THE PSYCHEDELIC REVIEW


MYSTICAL STATES AND THE CONCEPT OF REGRESSION

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Many authorities on mysticism consider the mystical state to be a transitory elevation to a higher type of consciousness. Bucke (1) considered this 'higher level' to be a final step in man's evolutionary development. First, there is simple consciousness as in animals and young children; next emerges self-consciousness as it exists in human adults; finally, there is the stage called 'cosmic consciousness' reached by but a few men in the mystical state. Bucke predicted that increasing numbers would attain the state of cosmic consciousness. This point of view is difficult to reconcile with the observation that mystical states have much in common with certain psychotic states. For example, many psychotics describe states of ecstasy, of positive knowledge and of union with the 'world soul' that are highly reminiscent of the subjective experiences of mystics. One patient (2) wrote concerning the early stages of psychosis:

I was suddenly confronted by an overwhelming conviction that I had discovered the secrets of the universe, which were rapidly made plain with incredible lucidity. The truths discovered seemed to be known immediately and directly with absolute certainty.

Similarly, the group of psychedelic drugs is alleged by some to produce model psychoses, but, by others, to produce mystical states. This puzzling situation is somewhat akin to that relating genius and mental illness.

It is an alternative hypothesis about the nature of the mystical experience that we wish to present. It is based upon a psychanalytic model. The hypothesis that mystical states represent regressions in the service of the ego. In presenting this hypothesis we will touch briefly upon the four following areas: (1) the concept of

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THE CONCEPT OF REGRESSION

In the simplest terms, regression means a return to an earlier level of functioning. Let us give some examples:

This first instance (3) describes the behavior of a two-year-old boy when he was taken to a hospital. He was a well-developed child with a good relation to his mother. For the first week the mother visited him daily; the second week she visited only twice and then did not return:

He became listless, often sat in a corner sucking and dreaming, at other times he was very aggressive. He almost completely stopped talking. He was dirty and wet continually. He sat in front of his plate eating very little, without pleasure, and started smearing his food over the table.

Comment is hardly necessary. We have a stress—abandonment in hospital—and a child of normal two-year development returns to behavior characteristic of a much younger child: (1) he stops talking, (2) eating habits deteriorate, (3) he sucks a good deal, and (4) there is a loss of bladder and bowel control. The picture is a familiar one to anyone with a family, observed to a lesser degree in the youngest child when a new baby enters the family circle. The next example is the account of an LSD experience (the result of a dose of 100 gamma given to a normal subject) recorded two days afterwards:

About one and a half hours after ingestion, the psychosis seemed to be at its height, and there was a great struggle to cling to reality. I had a coin and a pin in my wallet that had been given to me as good luck charms. I took these out and looked at them and they seemed to have a protective function as amulets. I seemed to be struggling against complete annihilation and nothingness. During this period words seem to have lost their meaning. I asked constantly if there was such a thing as 'a chair,' or as 'truth' or 'craziness.' I seemed to be crossing the river Styx on words . . . At one point in the depth of the psychosis, I can't remember just when, I half-purposefully conjured up a visual image of a woman I had recently seen in a photography exhibition. She was a very motherly woman sucking at her ample breast . . . I replaced the woman in the picture with my own mother...her large nose, her fatness, and particularly the odor of her perspiration. I hallucinated her nipple in my mouth. This again was a protection against annihilation and a comfort. By about four hours following ingestion, I was beginning to recover. I felt completely exhausted physically and emotionally and felt as though I had been swimming through uncharted seas; I flung myself exhausted on the bank. I was Lazarus back from the dead; I was a prisoner consigned to death and given a reprieve. A whole new crop of words had sprouted and I had a strong sense of having a new personality—tender, defenseless—just pulling myself out of the primeval slime and sunning myself on the bank.

In this example we have an anxiety-laden regression to the preverbal level. Other regressive features are (1) a return to magical modes of thinking, the use of the pin and the coin as protective amulets, (2) a return to hallucinatory thinking. Unlike the child in the first example, this regression is largely subjective and of short duration. He does not for example, lose bowel or bladder control, nor does he suck at his fingers or engage in other childlike behavior. Of particular interest here is the symbolism of death and rebirth. He speaks of crossing the river Styx, and when the effects are wearing off, he feels like Lazarus back from the dead, a whole new crop of words has sprung up and he has a strong sense of having a new personality—tender, defenseless, 'just pulling myself out of the primeval slime and sunning myself on the bank.'

Here, then, is a withdrawal and a return, a regression of at least some part of the self back to the age of one or two years, then the regression is terminated and there is a feeling of rebirth and a successful return to adulthood.

Our final example is a regression of a different type, or at least a regression that serves a different function. It is not escape from a painful reality with an undesirable outcome, nor is it drug-induced. Rather it is an example of regression in the service of the ego—a technique employed by the ego in problem-solving. We quote from Henri Poincare's (4) description of his discovery of certain mathematical equations:

For fifteen days I strove to prove that there could not be any functions like those I have since called Fuchsian functions. I was then very ignorant, every day I seated myself at the work table, stayed an hour or two, tried a great number of combinations and reached no results. One evening, contrary to my custom, I drank black coffee and could not sleep. Ideas rose in crowds; I felt them collide until pairs interlocked, so to speak, making a stable combination. By the next morning I had established the existence of a class of Fuchsian functions . . . I had only to write out the results, which took but a few hours.
and further:

. . . when, above, I made certain personal observations, I spoke of a night of excitement, when I worked in spite of myself. Such cases are frequent, and it is not necessary that the abnormal cerebral activity be caused by physical excitement, as in that I mentioned. It seemed that, in such cases, that one is present at his own unconscious work, made partially perceptible to the over-excited consciousness, yet without having changed its nature. Then we vaguely comprehend what distinguishes the two mechanisms or, if you wish, the working methods of the two egos.

In this example, the higher conscious logical modes of thinking are given up and a more random trial-and-error kind of dream-thinking takes over.

These examples by no means exhaust the range of phenomena designated regressive. Many hypnotists claim that genuine age regressions can be produced by hypnosis. Some of regression is present in all psychiatric disorder. Schizophrenia provides perhaps the best example of the deepest regression over the most prolonged period. To mention one example, Arieti (6) has described a group of chronic schizophrenics in mental hospitals whose behavior is highly reminiscent of six-months to two-year-old children:

. . . They manifest the habit of grabbing every small object and putting it into the mouth, pay no attention at all to the edible or non-edible nature of it. If they are not restrained, these patients pick up crumbs, cockroaches, stones, rags, paper, wood, coal, pencils and leaves from the floor and put them in the mouth. Generally they eat these things occasionally; they swallow them with great risk.

These patients were also severely regressed in other ways: if they spoke at all their words were unintelligible; there was loss of bowel and bladder control and complete absence of social graces.

These pathological types of regression are probably too well known to require further description. Regression in the service of the ego, on the other hand, is perhaps less familiar and is indeed more relevant to our present subject. One of the commonest instances of regression in the service of the ego is sleep. Freud described how, before sleep, we strip off all the bric-a-brac of civilization: our false teeth, wigs, spectacles and clothes—and return to our primal state of nudity. We return to our prenatal condition of unconsciousness. Even more to the point are the regressive phenomena that we experience along the borderlines of sleep, the hypnagogic imagery, the loosening of thought processes, the preverbal hallucinatory phenomena of dreams with their archaic logic. And each morning we experience a rejuvenation and rebirth.

Kris has discussed the regressive nature of humor and of many types of games and play. (7) Psychoanalysis makes extensive use of regression; over the months of treatment the patient during his hour-long sessions makes a fluctuating regression into his past. He re-experiences situations within his family and projects his reactivated feelings upon his analyst. The responses of his analyst are different from those of his pathological family figures and he is able to correct his feelings and move on to other situations, stripping each one of its painful affects. He comes to terms with the specters from his past.

Let us now fill out and broaden our definition of regression. Regression is a return to an earlier level of functioning—it may involve only part of the self (as with the regressive modes of thought of Poincare or it may be more complete, as in the severely regressed schizophrenics described by Arieti). The regression may be of a few minutes' duration or may be permanent; it may be in response to stress—a retreat from painful reality—or it may be more or less consciously undertaken as a means of recreation, or as a step in the creative process, or as a form of treatment for psychoneuroses.

NEUROPHYSIOLOGY AND REGRESSION

There are many neurophysiological experiments with animals, and some with humans, which shed light on the nature of regression in physiological terms. We would like to touch briefly on four types of study:

The concept of regression suggests that the human brain contains complete records of at least some of the past experiences of the individual. We do not here mean simply memory. We mean that the entire experience, including the way the individual reacted to it, the experience and the matrix in which it is embedded, have been recorded—like a video tape with sound track, olfactory, pain and temperature track as well as affect track.

Wilder Penfield's (8) work with cortical stimulation provides evidence that this is so. The cortex of an epileptic patient was exposed; the patient remained conscious. Various cortical areas were stimulated to seek that area which would produce the aura that heralded the patient's seizure. During these explorations, Penfield was surprised to find that his patient would relive with hallucinatory vividness, long forgotten experiences:

These hallucinations are made up of elements from the individual's past experience. They may seem to him so strange that he calls them dreams but when they can be carefully analyzed it is evident that the hallucination is a shorter or longer sequence of past experience. The
subject relives a period of the past, although he is still aware of the present. Movement goes forward again as it did in that interval of time that has now been by chance, revived, and all of the elements of his previous consciousness seem to be there—sight, sound, interpretations, emotions. The hallucinations include those things that were within the focus of attention. The things he ignored then are missing now.

Penfield does not mention the reactivation of experience from early preverbal periods. Perhaps the upper surfaces of the cortex do not store these very early experiences. There is evidence, as we shall see presently, that early experiences may be related to phylogenetically older brain areas.

Let us now turn to cognitive functions—the area of perception, and concept and symbol formation. As Piaget and others have demonstrated, the child develops the symbolic function by gradually differentiating the signifier from the thing signified; the word from the object. There is first the hallucinatory image of the chair, then the word 'chair' attached to a specific chair, and finally the general category of chair—the platonic idea of a chair; the child gradually transforms a signal into a symbol. All this takes place in the first three years of life. In regressive phenomena we find the reverse process; conceptual abilities disappear first and subsequently there is a re-emergence of hallucinatory phenomena. We have already seen in the LSD-induced regression how the subject reported that words had lost their meaning and later that hallucinatory phenomena appeared. A similar sequence has been demonstrated in animals by several workers. Bridger (9) dealt with the effects of mescaline on conditioned responses of dogs. Normally, the dogs would lift a paw at the onset of a conditioned stimulus (buzzer) that had previously been paired with the unconditioned stimulus (shock). They would howl and bark when they received the shock. Under the effects of mescaline, the specific motor act of lifting the paw was inhibited. However, they howled and barked to the conditioned stimulus, even though no shock was applied. It appeared that the buzzer produced the hallucination of the shock. In a similar study in rats, Courvoisier (10) reported a 'veritable hallucinatory crisis.' Under mescaline, in response to each presentation of the conditioned stimulus (bell), the rats squealed and jumped up and down 'as if they were being shocked,' an event that never appeared in the 'unmescalinized state.'

How do the hallucinogens act to produce this regressed state? There is growing evidence that both LSD and mescaline dampen the activity of the most highly-evolved areas of the brain and activate the more archaic areas. A description of the experimental evidence for these statements is not sufficiently relevant to this paper to warrant presentation, but the interested reader is referred to the writings of Gastaut, (11) Rowland, (12) Killam (13) and the summary by Bridger. (9)

As a final piece of experimental evidence we would like to mention the findings of Lustman. (14) He and his associates studied 46 newborn infants under 8 days old during circumstances regarded to be the extremes of pleasure and pain, i.e., during active sucking and during colic. They observed that during these experiences the infants were completely unresponsive to auditory, tactile and electrical stimulation. They developed the hypothesis that the newborn ego has at its disposal a very limited amount of 'psychic energy' which is completely absorbed in the pleasant or unpleasant experience. No energy remains for other sensory avenues. 'This lack of available energy forms an inborn primary defense mechanism which is called the defense of imperceptivity.' We mention these observations because of their possible connection to the well-known states of imperceptivity associated with yoga and other mystical states. St. Theresa (15) writes, for example:

While seeking God in this way, the soul is conscious that it is fainting almost completely away in a kind of swoon. It can hardly stir its hands without great effort, the eyes close involuntarily; if they remain open, they scarcely see anything. If a person reads, he can scarcely make out a single letter; it is as much as he can do even to recognize one. He sees that there are letters, but as the understanding does not help, he cannot read them if he wanted to. He hears but he doesn't understand what he hears.

Recently, electroencephalographic studies of yoga practitioners during 'samadhi' have been carried out. In idle waking consciousness, cortical electrodes demonstrate what is known as alpha rhythm (8 to 12 cycles per second) and when an individual concentrates, this alpha rhythm is blocked. It returns with the return to the idle state. Anand et al. (16) took EEG tracings of 4 yoga practitioners in 'samadhi.' Their rhythms were of the normal alpha type except that there was some increased amplitude modulation. However, the alpha activity could not be blocked by sensory stimulation; for example, the alpha rhythm was unaffected when the subject's hands were placed in ice water for three-quarters of an hour. The yogi seemed to have effectively cut himsself off from the external world, a fact of which he himself was aware and which could also be demonstrated objectively in this way.

Of possible relevance here are some further observations of
Arieti (17) on his group of regressed schizophrenics. They seemed almost insensitive to pain.

They appear analgesic not only to pinprick but to much more painful stimuli. When they are in need of surgical intervention and require sutures in such sensitive regions as the lips, face, skull, or hands, they act as though they cannot feel anything, even in the absence of any anesthetic procedure... The same anesthesia is noted for temperature. The patient may hold a piece of ice in his hands without showing any reaction. Pieces of ice may be placed over the breast, abdomen or other sensitive regions without eliciting any reaction or defensive movement. They may sit near the radiator and if they are not moved they may continue to stay there even when, as a result of close contact, they are burned.

We do not know of course, whether these phenomena, which are somewhat similar on the surface, really have any neurophysiologic resemblance. It would be interesting to repeat Anand's electroencephalographic studies on Arieti's schizophrenics. The hypothesis we put forward is that the defensive imperceptivity to be observed in the newborn returns in the schizophrenics as a result of a deep regression. The yogi has in some way gained conscious control of this archaic physiological process during a temporary regression in the service of the ego.

THE PHENOMENOLOGY OF THE INFANTILE STATE

What does it feel like to be a newborn child? Of course we can never know, any more than we can ever know what the subjective life of a caterpillar or a dog is like—or, for that matter, that of even those people closest to us. As far as the subjective life is concerned, each is an island unto himself.

This very fundamental difficulty has not prevented speculation or, should we say, assertions about the phenomenology of the infant, particularly by members of the analytic school. (18) Such descriptions are not entirely imaginary, but are pieced together from observations on young children, the recollections of adults, and abnormal states of patients.

It would appear that the earliest mode of relationship between the infant and the outer world of things is by participation—or perhaps it would be more correct to say, in this early stage, the self and the world have not yet been separated from one another. In the newborn's relationship with the thing, he is that thing; he doesn't see and feel the breast; he doesn't hear the sound of the train whistle, he is the sound of the train whistle... We can perhaps think of the infant's stream of consciousness at this time as being a succession of concrete things—hunger, pain, breast, mother odor, side bar of crn, etc. At this stage there would be no separation between I and it—all would be one. Subsequently, when the infant's ego has attained some degree of autonomy, the stream of consciousness becomes one of perception, and hallucinations of perception. At first we may think of the hallucinatory experience as being indistinguishable from genuine perception. One may consider the sleeping child; physiological conditions of hunger occur and the child rises to the more superficial levels of sleep, then the hallucination of the breast emerges and the child may be observed to make sucking motions with his mouth and then sink back into the deeper levels of sleep. At this level, the image of the breast is equal to the real breast. (19)

We have already drawn attention to the interesting regressive phenomena that occur at the fringes of sleep. They may take the form of curious body image distortions—one's mouth seems huge and swollen or one's hands or buttocks are very large and heavy. There may be visual hallucinations, or there may be humming sounds or the babbling of indistinguishable voices. There may be pages of print which one strains to read. They seem to have meaning at the time, but upon emerging to a higher level of consciousness the words seem to have been mere nonsense. These phenomena, of course, merge with dream experiences of one kind or another. We do not know how widely these phenomena are distributed in the population but it is probable that there are at least some of the readers of this paper who have experienced them. They are unstable; one has but to move a limb and they collapse.

In 1938 Isakower (20) described that particular cluster of such hypnagogic experience which now bears his name—the Isakower phenomenon. The experience occurs just as the patient is falling asleep or, rarely, just as he is waking up. A large, round, dark mass seems to approach the beginning sleeper, or it may be like a grey cloud, it envelops him, at the same time producing a rough, doughy, corrugated feeling in the mouth and in the skin, so that he loses his sense of the self-boundary and cannot say where the division is between his own body and the mass. At times there is a feeling of giddiness, as though the sleeper were on a rotating disc. There is something large in the mouth, a lump that cannot be swallowed. There may be a heaviness lying on top of him, and perhaps a humming, babbling or murmuring of unintelligible speech. This phenomenon has since been widely commented upon by others. Isakower believed it to be a hallucinatory revival of the nursing experience. It is a state of regression and reactivation of
the time when self and breast were indistinguishable. In 1946 Bertram Lewin (21) described his concept of the dream screen:

The baby, after nursing, falls into a presumably dreamless sleep. Theoretically it may be more correct to speak of the babies having a 'blank dream,' a vision of uniform blankness which is a persistent after-image of the breast. Later in life this blank picture of the flattened breast, preserved in dreams as a sort of backdrop or projective screen, like its analogue in the cinema, comes to have projected upon it the picture that we call the visual manifest content of the dream. The fulfillment of the wish to sleep produces only sound sleep and the dream screen. So far as falling asleep reproduces the infant's first sleep after nursing, it reproduces the fusion of the ego and the breast. The primitive sleeping ego is id, except for the dream screen, the erstwhile breast sole and first representative of the environment.

We have here then in the works of Isakower and Lewin the concept that each night the individual regresses to the primary nursing experience. On of the reasons we introduced Lewin's concept of the dream screen was to suggest that the dream screen might be related to the mandala. Jung (22) has made us very conscious of the mandala. The word is Sanskrit for magic circle. It is generally a circular symbol with a figure, frequently female—the *anima mundi*—at the center. One of our patients produced in dreams such a mandala. The female figure in the center was clothed in white and she carried in one hand a torch and in the other a dove; around her waist was a serpent swallowing its own tail; at the periphery were panels showing the sun, moon, stars, fields, etc. The patient felt that the female figure was a source of great power and that all the meaning in the world had its source in her. Mandala symbolism is, of course, extremely diverse, and of very widespread distribution in the religions of the world. It is frequently used as a focus for contemplation by mystics.

We know of only one instance of the dream screen or the mandala in literature. It is in those gold mines of psychopathology, the short stories of Edgar Allan Poe. *The Narrative of A. Gordon Pym* concerns a series of harrowing adventures at sea. The story is full of oral imagery and pathology—starvation, cannibalism, sleep disturbances, etc. At the end of the story the protagonist is adrift in a canoe in some exotic and unexplored part of the globe. The sea water is of a milky hue and in his canoe he approaches a strange white curtain.

I can liken it to nothing but a limitless cataract, rolling silently into the sea from some immense and far-distant ramparts in the heavens. The gigantic curtain ranged along the whole extent of the southern horizon. It emitted no sound... at intervals there were visible in it yawning, momentary rents, and from out these rents, within which there was a chaos of flitting and indistinct images, there came rushing and mighty, but soundless winds, tearing up the enkindled ocean in their course... and now we rushed into the embraces of the cataract, where a chasm threw itself open to receive us. But there arose in our pathway a shrouded human figure, very far larger in its proportions than any dweller among men. And the hue of the skin of the figure was of the perfect whiteness of snow.

**MYSTICAL STATES AS REGRESSIONS IN THE SERVICE OF THE EGO**

We have now dwelt sufficiently on the concept of regression and the variety of its manifestations. Let us now turn to a description of the mystical state. Mystical states of altered consciousness of relatively short duration—a few minutes to a few hours, exceptionally to a few days. They may occur spontaneously or may be actively sought by the subject using a variety of techniques, including prayer, contemplation, fasting, and various bodily activities or postures. Not all are successful; even with considerable effort some individuals are not to attain the mystical state. There is no doubt a variety of such states with a wide range of phenomenology Zehner (23) describes the following three types: (1) the state of feeling at one with nature; (2) the feeling of fusion of the self with Deity but with the maintenance of the self-feeling; (3) a loss of self-feeling—the fusion of the self with the other so that there is only the one all-pervading element. Unlike the states of possession that occur in primitive groups, most of these states seem to occur in a more or less clear consciousness so that the experience can be recalled after the return to ordinary consciousness. In many instances a definite change in personality or attitude results. Such changes are by no means automatic, however, and seem to depend on the good deal upon the setting in which the state occurs and the attitudes of the subject. Changes may also be along the line of a reduction in self-concern, an increased placidity, a loss of interest in material possessions, an increase of passivity in the face of adversity, etc. The nature of these changes, their extent and stability have not been adequately studied, at least in the Western world.

In spite of the diversity of these states, a number of common features have been described. These include, (1) renunciation of worldly attachments as a prelude, (2) the ineffability of the experience itself, (3) the noetic quality, (4) the ecstatic feeling, and (5) the experience of fusion.
As we have already said, the hypothesis we are proposing is that mystical states are examples of regressions in the service of the ego. They are, therefore, to be considered in the same class as certain creative experiences and certain types of psychotherapy; they are also close kin to the psychoses. More specifically, we propose that mystical states represent regressions to very early periods of infancy. The basic characteristic—that of ecstatic union—suggests a regression to early nursing experience. Possibly the variation in phenomenology represents variations in depth of the regression to earlier or later types of nursing experience. It is possible too that the outcome of the experience—either the successful return to the real world or the entry into psychoses—depends in part whether these early feeding experiences were pleasurable or frightening. The exploration of this line of thought is, however, beyond the scope of the present paper. Now we would like to examine the above-listed characteristics in the light of this hypothesis.

(1) THE RENUNCIATION OF WORLDLY INTERESTS

When mystical states are aspired to, the first stage is the stripping of the self of all material encumbrances; there is renunciation and detachment.

This renunciation seems a common prelude to regressive experiences in general. The preparation for sleep involves the putting aside of all the trappings of adult life, as we have shown: the room is darkened and we must disengage ourselves from the concerns of the day; it is a well-known feature of the beginning stages of schizophrenia that the patient gradually loses interest in his friends, his work, and the external world in general; regressive experiences produced by sensory deprivation could also be mentioned. (24)

(2) INEFFABILITY

Upon return, mystics commonly have difficulty in clothing their experiences in words. When they do refer to the content, they feel that the words they are using do not really express the nature of their experience. In the light of our hypothesis, the difficulty could be explained by the fact that the experience re-captured is a preverbal one. Words are linked with states of consciousness typical of two years of age and older. When they are pressed into service to describe earlier modes of experience they seem to fall short.

Jacob Boehme, (25) the great 16th century Christian mystic wrote:

... Who can express it?
Or why and what do I write, whose tongue does but stammer like a child which is learning to speak? With what shall I compare it? Or to what shall I liken it? Shall I compare it with the love of this world? No, that is but a mere dark valley to it.
O immense Greatness! I cannot compare it with anything, but only with resurrection from the dead; there will the Love-Fire rise up again in us, and rekindle again our astringent, bitter, and cold, dark and dead powers, and embrace us most courteously and friendly.

(3) THE NOETIC QUALITY

Mystics believe they have grasped profound truths during their experiences. They have drunk deeply at the fountain of meaning. As Happold (26) says:

(Mystical experiences) result in insight into depths of truth un-plumbed by the discursive intellect, insights which carry with them a tremendous sense of authority. Things take on a new pattern, and a new, often unsuspected, significance.

How are we to explain this noetic quality? It is a common psychological principle that first experiences are the most significant in any series. Clearly, one of the first conscious experiences is that of feeding at the breast. Lewin (27) writes:

A similar element in many ecstasies is the allegation of direct inspiration, pure and immediate perception of inexpressible truth...this certainty reflects the reality of the breast experience. This experience is what one knows because it is primal, immediate, and unquestioned experience. It was not learned by seeing or hearsay, but represents the primitive narcissistic trust in sensory experience.

It will be recalled that our patient commented that the female center in her mandala was the source of all the meaning in the world. Plotinus (28) wrote:

Things there flow in a way from a single source, not like one particular breath or warmth, but as if there were a single quality containing in itself and preserving all qualities, sweet taste and smell and the quality of wine with all other flavors, visions of colors and all that touch perceives, all, too, that hearing hears, all tunes and every rhythm.
It is as though all the realities of the world are dim reflections of that primal Reality.

(4) ECSTASY

A feeling of preternatural joyfulness seems to be a characteristic of many mystical states—particularly those of the type called nature mysticism and deistic mysticism. There are two ways of looking at the ecstasy of these states: (a) we could regard them as a pure regression and re-experience of the bliss of nursing; (b) we could regard them as similar to the elation associated with certain psychotic states, notably mania.

The psychopathology of mania requires clarification. We have chosen an episode from the novel Frankenstein by way of illustration. Frankenstein has succeeded in constructing a monster from human body parts garnered from a graveyard. Moreover, he succeeds in bringing his monster to life. It is appalling to look upon, Frankenstein is horrified and he rushes from the laboratory. Some days later he returns and is immeasurably relieved to find the monster gone. He has a brief manic attack:

It was not joy only that possessed me; I felt my flesh tingle with excess of sensitiveness, and my pulse beat rapidly. I was unable to remain for a single instant in the same place; I jumped over chairs, clapped my hands and laughed aloud. Clerval at first attributed my unusual spirits to joy on his arrival, but when he observed me more attentively, he saw a wildness in my eyes for which he could not account, and my loud, unrestrained, heartless laughter frightened and astonished him.

This is a good description of the uneasy elation of mania. Of course the monster had not really gone; he returned to haunt Frankenstein for the balance of the novel. This passage also illustrates the defense mechanism of denial which is so commonly associated with mania. It is a kind of defense of imperceptivity raised to a psychological level. It is at best an unstable elation—a kind of ostrich technique. Mania as a psychiatric disorder is often associated with periods of depression. The mania may then be regarded as associated with the denial of the horror of the depressed state.

If we are to seriously consider the possibility that mystical ecstasies may be of the manic type, we must look for possible painful elements in the nursing situation. We do not have far to seek. It is clear that the state of rage and fear of a child kept waiting to be fed would be such a painful circumstance; the anxiety or irritation of a harassed mother communicated to the tender ego of the newborn would be a second example.

We must now return to our original question. Which type of bliss are we dealing with in mystical experiences—(1) the simple elation of nursing, (2) the elation associated with denial, a manic elation? Let us examine some descriptions of mystical states to see which type seems the best fit.

Certainly, in many descriptions by Christian mystics, the simple elation of fulfillment seems most appropriate. I choose a few at random.

Jacob Boehme (29) writes:

O gracious amiable Blessedness and great Love, how sweet art thou! . . . How pleasant and lovely is the relish and taste! . . . How ravishing sweetly dost thou smell!

Richard St. Victor (30) wrote:

In this state the Lord often visits the hungry and thirsty soul, often He fills her with inward delight and makes her drink with the sweetness of His spirit

And now a passage from St. Francis de Sales, (31) in which he describes the 'orison of quietude':

In this state the soul is like a little child still at the breast whose mother, to caress him while he is still in her arms, makes her milk distill into his mouth without even moving his lips. So it is here. . .our Lord desires that our world should be satisfied with sucking the milk which His Majesty pours into our mouth, and that we should relish the sweetness without even knowing that it cometh from the Lord.

From these examples we can see that at least in some instances the mystical ecstasy seems closest to the simple regression to nursing. This is not, we think, the whole story. There is the depressive condition known to mystics as the dark night of the soul and there are periods of temptation. The question of the nature of mystical elation must be left in abeyance at this time.

(5) THE FUSION EXPERIENCE

The experience of fusion is, as we have seen, typical of all kinds of mystical experience. It is a feeling that one's individuality, one's self-boundaries have disappeared—the self and nature are interfused. One's being is fused with a greater being of some type, sometimes to the extent that there are no longer two things but only one all-pervading thing.
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We have already dealt at some length with the phenomenology of the infantile state and the gradual emergence of the self as distinct from the rest of the world. The feeling of loss of boundaries, then, can be regarded simply as a regression to this earlier state.

CONCLUSION

In an article entitled "The Supra-Conscious State," Kenneth Walker, (32) the well known British surgeon and student of mysticism, recently expressed a commonly held belief about the psychiatric view of mystical states:

Some psychologists deny the existence of higher states of consciousness, and dismiss them as 'dream states,' regarding the experiences of the mystics as entirely illusory. It is strange that Freud, who discovered so much about subconscious states, should not have postulated the existence of levels of consciousness above as well as below the level on which we usually live.

We hope in this paper that we have at least convinced the reader that the psychoanalyst does have something significant to say about the mystical state, and that it is not simply dismissed as illusion or 'dream state.' Indeed, we doubt that other hypotheses explain the observed facts nearly as satisfactorily. The concept of regression is particularly helpful in providing a plausible link between psychoses and mystical states. A psychosis is a pressured withdrawal with—in many cases—an incomplete return. A mystical state is a controlled withdrawal and return; a death and rebirth, often a rebirth into a world with a radical shift in its iconography—a death and transfiguration.

REFERENCES
