MIND FOUNDATION

Trauma of mystical experience

DATE PUBLISHED

20 November 2020



> *"Cosmic love is absolutely ruthless and highly indifferent. It teaches its lessons whether you like them or not." ~ John C. Lilly*

Perhaps at first blush, there appears to be nothing phenomenologically similar about traumatic and mystical experiences. The former tend to range in scale from deeply upsetting to catastrophic, catalyze recurring suffering, and debilitate the experiencer for a lengthy amount of time. The latter are often assumed to be sunshine and rainbows, waves of bliss rippling out from a unified epicenter of which the experiencer also happens to be a part.

While I do not discount the truth of those experiences, or the reality that for many, trauma and mystical experience are two distinct threads and never the twain shall meet, this essay is a brief exploration of the opposite assertion: namely, that trauma and mystical experience are phenomenologically similar, if not identical. I do not mean to assert that all trauma is mystical, nor that a mystical experience is always traumatic; nor am I aiming to express the importance of a mystical experience in treating trauma (although there is mounting evidence supporting that claim). I only hope to explore how, when we poke around in what exactly constitutes a mystical moment of awakening, the living experience of it might be about as far from sunshine and rainbows as we can get; the living experience of it itself might be traumatic.

What constitutes a traumatic experience

To begin with, let's look at what constitutes a traumatic experience. According to the Diagnostic and Statistical Manual 5 (DSM-5), a traumatic event involves "actual or threatened death, serious injury, or sexual violence" to either oneself or a loved one and is necessarily followed by a host of symptoms which span behavioral, psychological, emotional, and social functioning.1 We could say that trauma is anything that renders the experiencer temporarily powerless in the face of a real or perceived threat. The aftermath of a traumatic

experience are symptoms that we have come to associate with Post-Traumatic Stress Disorder (PTSD) or Acute Stress Disorder (ASD). These responses can be explored physiologically, socially, psychologically, and theologically or spiritually.

To understand trauma responses at the level of physiology, let us turn to the research of renowned traumatologist Peter Levine, PhD, founder of the innovative trauma treatment modality Somatic ExperiencingTM. According to Levine, "traumatic experiences are largely the result of primitive responses,"2 meaning that the symptoms experienced by people in the wake of a trauma exist as a result of the body's natural, evolutionarily purposeful physiological reactions. In response to something overwhelming a body will fight, flee, or freeze. Essentially, when any animal, human or otherwise, encounters an overwhelming threat, it instinctively engages one of these responses as a protective mechanism to avoid death. When the body under attack is not able to experience the natural instinctive response through to its completion, the impact of the encounter can get stuck. In Levine's words, "trauma is a highly activated incomplete biological response to threat, frozen in time."2

The notion of "fight, flight, or freeze" to which I referred above could be familiar to some readers. These are the primitive responses of which Levine speaks. A fourth response— "fawn"—has also recently been noticed and is now being explored by traumatologists. To fight is to gear up to, and perhaps successfully administer a counter-attack in the face of threat. To flee is to run away from an attack, to freeze is to be stunned into temporary paralysis (as a deer in the headlights), and to fawn is to comply with the attacker in an unconscious vie for sympathy or safe passage (e.g. Stockholm Syndrome). In the wild, when an animal body is overtaken by one of these responses, the animal will naturally discharge the enormous energetic impact of the response once the threat has passed. They do this by shaking or trembling, sounding, or otherwise "off-loading" some of their physical energy. This discharge, according to Levine's research, integrates the trauma and alleviates any chance of developing negative symptoms. As humans, however, we have been conditioned for dissociation—that is, disconnection from our physiological response—by a culture of hyper-rationality. This means that the overwhelming energy of impact can get caught in the traumatized individual's body, like an impacted spring unable to release and uncoil. According to this theory, it is the stuck, unintegrated energy which results in many of the symptoms seen in a post-traumatic response.

Beyond the physiological response, trauma affects us emotionally, psychologically, and spiritually. According to Donald Winnicott, a pioneer in the field of child psychology, trauma robs the experiencer of their subjective omnipotence, that is their perceived power and autonomy, which renders them temporarily unable to engage with the world around them. This can feel like extreme identity disillusion, wherein one's perceived dominance in one's own life is called into question3 Without a subjective "me," one lacks the required equipment to engage with the world outside of "me." This leads to what Heinz Kohut has dubbed "disintegration anxiety,"4 or, in the words of Jungian analyst Dr. Donald Kalsched, "an unnamable dread associated with the threatened disillusion of a coherent self."5 This lack of a coherent self results in a diminished capacity to make symbolic meaning of one's life's events, as the meaningfulness of external events results from these events' relationship to one's inner world and vice versa. A trauma can temporarily suspend one's ability to connect to inner experience, or to build a bridge from inner to outer, thus eradicating the potential for sense-making, insight, compassion, and even transcendence. In this way, trauma has far-reaching psychological consequences.

To summarize, trauma is anything—real or perceived—that brings us face-to-face with our vulnerability, with death. The fallout from said experience is often an untenable dissociation from oneself, feelings of having lost one's identity, being inexplicably, inconveniently, and often violently overcome by reactionary impulses, a deep loss of one's ability to make meaning, frequent run-ins with chaos, and painful somatic symptoms seemingly without cause.

What constitutes a mystical experience?

As a result of the current psychedelic renaissance, we have gained new epistemologies, ontologies, and phenomenologies for understanding and studying mystical experiences. And it could not be happening at a more opportune time, for in this hypermodern world which normalizes disconnection from self, other, and nature, we are collectively wearing the malaise of spiritual bankruptcy and lack of meaning none too well. However, despite the utility of psychedelics in providing a window into mystical experiences, much of what we know about these states come from the fields of theology, anthropology, and psychology, far predating this psychedelic renaissance.

A mystical experience is considered one of a few non-ordinary states of consciousness (NOSC; also referred to by some as altered states of consciousness, or ASCs, particularly when the consciousness shift occurs as a result of ingesting a substance), the others of which are flow states, meditative or contemplative states, and psychedelic states (hence the renewed interest in them as a result of the psychedelic renaissance). NOSCs are brought about by what religious scholar Mircea Eliade refers to as "sacred technologies,"6 that is, the trance-inducing techniques used by shamanic cultures worldwide to engage with the spiritual dimension of existence: ecstatic states, communion with the transpersonal realms, and underworld journeying. These technologies include dancing, drumming, chanting, fasting, ritual, and ingesting plant medicines, among others.

While one of the hallmarks of mystical experiences is their ineffability (making discourse rather convoluted at times), for the purpose of this essay, I am going to join the likes of Henri Bergson, Aldous Huxley, William James, Jeffrey Kripal, Carl Jung, Houston Smith, and many others, in touting the "reducing valve" theory: that is, the idea that the dominant function of the brain is to delimit access to an expanded consciousness. According to these theorists, the sacred technologies outlined by Eliade can effectively diminish this control valve in the brain, exposing an a priori reality behind or underneath said valve. This means that a NOSC does not cause a mystical state, any more than a radio channel causes the frequency it picks up. In other words, a mystical experience comes about as a function of the removal of something, not the addition of another. This "thing" which is susceptible to unsuspected removal could be referred to as the "ego," although I believe that is a bit too rationalistic and reductionist to be the full story.

According to this theory, an a priori "immediate luminosity,"7 "Mind-at-Large,"8 or "cosmic order"9 undergirds normal waking consciousness from which we are regularly barred by the brain's standard or "default" resting state. During a mystical encounter, one can catch a glimpse of this more vast reality, which very well may challenge all of our previously held rational beliefs about what is real and what is not.

Bergson theorizes that the function of this "reducing valve" is to restrict conscious access to the interconnected web of reality at any given moment, lest we be overwhelmed by the ever-present flood of potentially meaningful connectivity spiraling, weaving, dancing, and dodging all around us. Neuroscientists who study the effect of psychedelics on the brain theorize that a network of brain regions, dubbed the Default Mode Network (DMN), might correlate to Bergson's very-same reducing valve, in that these neurons appear to be active and engaged in the sharing of information while the brain is disengaged from anything else.10 The DMN is a collection of functionally connected regions of the brain which are involved

in processing self-referential information and are thought to collectively operate as a kind of underlying identity generator.11 This brain network also seems to be active when the mind wanders, as evidenced by brain scans that show people in meditative (non-mind-wandering) states having less activity in the DMN.12

It might be that this default functioning keeps one's consciousness engaged in the assertion of a "me," which is necessarily limited, far smaller than the underlying reality. During a mystical experience, whether psychedelically-occasioned or otherwise, it appears that one of the major neurological changes which occur is that the action of the DMN is temporarily suppressed. This produces a state of "transient hypofrontality,"13 wherein it may feel as if the mind is no longer blinded by personal identity and the "doors of perception" are open.
A mystical experience, no matter which transformational technology is employed to engender said experience, has certain universal qualities, as outlined by Walter Stace. They include things like ineffability and paradoxicality, an abiding sense of unity, and a vital gnosis or noetic quality, which seems to imbue the experiencer with a sense of a deeper truth.14

The current research suggests that a psychedelic-occasioned mystical encounter can result in lasting positive changes in the lives of individuals suffering from substance abuse, end of life anxiety, or post-traumatic stress disorder. These changes can include greater levels of openness and mental wellbeing, as well as decreased reliance on drugs, alcohol, or other compulsive negative coping patterns.15

When the mystical becomes terrible; or, the mysterium tremendum

While the description of mystical experiences and the subsequent positive changes sound highly desirable, I want to explore the open secret of mysticism; namely, that often the first stop in transit to such mystical revelations might end up being terror, dread, fear, panic, and disillusionment. Psychiatrist Stanislav Grof, after sitting through thousands of LSD psychotherapy sessions with hundreds of individuals, outlined the nature of these particular flavors of horror in what he refers to as "perinatal experiences," a framework he created by interpreting the work of renowned psychologist, Otto Rank's classic, The Trauma of Birth. According to Grof, perinatal experiences "focus on problems relating to fetal existence, biological birth, physical pain, disease, aging, dying, and death."16 Grof theorizes that when undergoing an LSD psychotherapy session, the individual can be confronted with the visceral, psychological memory of their own becoming—that is, the trauma of birth. According to Grof, this confrontation can result in very real, emotional, psychological, and spiritual pain.

Grof outlines the precise stages of this experience in four distinct matrices, called the Basic Perinatal Matrices (BPM). Speaking broadly, the general rationale behind Grof's theory for why these perinatal experiences can feel so profoundly life-threatening is because they mirror the experience of the neonate during the birthing process; namely, they mirror the incredible shock experienced by the infant of being encased in a fecund, dark, (ideally) nourishing womb and rather suddenly, and without much choice in the matter, being forced out of said womb in a series of painful, pressurized, chemically foreign throes. Both mother and infant experience childbirth as agonizing. However, the mother is armed with foresight. The infant has no prescience of what's happening to her, and so, for her, being born is akin to dying. Grof noted that for the individual experiencing a perinatal matrix during a psychedelic experience, this birth process is often recapitulated in a seeming death-rebirth experience much like the one they went through during their actual birth. Experiences of the BPMs range from overwhelming feelings of entrapment or suffocation; horrendous visions of hell realms and nightmare scenery; the unshakeable insistence of the void which incessantly begs questions of life's meaning; and a seemingly infinite experience of "this will never end." Grof also notes that, for most people,

deliverance from these shockingly dark experiences is often experienced as radiance, transcendence, or a brilliant, indescribable blissfulness. In other words, your classic, desirable mystical experience.

The darkness, degradation, and deep fear Grof witnessed during his thousands of psychedelic psychotherapy sessions is not new. Mystics from numerous traditions write about the pain of surrender, the terror of encountering the numinous,17 or the phenomenal shattering which must occur to purge the mind of illusion. Perhaps the most famous account of this experience comes from the Christian mystic, St. John of the Cross, who details with painstaking clarity his own identity loss/divinity discovery in his book “The Dark Night of the Soul.” Indeed, that phrase is now used quite commonly to refer to the necessary darkening which occurs along many individual spiritual journeys.

Prof. Christopher Bache, religious studies professor at Youngstown State University and author of “LSD and the Mind of the Universe”, wrote a paper comparing Grof’s BPM to this “Dark Night of the Soul”. This paper details the purgative aspect of both John’s account of the via negativa (that is the negative way, or the way of divestment, of ridding oneself of everything standing between self and god, of purging falsehood) and Grof’s description of the confrontation with hell-realms experienced by hundreds of patients. Line for line, whether Grof’s account of the perinatal experience or John’s painful testimony about his years spent in a Dark Night, it seems that these experiences share a core phenomenological identity. Prof. Bache asserts that it is perhaps precisely the purging of all falseness (that is, belief in the separate self, the illusion)—something discussed by both Stanislav Grof and John of the Cross— which leads to the mystical encounter, writing that “this radical purging is necessary because if one is to be God, everything in oneself that is unlike God must be removed.”18 Recalling the aforementioned theory of a “reducing valve” mechanism within the brain, we can begin to theorize about what might be happening during a mystical experience. Could it be that through some kind of purging of a constructed self, through divesting oneself of the delimiting reducing valve of the mind during a perinatal experience, one is ultimately shown something more vast which exists a priori behind the veil of identity?

A mystical experience might be traumatic

I assert that this process of purging, whether in an LSD psychotherapy context à la Grof, walking the via negativa à la John of the Cross, or endeavoring to engage in any other number of practices which might cause someone to question their rational beliefs of separation or their engrained notions of identity, is subjectively and objectively traumatic, à la Levine. To explore this statement, let’s examine how mystical experiences could be seen as traumatic.

To begin with, let me introduce a concept from famed German philosopher and theologian, Rudolph Otto. According to Otto, an encounter with the numinosum, that is, the self-evident ineffable essence of which the aforementioned speak (e.g. James’ “immediate luminosity,” etc.) always contains something of the mysterium tremendum, or the tremendous, awe-and-terror- inspiring mystery. According to Otto, this sort of encounter feels life-threatening from the perspective of identity or ego, a point he explores through the de facto existence of earth- shattering fear when one finds oneself in the presence of the numinous.17 This threat to life is akin to the threat to life felt during a traumatic experience. Mystical experience can also be life-altering, as some of the previously mentioned research clearly shows.19 A mystical encounter with the numinous, which contains no small amount of dread according to Otto, can have the effect of catalyzing lifestyle changes, inspiring one to participate more fully in co-creating their life, and revolutionizing a sense of meaningfulness in one’s psyche.17 This kind of alteration to life is akin to the alteration experienced after a traumatic experience, only this sort of shift is subjectively far better.

Furthermore, mystical experiences, as well as trauma, call into question the notion of volition, as when the subjective omnipotence Winnicott speaks of has been violated and one's ability to act autonomously is disrupted or when, as John of the Cross writes about, one's willful actions seem to be thwarted by something which is experienced as divine intervention. Both could have the effect of alienating oneself from previous hobbies, social circles, and behavior patterns. Both pose an enormous challenge to previously held worldviews, cultural norms, and one's sense of self. And finally, both carry a somatic load, whether from the frozen energy of previous impacts or the off-loading of previous impacts through release. In this way, much like John of the Cross's Dark Night is phenomenologically akin to Grof's outline of the perinatal experiences one might undergo during an LSD-psychotherapy session, I propose that a personal encounter with the numinous is akin to trauma.

This, of course, does not mean that one should not emphatically welcome the numinous if it comes knocking. Having the reducing valve of the mind itself reduced enough to allow the "immediate luminosity" of a direct experience to permeate one's consciousness has the potential to be an inordinate blessing, even when the aftermath feels chaotic and hard to integrate. It is only to say that when one does come to discover the Mind-at-Large, one should not expect only rainbows and unicorns, for the body will perceive any threat of death as a trauma and will undoubtedly respond accordingly. Bear in mind, though, should you be delivered into the Dark Night, in the words of Peter Levine, while "trauma is hell on earth, trauma resolved is a gift from the gods."

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