite LSD's current legal status, this is not an empty exercise, as its therapeutic potential is probably too great to be lost forever simply because of early lay abuse.

3. My third point is a more general one that seeks to draw philosophical conclusions from the striking convergence of psychedelic and mystical experience reported here. Spiritual masters from many lineages have long insisted that spirituality, understood here as conscious awareness of the transcendental dimension of being, is an innate capacity of human nature which is covered over and obscured by ego preoccupations. In response, skeptics have sometimes argued that even mystics do not escape the culturally conditioned expectations inherent in their spiritual exercises, and therefore that their experiences cannot be taken as evidence of the transcendental realities reported.⁵⁰ Yet it appears that in LSD psychotherapy we have a technique capable of awakening a consciousness of transcendence that is quite independent of religious and cultural indoctrination, in many instances even leading subjects to reverse deep personal convictions to the contrary. Grof writes:

According to the new data, spirituality is an intrinsic property of the psyche that emerges quite spontaneously when the process of self-exploration reaches sufficient depth. Direct experiential confrontation with the perinatal and transpersonal levels of the unconscious is always associated with a spontaneous awakening of a spirituality that is quite *independent* of the individual's childhood experiences, religious programming, church affiliation, and even cultural racial background. The individual who connects with these levels of his or her psyche automatically develops a new world view within which spirituality represents a natural, essential, and absolutely vital element of existence. In my experience, a transformation of this kind has occurred *without exception* in a wide range of individuals, including stubborn atheists, skeptics, cynics, Marxist philosophers, and positivistically oriented scientists.⁵¹

Grof's observation derives from his supervision of over 5,000 sessions involving hundreds of persons. *The breadth and variety of his sample combined with the consistency of this outcome constitute a strong argument for the validity of the ancient idea that transcendence is an inherent dimension of existence and that spirituality is an innate human capacity.*

Mystics experience this phenomenon not because they program their psyche with this belief but because it is genuinely there to be experienced by anyone. Granted, mystics are philosophically convinced of the reality they seek, but this conviction does not create the reality experienced. As many mystics themselves make clear, *any* preconceptions of the goal must be surrendered along the way as these come to constitute obstacles to experiencing the actuality. This conviction does, however, create the stamina required by the exercises that allow one to experience this reality. Only someone deeply convinced of the reality of this goal is likely to invest the years of discipline and training necessary to activate the purification processes required to reach it. Only someone convinced of the benefit of realizing this goal is likely to endure the hardships of the dark night to the end. That is, until now.

Now we have persons philosophically hostile to transcendence who nevertheless experience it in the context of LSD psychotherapy and thus become convinced of its reality. Thus, *when the technique used is sufficiently powerful, contact with the transcendental dimension of existence cannot be stopped even by the ego's contrary beliefs.* It may be true that a mystical experience does not a mystic make, but a mystical experience can a skeptic unmake, and enough mystical experiences where they don't belong can a philosophy unmake.

References

1. The principal psychedelics discussed were LSD-25, mescaline, and psilocybin. In this paper I am concerned only with LSD, though the psychoactive properties of each are sufficiently close to allow some degree of generalization. I do not intend to address the latest generation

- of psychedelics and would not want the arguments developed here to be applied to them without further study.
2. Huxley, A., *The Doors of Perception*. New York, Harper and Row, 1954; Zaehner, R. C., *Mysticism: Sacred and Profane*. London, Oxford University Press, 1959. Other discussants included: Clark, W. C., "Religion and the Consciousness-Expanding Substances." In Booth, E., ed., *Religion Ponders Science*. New York, Appleton-Century, 1964, and *Chemical Ecstasy*. New York, Sheed and Ward, 1969; Havens, J., "Memo on the Religious Implications of Consciousness-Changing Drugs," *J. Scientific Study of Religion*, 1964, 3, 216-226; Pahnke, W., and Richards, W., "Implications of LSD and Experimental Mysticism," *J. Religion and Health*, 1966, 5, 175; Smith, H., "Do Drugs Have Religious Import?" *J. Philosophy*, 1964, 61, 517-530, and "Psychedelic Theophanies and the Religious Life," *Christianity and Crisis*, 1967, 27, 144-148. This approach to the issues continues even today; see Godin, A., *The Psychological Dynamics of Religious Experience*. Birmingham, Alabama, Religious Education Press, 1985; Staal, F., *Exploring Mysticism*. Berkeley, University of California Press, 1975.
 3. Smith, *op. cit.*
 4. For example, Wilber, K., *The Spectrum of Consciousness*. Wheaton, Ill., Quest, 1977, and *The Atman Project*. Wheaton, Ill., Quest, 1980; and Ajaya, S., *Psychotherapy East and West: A Unifying Paradigm*. Honesdale, Pa., Himalayan International Institute of Yoga Science and Philosophy, 1983.
 5. Grof, S., *Realms of the Human Unconscious*. New York, Dutton, 1976; *LSD Psychotherapy*. Pomona, Cal., Hunter House, 1980; *Beyond the Brain*. Albany, N.Y., SUNY Press, 1985; *The Adventure of Self-Discovery*. Albany, N.Y., SUNY Press, 1988; and Grof, S., and Halifax, J., *The Human Encounter with Death*. New York, Dutton, 1977.
 6. Two points: First, though this conception of the spiritual path draws heavily on Eastern sources, I believe that if it were elaborated more completely and with adequate philosophical nuance, it would do justice to the experiences of the great Western mystics as well. See Goldstein, J., *The Experience of Insight*. Santa Cruz, Cal., Unity Press, 1976; John of the Cross, *Dark Night of the Soul* (1584), A. Pears, trans. and ed. Garden City, N.Y., Image Books, 1959; *Ascent of Mt. Carmel* (1584), A. Pears, trans. and ed. Garden City, N.Y., Image Books, 1973; Mann, R., *The Light of Consciousness: Explorations in Transpersonal Psychology*. Albany, N.Y., SUNY Press, 1984; Ajaya, *op. cit.*; Rama, S., et al., *Yoga and Psychotherapy*. Honesdale, Pa., The Himalayan International Institute of Yoga Science and Philosophy, 1976; Teresa of Avila, *The Life of Teresa of Jesus* (1565), A. Pears, trans. and ed. Garden City, N.Y., Image Books, 1960; *Interior Castle* (1577), A. Pears, trans. and ed. Garden City, N.Y., Image Books, 1961; Thera, N., *The Heart of Buddhist Meditation*. New York, Sam Weiser, 1962. On fasting, see Shelton, H., *The Science and Fine Art of Fasting*. Chicago, Natural Hygiene Press, 1978. Second, while the emphasis here is on the purifying rather than integrative function of the psyche, this is not to deny that integration takes place nor to undervalue the importance of integration in the unfolding wholeness. Nevertheless, I am convinced that an integrative model alone is insufficient to explain the dynamics of the spiritual path.
 7. Meadows, M., and Culligan, K., "Congruent Spiritual Paths: Christian Carmelite and Theravadan Buddhist Vipassana," *J. Transpersonal Psychology*, 1987, 19, 181-196.
 8. Grof, *LSD Psychotherapy, op. cit.*, Chapter 4.
 9. By way of comparison, it is worth noting that Aldous Huxley, whose book *The Doors of Perception* initiated the early debate, took psychedelics a total of only ten times in his life (Huxley, A., Moksha. Horwitz, M., and Palmer, C., eds. Los Angeles, J. P. Tarcher, 1977, p. 188) and in much lower doses than are commonly used in high-dose psychedelic therapy (25-100 micrograms in comparison to 300-600 micrograms).
 10. Grof, *LSD Psychotherapy, op. cit.*, p. 64; see also pp. 64-71, and *Realms, op. cit.*, Chapter 3.
 11. *Ibid.*, pp. 71-87; see also Grof, *Realms, op. cit.*, Chapter 4.
 12. *Ibid.*, pp. 87-88; see also Grof, *Realms, op. cit.*, Chapter 5.
 13. *Ibid.*, p. 88.
 14. *Ibid.*, p. 72.
 15. *Ibid.*, p. 72; also Grof, *Realms, op. cit.*, p. 131.
 16. Grof, *Realms, op. cit.*, pp. 138-139.
 17. *Ibid.*, p. 139.

18. *Ibid.*, pp. 104-115.
19. Grof, *LSD Psychotherapy, op. cit.*, p. 215.
20. Grof, *Realms, op. cit.*, Chapter 5.
21. John uses the term "soul" sometimes as equivalent to "person" or "subject" but more usually for "the psychological/spiritual part of a person." An appropriate equivalent today might be "psyche" if we allow that term to include transpersonal capacities. John subdivides soul into "sense" and "spirit," which tend to mean different things in different contexts. Together they divide the psyche—sense denoting the more superficial portions (including sensory consciousness and the more surface dimensions of the personal unconscious), spirit capturing the deeper personal unconscious and the transpersonal capacities of consciousness. At times, however, sense refers simply to the body itself (or perhaps to body-consciousness).
22. John's distinction between the active and passive phases is experientially accurate. In advanced stages of cleansing and contact, there is the sensation that something beyond one's control is happening to you. This distinction, however, should not be taken as justification for divorcing these later experiences from what precedes them, thus severing all causal processes.
23. While John's description is clearly meant to apply to both sexes, its autobiographical nature warrants the use of masculine pronouns here.
24. John of the Cross, *Dark Night, op. cit.*, p. 61.
25. This parallels Grof's observation that in LSD sessions highly variegated and idiosyncratic psychodynamic experiences are followed by more elemental and therefore more narrowly defined perinatal experiences.
26. John of the Cross, *Dark Night, op. cit.*, p. 96. This parallels Grof's observation that many pathologies construed by psychodynamic theory to be purely biographical in nature are in fact rooted in perinatal and even transpersonal levels of consciousness. Hence, these problems will not be completely resolved until their "transbiographical" sources are uncovered and worked through. (Grof, *Beyond the Brain, op. cit.*, p. 199ff).
27. *Ibid.*, p. 61.
28. John describes the various sufferings of the passive night of spirit in Book II, Chapters 4-8, from which this description is mainly abstracted. The intimate nature of the correspondence with the experiences of LSD subjects, however, can be fully appreciated only by comparing the original text to the many autobiographical accounts quoted in Grof, especially Grof, *Realms, op. cit.*, Chapter 4.
29. John of the Cross, *Dark Night, op. cit.*, p. 93.
30. *Ibid.*, p. 106.
31. *Ibid.*, p. 104.
32. Teresa of Avila, *Life, op. cit.*, pp. 301-302.
33. John of the Cross, *Dark Night, op. cit.*, pp. 107-108.
34. *Ibid.*, p. 150. Compare with this Grof's description of ego-death quoted above.
35. *Ibid.*, Chapters 10 and 11.
36. *Ibid.*, p. 187.
37. *Ibid.*, p. 111. I strongly suspect that this image of release from prison is more than just a metaphor borrowed from John's nine-month imprisonment in Toledo. The decompression and liberation it conveys are typical of BPM IV experience.
38. John of the Cross, *Canticle*, pp. 316-317. I am indebted to Alice Pempel for this reference and for many insights contained in her interesting discussion of John of the Cross in her unpublished dissertation from Fordham University, "Altered States of Consciousness and Mystical Experience: An Anatomy of Inner Space," 1978.
39. John of the Cross, *Dark Night, op. cit.*, pp. 112-113.
40. ———, *Ascent, op. cit.*, Book II, Chapters 10-27.
41. Grof, *Realms, op. cit.*, p. 186ff.
42. John of the Cross, *Ascent, op. cit.*, pp. 314-315.
43. *Ibid.*, p. 325; also p. 326.
44. E.g., Katz, S., "Language, Epistemology, and Mysticism." In *Mysticism and Philosophical Analysis*. New York, Oxford University Press, 1978.
45. John of the Cross, *Dark Night, op. cit.*, p. 93.
46. Grof, *LSD Psychotherapy, op. cit.*, p. 279; see also pp. 287-295.
47. *Ibid.*, pp. 185-198, 192-194.

48. Bache, C., "A Reappraisal of Teresa of Avila's Supposed Hysteria," *J. Religion and Health*, 1985, 24, 300-315, and "On the Emergence of Perinatal Symptomology in Buddhist Meditation," *J. Scientific Study of Religion*, 1981, 20, 339-350.
49. The Group for the Advancement of Psychiatry, Committee on Psychiatry and Religion, "Mysticism: Spiritual Quest or Psychic Disorder?" Washington, D.C., 1976.
50. Katz, *op. cit.*
51. Grof, *The Adventure of Self-Discovery*, *op. cit.*, p. 36. My emphasis.