

IBOGAINE:
FANTASY AND REALITY

IBOGAINE IS ONE OF THE TWELVE alkaloids obtained from the root of the plant *Tabernanthe iboga* found in West Africa. From vague reports as to its local use in the Congo, it was believed to be mainly a stimulant, and it is as such that it is mentioned in De Ropp's *Drugs and the Mind*. It is as a stimulant, too, that iboga extract was introduced into French medicine several decades ago.¹

In July 1966 I presented, at the conference on psychedelic substances organized in San Francisco by Richard Baker (Roshi) for the University of California, a report on my initial work with the alkaloid as an adjunct to psychotherapy, which described the hallucinogenic effects of the higher doses of ibogaine. Since then, it has been used in a similar context by an increasing number of psychiatrists, mostly in South America.

For the writing of the present account, I have examined notes from forty therapeutic sessions with thirty patients, in which I used either ibogaine or total iboga ex-

¹ Gershon's finding that ibogaine is an inhibitor of MAO (monoamine oxidase) explains its classic use and shows that it was the first antidepressant of this kind in official medicine, much before the advent of iproniazide, Tofranil, and so on.

tract, plus ten sessions with a different group, in which I used iboga extract in conjunction with one or another amphetamine. In my general statements, I am also drawing upon a wider experience not documented by notes which I could use for statistics. This is partly direct experience with additional patients and partly information amassed in clinical meetings with my colleagues at the University of Chile. I estimate the total number of treatments which I have either witnessed or known indirectly to be approximately one hundred.

As to physical effects, neither ibogaine nor the harmala alkaloids cause dilation of the pupils or a rise in blood pressure, as is the case with the LSD-like hallucinogens or the amphetamine derivatives MDA and MMDA. Ibogaine also resembles harmaline in that it elicits a disturbance in body balance and vomiting more often than any other mind-affecting chemical aside from alcohol.

In view of the high incidence of these symptoms, it is advisable to administer the drug when the patient has an empty stomach, and not to use more than 4 mg. per kilogram of body weight on a first session. I find that the optimal dosage may range from 3 to 5 mg. per kilogram, depending on the individual's sensitivity to the drug.² Dramamine may also be used as a preventive for vomiting, either in a first session or thereafter, if the subject is already known to react with vomiting.

A comfortable couch or bed must be considered part of the setting for the treatment, for most patients want to

²With such dosages taken orally in a gelatin capsule, the symptoms become manifest about forty-five to sixty minutes after ingestion. These may extend from eight to twelve hours, and some patients have reported subjective after-effects even twenty-four (20 per cent), thirty-six (15 per cent), or more (5 per cent) hours later. Yet even in such instances, the patient is usually able to function normally after six to eight hours from the beginning of the effects. In the majority of instances, I have ended the therapeutic session in seven hours or less, leaving the patient in congenial company.

lie down during the first few hours, or even throughout most of their session, and feel nauseated when they get up or move. However, others feel the desire to move or even dance at some point in the session (35 per cent in my data), and this may prove a very significant aspect of their experience—as will be elaborated upon later. For this reason, some degree of space to move about is desirable.

Proceeding to the subjective domain, one finds some similarity between the content of experiences elicited with ibogaine and those typical of harmaline, although it is in this sphere, too, that the specificity of each becomes most noticeable. In broad terms, it can be said that archetypal contents and animals are prominent among the visions produced by both, and the actions involved in the plot of dreamlike sequences frequently involve destruction or sexuality.

In spite of the similarity pointed out between ibogaine and harmaline, there are specificities of the former that give it a place of its own in psychotherapy. Ibogaine elicits a less purely visual-symbolic experience than harmaline. With no drug have I witnessed such frequent explosions of rage as with this particular one. Aggression is a frequent theme in harmaline experiences, but there it is portrayed only in visual symbols. TMA, which has been reported to release hostility, is in my experience characterized by a delusional state where hostility is expressed more as paranoid thoughts than as actual feeling. With ibogaine, anger is not directed (I would say transferred, in the psychoanalytic sense) to the present situation but, rather, to persons or situations in the patient's past, toward whom and by which it was originally aroused. This is in accord with the general tendency for the person under ibogaine to become concerned with childhood reminiscences and fantasies.

The salience of animals, primitives, sexual themes, and aggression in ibogaine and harmaline experiences would justify regarding them as drugs that bring out the instinctual side of the psyche. This stressing of man-the-animal

contrasts with the effect of the airy or ethereal "psychedelics," which bring out man-the-god or man-the-devil, and with man-centered drugs like MDA or MMDA, which lead the person to focus on his individuality and relationship with others.

Aside from differences in the quality of the ibogaine experience, there are differences in content: a less purely archetypal content, more childhood imagery, and certain themes that appear to be specific to the mental state evoked by the alkaloid—notably fantasies of fountains, tubes, and marshy creatures. The reader will appreciate this specificity throughout the clinical illustrations on the following pages.

The first case report that I am presenting consists of the description of a complete session. The variety of episodes in it may serve as a condensed panorama of the drug's possible types of effects and lead us to a consideration of how these may be pertinent to psychotherapy.

The subject of this illustration is a physician in psychiatric training whose interest in a therapeutic encounter arose out of a sense of lack of contact with others and of not giving his whole being to his love life, his work, or his doings in general. "I feel that much in me is automatic and that what I do is worthless," he said. "I would like my contact with others to be more from center to center."

In preparation for the session with ibogaine, he had undergone four Gestalt therapy sessions and complied with the request for a written autobiography. Forty-five minutes after the ingestion, he reported a great relaxation and a desire to lie down. He did so, folding his arms and legs and closing his eyes, while he listened to a record that he had brought with him. Every note in the music was clear and forceful in a way he had never heard before.

When he opened his eyes, he was surprised by the beauty and richness in detail of objects in the room, which he had not noticed before. Looking at photographs in the *Family of Man* book, which lay next to the couch, he had

insights both into the significance of the scenes and into his own attitudes. After this, he felt like lying down again, and when he closed his eyes he had a fantasy of his father making faces as if in a game, with a contented smile. He commented that this is how the expression of his father must have appeared to him as a small boy. But then the expression turned into a contortion of great rage. He visualized a naked woman with round hips hiding her face with her arms, and then his father, also naked, falling upon her to penetrate her. He sensed controlled rage in the woman, whom he now identified as his mother.

I chose this sequence as a starting point for a therapeutic procedure and asked the subject to have these characters talk to each other. This is a means of bringing out the latent content of the images, so that it becomes conscious and explicit. "What does she say?" — "Go away." — "What does he feel?" He could not imagine that. "Maybe perplexity," he suggested. This was an appropriate moment to take another step in the same direction, that is, to unfold and bring into the spheres of feeling and action the meaning that is packed in the fantasy. "Be your father, now," I said. "Become him to the best of your dramatic ability and hear what she has said to you." He now found himself able to impersonate his father and felt, not perplexity, but great sorrow, suffering, and anger in the face of rejection. He wrote down on the following day: "I see my mother as hard, with no affection and afraid, and I no longer regard my father as that insensitive being who hurts her with his love affairs, but as somebody who wants to open the gate of her love without succeeding. Yet I feel compassion toward my mother."

There followed a fantasy of being licked by a lion, and then a lioness bit his genitals off, leaving him as a lifeless doll. At this point, he left the couch, walked around, went into the garden, where everything looked to him "as if it existed for the first time." He went back to the room, put Stravinsky's *The Rite of Spring* on the record player, and

with the very first notes felt drawn to move, specifically his hands.

This is how he later describes the experience: "I gradually surrendered to the rhythm so that I soon found myself dancing like someone possessed. I felt balanced, expressive, and above all, myself. At one point, I saw myself in the mirror and noticed a conventional movement of the hands which did not stem from the music. I rejected it at once. When one side of the record was over, I turned it over and went on dancing. I felt no fatigue, and movement gave me great pleasure."

After the dancing, I proposed that we work on a dream, which I shall not describe, though it was important in giving him a greater sense of his own worth. Following the dream, he looked at family photographs that he had brought along with him and which helped to clarify more of his relationship to his father and mother. Four hours after the initial symptoms occurred, he felt that much of the effect of the ibogaine had worn off. He tallied to some friends who came over. "Some faces I saw as very beautiful and expressive," he reported later. "Others I saw as distant, fearful, and these did not show their beauty, but hid it behind the fear." This perceptiveness of the masks people wear, as he puts it, went on through the next day.

After the session, the subject felt that the experience had been valuable to him in several ways. After a month, he pointed out different aspects of his life in which he sensed improvement. To one of these he refers in the following terms:

A fineness of perception, a revelation of the true or genuine—a knowledge that there are false and incomplete things in the world, human attitudes that are not whole, experiences that are watered down, works that are half-works. I now feel the need to go beyond this. And I acknowledge aggression as a means of going beyond.

This may be the place to mention that, in spite of the subject's wish to undergo the experience, he could have

been described as a contented, easygoing, passive viscerotonic, but now presents himself as more striving, active, and firm.

Another benefit of the session he reports is a clarification of his family relationships. He now felt that he could see his parents as they really are; he became aware of how "castrating" the relationship with his mother had been.

As a third gain from the experience, he cites the knowledge or awareness of the body as a means of expression, as it became apparent to him in the dancing. "It was important for me to know," he says, "that there are movements of mine that are not mine but borrowed, used in view of ends, but not emanating from an inner being." This awareness of a distinction between that which stems from his "inner being" and that which is not really his seems to be the same as that of the difference between what is genuine or not in other domains, and which is the source of his new longing for greater depth in experience, action, and relationships. It is also related to what he regards as another area of progress, which is an enduring awareness of "masks"—"an awareness of how faces are manipulated, and how behind the masks there is fear."

Finally, the subject has discovered both a lack in his experience of the religious and the fact that what he used to regard as his religious problems were only imaginary.

To this it must be added that the subject had been a devout and rather proselytizing Catholic, raised in a religious school, and a member of several religious organizations. To persons who knew him well, and to myself, much of his religiosity seemed conventional, and some problems which he labeled "religious" involved the decision of accepting or rejecting a dogmatic religious authority. It is noteworthy that his insight into the distinction between such concepts of religion and religious experience proper was not brought about by the discussion of his life and problems, but spontaneously elicited while looking at the photographs in the *Family of Man* collection, where he

found one of a Buddhist monk praying with true devotion and another of a man kneeling out of idolatrous respect for the religious authority.

The session that I have briefly recounted shows a variety of situations which have been sources of insight and therapeutic benefit: relaxing, dancing, looking at objects and people, looking at photographs, acting out fantasies, working on a dream, a guided reverie. All these are possible domains for self-unfolding and discovery or for more elaborate psychotherapeutic procedures. In the case of this particular person, we find that it is of his contact with the external world that we can more appropriately speak in terms of self-unfolding, self-expression, self-discovery. In fact, his basic experience was, in dancing, that of his *own* style and his own movements; looking at external objects or persons led him to a discovery of the truth of things by means of the use of his own eyes, whose functioning he had, in a way, been holding in abeyance. The fantasy, however, had a different experiential quality. The sexual scene where his mother rejects his father, or that of the castrating lioness, or the dream sequence, which I have omitted for the sake of brevity, express his psychopathology rather than his sanity and his fragmented personality rather than his "self." Whereas life may be the best psychotherapist in the moments when it is flowing at its natural, undistorted rhythm, this is not the case in those moments when the person's sub-selves are in conflict. It is here that the psychotherapist finds his proper element. Here, his function—like that of the Eskimo shaman—is that of finding lost souls. Accordingly, it is with the darker sides of the ibogaine experiences that most of this chapter will deal.

Yet before moving into that domain, we must consider the most typical form of the ibogaine peak experience, which is precisely the kind that the subject in the illustration above did not display. Whereas in his case—probably due to his being an extrovert—it was his contact with the

external world that was permeated with peak-experience characteristics, for others it is the symbolic medium of imagery that reflects such a quality, assuming forms of great beauty and significance or the half-veiled meaningfulness of myth. This is the realm of archetypal experience, if we take the expression in its more common meaning, which stresses the visual medium of representation. Particularly from my experience in working with ibogaine, though, I think that the essence of an archetype is not the visual symbol but the experience that the latter conveys, and this experience may just as well find a motoric form of expression (dance, rituals) as be projected upon the perception of the external world. This was the case in our patient's perception of things, "as if they had just been created," his feeling of communication with the selfhood of other persons beyond their masks, and, in looking at photographs, his proneness to see each gesture as a symbol and embodiment of a transcendent intention or, on the contrary, as remarkable for its meaninglessness. Whatever the validity of speaking of archetypal perception, movement, thinking, or relating, as well as archetypal imagining, the latter is a distinct psychological event which has been part of the experience, either fleetingly or throughout much of the session, of about half the persons that took ibogaine. The following are quotations from a retrospective account given by one such subject:

I see BLUE, blue, blue. I am on the floor, but with the body upright. I can rotate easily all the way round in a sitting position. All is blue . . . blue . . . Everything is beautiful. I extend my arm and as I turn I draw a circle around me. I am sitting on the floor, and I draw a white circle around me in this turquoise-blue atmosphere in which I float. I then draw with my hand a smaller white circle while I look upward. I am entirely surrounded by this blue atmosphere in which I see a white circle around me and a smaller circle above . . . White, too. This atmosphere is dense. I try to look through my upper circle . . .

a periscope? What is there? A ray of clear light is being formed in this dense blue atmosphere. It is becoming a shaft of light. I look, look through my white circle, look, and more light is coming into this tube, more white light, more and more, with blinding and filling force, and always more. And more, and more. I look through that ray of white light and I know that He is there, He, and . . . and that light, that tube, that immense white ray beyond is blue, blue, BLUE! (And this is a different blue from that of the first time.) This is a pure, clean blue, transparent, eternal, infinite, serene, that goes upward, that is the ALL! White-blue that is distance with no physics, enormity with no measure, Universe devoid of laws. It was God. It was God. God. God.

This was unexpected. I wept. I weep now and every time I remember. I withdraw to remember and weep.

Nothingness again. I feel fullness in relaxation as after a great pain. I am on the floor again and I hear the music from the radio with fast rhythms. Now it is my body that responds, not my mind or spirit. I feel I am a puppy. I am surrounded by other puppies and play with them. I hear their sweet barking. Then I believe I am a cat . . . no! I am a pony! I gallop. Now I am something like a tiger . . . like . . . I am a panther! A black panther! I defend myself, I back up. I breathe forcefully with a panther's breathing, feline's breathing! I move as a panther, my eyes are a panther's, and I can see my whiskers. I growl, and I bite. I react as a panther that defends itself and attacks.

Now I hear drums. I dance. My joints are gears, hinges, nuts. I can be a knee, a bolt, I can be anything, almost everything. And get lost again in that chaos of nothingness and sensations that relate to abstract ideas with vague and changing forms, where there is the intuition of the truth of everything and an Order which one is about to discover.

And toward the end of the session, four hours later:

Again into nothingness. Tiredness. I am on my knees on the floor, my hands on the rug, my head hanging. I feel the wave coming again, the dizziness taking possession of

me. I press into the floor . . . I am on a lid . . . a great wheel that is also a lid, and I must open it! I strain to the limit to make it turn, grabbing the spokes. The lid turns, gyrates. Suddenly I find myself under it, on a big wheel with spokes and spaces between. There is a thick axle at the center which seems to unite it to the lid, and also goes further under the wheel I am on. How have I fallen in here? I cannot explain. I did not realize when I fell . . . I must get out of here. . . . I must get out! Going up is impossible. It must be down. Through the bars I see a deep darkness. Perhaps I will fall through that tube of emptiness . . . It doesn't matter . . . I must get out of here, away from this wheel that is suspended in this tunnel with no walls. Perhaps through the mechanism of the axle . . . I know that this wheel can go up and down. Desperately, I seek among the parts of the mechanism. I hear the doctor's voice telling me: "You be the axle." Surprise. I begin to feel like the axle. Steely, hard, turning, turning, turning, with a noise. I am the axle for hours, hours . . . There is no time, being the axle. I turn and make a noise. I turn, I turn, I turn . . . I feel that I am lifting my right-hand axle, which turns. I rise slowly to the limit of stretching—always an axle. My hand then moves forward. I have a dagger in my hand, and I am going to kill! I am going to kill! I step forward to kill. I am going to kill a . . . a . . . a . . . a mummy! How horrible it is! It is a mummified corpse of a woman, dry, with a brown leather-like skin, and she has a bandage over her eyes! And she has a smile that is gruesome and sweet, as if she were having sweet dreams or listening ironically to what is going on. I sink my dagger into her twice. I feel that she rips like leather. I feel dirty, absurd . . .

These excerpts are enough to show several of the motifs that are characteristic of ibogaine imagery: light (and particularly its white and blue colors), animals (and more specifically the feline ones), rotating motion and circular shapes, and the tube. The latter, in the present context, appears to be linked to the image of darkness, downward movement and enclosure, constituting a complex that is

the polar opposite of that of the beam of white light from above, and the sense of freedom implicit in the beginning scenes. Later on in this chapter, I shall explain in greater detail how the image of the tube may play an important role in ibogaine sessions, and had I had more experience in this matter at the time, I would have waited for the completion of the descent which the patient was already envisaging, and probably encouraged him to fall into the darkness. Yet the outcome of this particular episode—the sudden outburst of aggression taking place at the end—also illustrates a frequent trait of ibogaine experiences, and I suspect a partial therapeutic breakthrough. Such hostility might be understood as the polar opposite to the feeling of enclosure in the previous image, which I have often seen as its antecedent in other instances—either in the form of imagery, as a feeling of restraint, lack of freedom, heavy apathy, or as a physical sensation of being held in and limited in the body. I feel drawn to interpret such experiences as an inward-turning and paralysis of the aggressive potential in the personality, which, once directed toward its natural target outside, leads to feelings of relief, freedom, and power. In this instance, however, the patient's guilt after stabbing the mummy with his knife is far from such relief and tells us that he has withdrawn again, still not feeling free vis-à-vis this female presence in his inner world.

One might wonder what relevance an experience as impersonal as this one may have to the therapeutic endeavor, and more generally to a person's feelings or behavior "in the world." In the present instance, the subject feels no doubt:

In my daily life, I kept discovering such important little details. Everything that I said had a transcendence, a simple and true reality, an importance in terms of sincerity that it has even today and will continue to have tomorrow. I did not react in the normal way to things, but in a way that was . . . emotional? No—sensitive. I did not talk

vaguely, but directly to the point, and made wise decisions.

This first repercussion of the session might be understood as a carry-over of an archetypal mode of perception into everyday life—not in the literal sense of hallucinating, but in the sense of seeing ordinary words and actions as instances of more universal meanings. Even five months later, he thought that his judgments of personal situations, aesthetic matters, and everyday issues felt to him "more whole" than before.

Another effect of the session was on his mood. His description of it was "spiritual tranquillity." He had been prone to feeling rushed most of the time, anxious about the expending of time and effort; now he speaks of "a peacefulness at the certainty that the whole world, of which I am a spectator and a part, is experientially within *myself*, and is not something remote or mysterious."

In his relation to others, the after-effect was one of increased empathy, resulting from his own enhanced introspection. Four months after the session he says: "I saw that I had so many parts, and to each there was a little whole. And I saw that the rest of the people were the same. There was such intensity of human contact in those days! I saw myself in every attitude of others toward what interested them. I did not identify with them as a whole, but I understood them from within."

I have not seen that an experience of archetypal content necessarily brings about the consequences that this particular one did. Both ibogaine and harmaline may elicit mythical, dreamlike sequences that are contemplated with little emotional involvement, the outcome of such sessions being no different from what we might expect from exposure to a film of similar content. The experience described above, though, differed from the passive contemplation of a film in the definite participation of the subject in each of the scenes. He was the recipient of the light, it was he who turned into animals or mechanical parts, and while he saw

himself on the circular lid and tried to open it he actually pressed with his hands on the floor. Not only was he experiencing himself as an actor in his fantasy, but reacting to the events with intense feelings and engaged in continuous motion with his body.

Just as the impact of a work of art will depend on more than our sense perceptions, requiring some measure of empathy, just as a novel would be meaningless to us unless we could identify with its characters, by stepping into their shoes or implicitly recognizing them as parts of our inner theater, the same may be said of fantasy productions. Whether these appear to the person as uninteresting and meaningless productions of his brain, interesting hieroglyphs, or revelations will probably depend on the degree of his contact with his unconscious life in general, and with the handling of a session. But I think that this can also be subjected to some pharmacological regulation, and I shall discuss later the association of ibogaine with feeling-enhancing drugs.

In commenting on his session, the patient later said that it was a surprise to him in view of his romantic expectations. Instead of an experience of integration into the "cosmic order or the race," "the simple and primordial, elemental and telluric," and, in short, the mysterious, he found "a world of my own, personal, sincere, simple, which perhaps coincides to some extent with all my *life experiences*, which are not as numerous as I would have lired, but *are mine*. Yes. It was a mixture of disenchantment and wonder. Wonder! The bluebird is in your home."

On the whole, I think that this is a significant report in that it informs us of the importance of *an experience with virtually no personal content*. This may seem a statement in contradiction to that of the patient, who claims to have discovered the richness of his own world. We may put it differently and say that the only personal element in the subject's experience is *that of himself* as the container of all his feelings, the source of all his images and actions.

But these feelings, images, and actions are not those of his previous conscious life. To anybody watching his movements, they would have appeared more like those of a ritual than those of practicality, just as his feelings are in the domain of the religious or aesthetic, and his imagining in that of the mythical rather than the personal. And just as his experience was of intrinsic value to him at the time, its consequence appears to be in the nature of an enhancement of those aesthetic, religious, and mythical overtones in everyday reality, and a heightening of inspiration which carries for him a sense of intrinsic satisfaction.

Only toward the end of the session, in the last sequence quoted, do we see conflict, and we may sense a personal reality behind the veil of the symbolic murder scene. The fact that this was the last fantasy episode in the session suggests that more personal and psychopathological material might have followed but was repressed, and this we cannot know. I do know from other instances, though, that a peak experience does not necessarily imply the transcendence of chronic personal conflicts. It may merely indicate that these are not aroused by the real or imaginary situation which is the subject's focus of attention.

I think that it may be useful in this connection to consider a peak experience in terms of its completeness, and not just its quality. Just as I have spoken of archetypal visual experiences which are incomplete in that the subject does not feel involved in the symbolic action, so there are others where the motor element may predominate, with slight ideational concomitants, or—with other drugs more than with ibogaine—feelings may be dissociated from either action or understanding. In the present instance, I think that the incompleteness of the session is to be seen in the domain of relating. Just as the extroverted patient of our previous illustration experienced moments of fulfillment in the contact with others (even photo-

graphs of others) and objects, the introverted subject in this session expressed himself best in imagery and movement, not in the perception of the external world or in contact. Even in his imagery there is a predominance of elements, objects, and animals over human beings. When other persons appear (omitted from the quotation), they are vague, unknown, semi-mythical and practically unrelated to him in the plot of his fantasy, except at the very end, in the stabbing of the mummy with the dagger. Aside from the anger and subsequent feeling of dirtiness in this scene, interpersonal feelings are absent from his session, whereas in a complete peak experience I would expect feelings of love as well as those of beauty and holiness.

At the time of this session, I was still too unfamiliar with the use of ibogaine to take the initiative in presenting to the patient the challenge of relationship, bringing out the (presumably) avoided issues and his psychopathology. This is what I have since done in my practice, however, and I think that the exploration of conflict can not only lead to more enduring change but in no way detracts from the contribution of a peak experience.

The following instance shows how a state of subjective enjoyment and relative integration may be interrupted by a shift in attention toward a conflicting issue, as the patient confronts painful emotions, only to be resumed with greater fullness after a problem has been successfully lived out.

This illustration is from the account of a twenty-three-year-old woman of a seemingly mild, subdued, and dependent character, who consulted partly in compliance with her husband's wishes, and also in the hope of achieving a more fluent expression of her feelings and thoughts. Her difficulty in communicating had become apparent to her as a source of unhappiness in her marriage, and I could assume from interviews with her husband that her life with him must have been a source of intense frustration. She did say so during the two appointments prior to the

session with iboga—not out of a lack of sincerity, it seemed to me, but a lack of awareness of her feelings.

In approximately the third hour of the patient's session, she entered a pleasurable state of absorption in a world of imagery:

It was snowing. This was no ordinary snowfall. The snowflakes were larger, and one could see their component particles. These were very fine fibers with irregular edges, covered with innumerable little diamonds. The snowflakes danced and played. In the midst of this snow-feast I saw myself as a beautiful young woman, naked, with very white skin and long blond hair. I danced along with the snowflakes in what seemed a contest of agility. I ran after them laughing, trying to catch them, and when I did, I pressed them against my face. Everything was bathed in a golden light. It conveyed a feeling of freedom, beauty, and joy. A great peace enveloped me.

This may be enough as a sample of a peak experience being lived in the symbolic domain of visual imagery. The dominant feeling and impulse content (as is frequently the case in ibogaine peak experiences) is conveyed by the images of dance and light. It became clear to the patient that the woman dancing was herself, and she enjoyed feeling so full of life, beautiful, and free. Then she felt the urge to dance herself, rather than merely watching mental pictures, but, significantly, this she was not able to do. She felt weak and nauseated and went back to lying down.

From my experience of the drug, I have the impression that its effect is closely linked with the domain of action and, particularly, physical movement. Much of the imagery may suggest this (dancing, beating of drums), but the experiences that have impressed me as most fulfilling and complete have involved actual participation of the body. (It is worthy of note that the iboga root is eaten by dancers in Gabon.)

The purely visual quality of the experience described above, plus the sudden malaise that she felt when attempt-

ing to enact with her physical self the dance that she was enjoying in her imagination, suggest to me what could be an "encapsulated" peak experience—one that cannot be brought to bear in more than one field of experience, and which can be sustained only at the expense of avoiding certain feelings, issues, or areas of awareness. This is not to say that such an experience is of no value; on the contrary, such avoidances may be used as a strategy in the elicitation of peak experiences in meditation techniques, where immobility and even the stillness of thinking are sought. But once the higher feelings or understandings have been achieved, the issue becomes that of bringing them down to earth, translating them into the terms of action and living—and a crucial step in this process seems to me to be the simple awareness and functioning of the body. In several instances of ibogaine therapy, I have seen the transition into a higher state of integration accompanied by a "remembering" of the body and its sensations after a period of absorption in fantasy, or by a sudden opening up of the channels of movement. The present case was no exception. Suspecting that the incompleteness of the patient's experience was related to her holding back her feelings for her husband, I suggested working on a dream into which we had looked the previous day. Here is the patient's account of this episode:

While I danced with a handsome and virile man, I saw my husband turned into a weak, fat man with hanging red cheeks, laughing in a feminine way. I went beyond the original dream and described how, seeing this horrible change, I turned away and walked with my partner into the next room. We danced, and later he took me home. We said goodbye at the door. As I walked into the living room, I met my husband, who still looked as ugly as before. At first I locked myself up in my room, but the doctor instructed me to face him, and I told him how ugly and weak I found him.

I suddenly found myself beating up a cushion that rep-

resented Peter. My hand flew! With what pleasure I hit him! I screamed at him, too, scolding him and telling him that if he did not change I would rather not see him any more.

What relief I felt after having shouted! I felt so light afterward. I felt happy to know that I had the right to defend myself, for I had some worth of my own. I did not need to lean on somebody as I had done before. It had been horrible to crawl at the feet of the others. (I imitated this crawling with my hands.) I was no longer useless, I had such force, and life did not seem ridiculous to me any longer. It was a gift. (I thanked the doctor for having told me that before. He handed me a mirror.) I saw myself as very beautiful, so much of a child still. (She had earlier in the session seen herself as old and ugly.) I was a flower which had just opened to the world, with a radiant gaze and fresh skin. The disdainful line in my mouth had disappeared. My body was agile, full of life. For *the first time, I loved myself.*

It may be noticed that the terms in which she describes herself are very much the same as those she had previously used in describing her self-image: beautiful, young, fresh, full of life. But to see these qualities in her very flesh or in the mirror took more than contemplating them in her essential nature. This entailed "coming out" into her body, becoming present in her actions, and this meant having the courage to break the bondage of the submissive personality pattern which her body had been serving throughout her life.

The change in her was obvious to her husband and close acquaintances, and even after one year, a friend of hers described her much in her own words: "Since the treatment, she is like a flower open to the world." In her marriage, she was patient while there was a need for her to be so, until her husband's cure about a year later. But now this was not the self-denying and compulsive "patience" of non-communication, but one grounded on self-acceptance and understanding love.

The three sessions illustrated thus far have in common what can be understood as an unusual and spontaneous expression of the person's "self," which takes place in the form of actions, dance, feelings, perceptions, or judgments. In stating this, I am staying close to the persons' descriptions of their experiences and their own use of the word "self," rather than speculating on what this self (or the source of such an experience) might be. The subject of our first illustration stressed that he was looking at pictures or at other persons with his *own* eyes, and he realized that it was not himself that was present in his daily, automatic way of perceiving things or using his body. Our second subject, too, was left with a taste of his own world and "the certainty that the whole world, of which I am a spectator and a part, is experientially in myself, and is not something remote or mysterious." Lastly, the woman in the third illustration also felt, as she saw the beautiful girl dancing among the snowflakes, that she was the image of her real self; she wondered at "the richness of life that there is in myself" and ended up by loving herself—not with what we usually call self-love, which means no more than living for a mental audience—but with warm appreciation for herself.

In contrast to such experiences of relatively spontaneous unfolding of the self—that center of gravity in psychological functioning where the individual feels complete, and his impulses are not in contradiction with one another—there is a greater number of sessions in which the patient's self-expression needs coaxing, or in which self-expression is virtually impossible before conflicting aspects of the personality are reconciled.

Two devices which I find useful as openings for self-expression (as well as starting points for more elaborate procedures) are the presentation of potentially significant photographs and the evocation of dreams or creation of imaginary sequences. In both situations, the potential of ibogaine is somewhat different from that of other drugs.

Under the effect of LSD-like hallucinogens, photographs are either seen with distortions that may point to the individual's projections, or, in peak experiences, they permit the translation of the ongoing state of mind into a particular kind of relationship with the person contemplated (e.g., "I could see my mother's essence, for the first time, and love her beyond her difficult personality. Just as she was not responsible for her body, I saw that she was helpless against her own psychological make-up, which had harmed me so much. But this was not *herself*, really, that I was seeing now.")

With MDMA, there is little interest in looking at external objects in conflicting states, when physical sensations, images, or intense feelings dominate the picture, and where the Now is all-important. Yet in the peak experience of MDMA, all stimuli are welcomed as part of the Now, and in this case the experience of looking at photographs is also one of developing ways of relating to others that are in accordance with the ongoing state of mind. The difference with LSD here lies in the realistic perception of others with MDMA, both in terms of less projective elements (no distortions) and less bypassing of their circumstantial reality.

With ibogaine, the situation is more comparable to that of MDMA, where there is increased insight and emotional response, and occasional clues to the reliving of childhood events. I find directiveness to be more accepted with ibogaine, and this permits manipulation of the aperceptive phantoms whenever the experience is not that of an unmasked self seeing others behind their masks.

The potential of ibogaine in working with imagery and dreams may be seen from the following instance, where both this and the use of photographs are illustrated in detail.

I shall begin this account from the point at which I suggested to the patient (a thirty-six-year-old artist) that we might work on a dream he had reported to me the

previous week. This was one in which he sat at the table in his parents' home while they seemed to be present in a distant corner of the room. He felt something between his teeth, which he started pulling out in the form of white threads, but gradually they became little greenish creatures. At this point, he woke up horrified.

In the session he sets out to re-experience the dream, and it turns out that, after pulling out fibrous and gelatinous threads and living things, nothing further happens. Yet he feels that there is more to come out. When instructed to become the threads and experience the dream from that point of view, he soon feels that he is turning into a white worm with dark hairs. The worm then turns into another thread, half white and half green, out of which grow feet and which develops into a small, rodent-like green animal.

At this point, he is again perceiving images in front of him as in the dream and feels that he cannot identify with them. The rodent now becomes a duck with a long beak, and then a heron. "Become that heron," I say at this point. "Feel what it is feeling."

"I enter the bird," he reports. "I see wings at the sides of that head that is becoming mine; I begin to fly over the wide and tranquil sea. The sky is of pure unclouded blue, and the sun sheds a white light along the line of the horizon."

This dreamlike sequence continues with his going through the sun and finding a huge white sphere on the other side of it. At this point, I suggest that we return to the original dream.

Again he pulls threads from his mouth. As he is pulling out green ones, a whitish fluid begins to gush out, brushing away the little animals. He feels surprised that there are so few of them and that they seem so harmless, so he thinks that there may be more of them left.

At this point, I see the subject open his mouth more and more as he gradually sits more erect and stretches his

arms and hands as if to embrace something in front of him. This is how he later describes this episode: "The gushing fluid now wets the hand with which I was trying to pick the little creatures out of my mouth, and now I gradually extend the hand without avoiding the wetting. The fluid becomes whiter and more abundant. I stretch and I open my mouth further and further. The milky torrent has strength and pressure. I place my hands in it so that they may be washed." (Given something he said about this washing at the time of the experience, I associated the process to that expressed in Hercules' cleaning the Augean stables with the waters of the Alpheus and Peneus rivers.)

"Let us wash Jacob, now," I suggested. At this point, Jacob visualized a naked body whose head he did not see. He directed the flow of milky sap toward that body, and it went through it, washing the hollow of the chest and abdomen. When he directed the stream to the head, though, he was surprised to find, not his own head, but his mother's. (In brief, this face appeared to be a mask, which he removed to find his mother's real face.) As he continued the washing, the mother opened her eyes and began to rise. She left the earth and floated higher and higher into a luminous area above. "This was very strange to me," wrote the patient later, "since I did not believe there was a heaven to rise to." At this point in the experience, he noticed a diagonal discontinuity between the area where the mother was and where he stood, on the earth. This was a transparent brownish-yellow plane, which he perceived as endowed with visceral vitality and which gradually evolved into a sphere. On this sphere, a throne now appeared and on it sat the owner of the earth. He was a domineering character. The subject approached and became him. This seemed to us to be a logical ending, and the dream sequence did stop at this point. Yet there is no feeling that matches the explicit content of the fantasy. The subject later reported that he was, in fact, surprised at feeling neither happy nor sad.

As will be seen, the subject went through this fantasy once more about four hours later, and this time the outcome was different. The success of this second attempt was probably prepared by the insights and feelings stemming from the contemplation of family photographs.

After looking at a photograph of his parents in their youth, he was impressed by one in which they are seen together after several years of marriage. "What a remarkable change!" he wrote later in reference to this part of the session. "Mother had become an intensely suffering and tortured being. The looks of both of them are turned inward, and their expressions are very sad. Father is tense, his lips pressed together. His nose conveys violence. Hardheaded and irritable. What a difference between this and the brilliance of his glance in the 1910 photo!"

After he had described his parents' expressions, I suggested that he have them talk to each other. This was very hard for him, since, as he was now aware, he felt that he would be criticized by his mother for his sharing his view of her with a stranger. Yet "Mother" finally spoke:

"I know that this is a marriage of convenience, yet why are you so violent to me? Why do you shout and insult me?"

"I must do that because I am very weak," said "Father." The patient now realized how isolated his parents are from each other and how rigid they are. "This is not how I saw them in the LSD experience," he remarked. "They almost don't look human, but like statues."

"Maybe you do see them as monuments," I said.

"In the moment that I hear that," he wrote later, "I am filled with the characteristic glow of clarity. I have reached the bottom. I see to what extent I am still building monuments or funeral edifices to my parents."

We returned to the dialogue.

Mother said, "Why have you been so mean to me? Can't you give me some love?" Father answered, "I cannot

love because I feel excluded from your world, your friends."

And now the subject had another insight. He realized that this was himself speaking to his lover. Stimulated to imagine her as present and to talk to her out of this feeling, he said, "You are a whore and a stranger. I don't want to love you, because you give yourself to anyone."

When I suggested that he was still speaking of her rather than to her, he realized that he was unable to do so. "She is going to eat me," he said, and as he did so, he imagined that he had dreamed of many little animals, because the real ones were beyond his visual field. These were huge monsters which ate children up, especially lonely children.

"According to this," he commented, "every woman who is different from one's mother (who is a 'heavenly being') must be a monster it would be better not to get too close to, since she can eat the 'boy.' I don't know how I escaped being impotent or homosexual."

Presumably, these insights became important when the patient turned back to the experiencing of his dream. The feeling was that there had been something incomplete in the previous contemplation of it.

Here is the new sequence, in the patient's own words:

Things occurred as before in the first part: the threads, the greenish creatures, the rat, the bird, the washing of Jacob's body, and the washing of my mother's face with closed eyes in the milky stream. I am aware that this is a sexual act. I go on washing her face and stay with her until she rises into the heights. I now turn to the man in the shadows, who sits domineering and menacing on his throne. I fly toward him to see what he will do to me, since I realize that this man is not myself. As I approach that shadowy height, I see that the man puffs out his cheeks and contorts his face as if to frighten me away, moving his arms like a big gorilla. And then I suddenly realize that these are the contortions of old, toothless Fa-

ther. And suddenly, too, as I approach further, I see that there is no longer any flesh on that face, but only bone.

I fly closer and closer and finally reach the great monument. I fly through one of the eye sockets (the whole proves to be an artificial concrete structure) and come out on the other side. Looking back, I see that the great monument is nothing but a facade, ruined on the inside. Now the ruins disappear, and only the seat remains. I understand that this is the place that Dad left, and I take it. I am not the owner of the world, but I have taken my father's place. And I realize that to be a father is to own the world. A great wave of laughter and crying invades me. I laugh and cry for a long time. I was free from a great restlessness. I felt beatific. I later wondered: What place can my father leave me? Is there anything which I have admired in him? And I recalled that he was an authority on making fur coats. He was a master in his craft, and I had always respected him for that. I felt relieved and thought that I would pursue a similar perfection as a sculptor, and that sculpture itself was, at another level, like an inheritance from my father.

I could open my eyes now and rise from the bed. I have my place. I cannot be excluded by anybody, anywhere. I can conquer my fears, I can go through them.

I have my place.

It is not even necessary to go or come, forget or close ghettos. I have my place within, without, with whomever it may be.

I do not need to ask for anything because I *have* my place. I don't need to go or come, flee, escape, since I *have* my place.

Everything is part of ME. I AM. It is not that I must sculpt. I will do my work, whatever I care for, wherever, since, it being part of me, I am not bound to it in a symbiosis. Neither X nor Y will pull me toward them, since I am where I *really* am.

There is no need to escape from anything, pleasant, unpleasant, hateful or terrible, whatever it is, since it is always possible to go beyond, into the most definitive—that is, within.

I enjoy feeling how it resounds in me: I have my place, I have my place, I *have my place*.

The therapeutic benefit of the session is clear enough from the patient's words. I can only add that this state of mind persisted.

We can recognize in this session several elements mentioned earlier in this chapter as frequent traits of ibogaine experiences, and here they show their place in the therapeutic process: the animals (the devouring monsters or the gorilla-like father), symbolizing the instinctive forces, sexual imagery ("washing" the mother), the flight toward the light (the bird approaching the white light of the sun and the ascent of the mother to a luminous area), feelings of resentment, loneliness, exclusion ("I feel excluded from your world"; "You are a whore and a stranger"), and, particularly, the Oedipal situation in which the sexual and aggressive urges are embedded.

If we compare the patient's first dream, resulting in a feeling of incompleteness, with the second sequence, which ended in the tears of "arrival," we see that the first is the blueprint, the second the real building, a two-dimensional event as compared to a three-dimensional one. The first raises the issue of the subject's relating to his mother and then taking the place of his father, but his life is still not in it; the challenge is not accepted. In contrast to these rather indifferent images, those of the second dream are loaded with an instinctual charge, for which the patient must take responsibility by making the unfolding scene the result of a real decision. It is his doing. In particular, among the main differences between the two scenes are the recognition of a sexual element in the washing of the mother's face with the milky sap, and the menacing attitude of the father as the subject approaches (in *spite of* which, he does).

I think that we may safely assume that the difference between the first and second attempts was brought about

by the discussion of the photographs, since this was the point at which the feelings that dominate the dream entered the patient's awareness and became really *felt*. Here was his first intimation of his father's supposed brutality, experienced from both his mother's point of view (a victim) and from his father's (hostile because of a feeling of rejection).

With his own feeling of rejection now activated, with a recognition of his own want in his father's wanting his mother's love, and with his aggressivity somewhat released, he was ready for the symbolic action that signified and proved his acceptance of his instinctual reality. With this action, he literally undid the repressive process to which he had subjected himself since childhood in face of his "monumental" parents. Now he is not split into a "father" and a "mother," fragments of his personality which reject each other, but *he* accepts his striving to be a man and sees himself as a father with a wife and children in the external world.

It can be seen in retrospect that, in his previous position of self-rejection, he was identifying with a parasitic mother-image and being this mother who "excludes" the man (father and son) instead of living his life from inside out. Laying out the attitudes of "father" and "mother" was the starting point for the process of becoming one with his own feelings, regardless of the historical reality of his parents. For this reason, we might say that the former process was in the nature of an analytical phase which made the synthesis in the dream sequence possible.

I have stated elsewhere that therapy with ibogaine is most suited to the exploration of the past, in contrast with MMDA, which is most adequate for the clarification of the present. This is true to such an extent that one might even say that, in contrast with the dictum of "I and Thou, Here and Now"ⁿ—that compressed description of Gestalt therapy that fits MMDA therapy so well—that of therapy with ibogaine is typically one of "He and She, There and Then."

The reason is easy to understand, for the effect of MDMA is predominantly on the feelings, whereas the reaction to ibogaine is noteworthy for its emphasis on symbols, and only by means of symbols—conceptual or visual—can we deal with a reality that is not present.

There is a great difference between the domain of past experience to which MDA facilitates the access and that which is exposed by means of ibogaine. Whereas with the former it is a matter of events being remembered, and perhaps reactions or feelings in the face of such events, with ibogaine it is a world of fantasies that the person meets. Parental images evoked by means of ibogaine probably correspond to the child's conception of his parents, which still lies in the unconscious of the adult—but these do not necessarily match the parents' reality. The therapeutic process with ibogaine may be depicted as that of seeing such constructions for what they are and being freed through confrontation of them. With MDA, on the other hand, it would seem that reminiscence of the true events is the confrontation that can implicitly counteract the power of distorted images, since these were based on the denial of a reality which the child could not face at the time.

This "seeing things as they are" rather than colored by the bias of imagination or prejudice, can also describe the view of things at the time of an LSD peak experience, but this usually applies to the present, and the sleeping dragon of fantasy resumes its post as guardian of the path. The patient in our last illustration had an LSD experience of this kind eight months before the one with ibogaine, and some of his reflections on the difference between the two drugs may be of interest, because of the clearer light they shed on the nature of the process described in the account above. Speaking of LSD, he says:

I had the certainty of seeing the world as it is, for the first time; as it has been and will be, independent of myself. Everything became conspicuous in its finest details

and was a harmonious and intelligible part of a whole. I received it as if it were paradise and understood that I had lost it in the windings of my own non-being. I saw my parents for the first time as they were, beyond their own myths. I saw them as sad, defeated, abandoned to their separateness. The experience with LSD was of a visionary gazing with the eyes wide open, looking in wonder at the world for the first time, as it may be seen when free from the screen of fear.

I felt an urgent need to recover that world, for I intuitively perceived that my happiness was there. I understood that I could achieve this only by working on myself in all honesty, with no fear or playing at hide-and-seek. Ibogaine, on the other hand, led me to look at myself, inwards, with eyes closed. Through an incessant supply of mental pictures projected on a sort of three-dimensional screen, it compelled me to meet the monsters of my inner world face to face, to stay with my fears to the very end, without the interruptions that often occur in dreams, and to fight my way beyond the phony, illusory threats that I had erected in myself.

In contrast with LSD, ibogaine made me see my parents—the central characters of my phantasmagoric scene—in accordance with the image in which they were imprisoned in my inner world: imposing monuments that covered the whole field of vision. Ibogaine, making it possible for me to confront these legendary giants, also led me to an area where open combat with them was possible. I did fight, and realized that the path of freedom leads through the ruins of inner fears.

One aspect of the quotation is that the patient believes that the LSD experience, by showing him the goal, gave him the drive to fight his way through the ibogaine experience and achieve his aims. LSD is like a look out of a window into the open; ibogaine is more like an occasion to destroy the old building and make room for a new one. It is more of a "work drug" in the sense of facilitating an analytic process on the unconscious obstacles to life.

I think that this patient has made a good and impor-

tant point in the distinction which he draws between the objectivity of "things as they are" and subjectively tainted experience. Naturally, we cannot perceive "things as they are," being restricted to the awareness of our experiences, but these terms point at the contraposition between two ways of experiencing: one in which the mind empties itself, so to speak, of preconceptions and grasps reality "as it is," and another in which the external world becomes a mirror for personal anticipations, expectations, and desires. Which of these we may want to regard as "reality" — that of things out there, as independent as possible of our being, or that of our own constructs — may be a matter of taste. The "objective" world may seem more substantial than a world of phantom-like mental images, but it is not ours. And our phantoms, while we house them, are *what* we are. And if this is non-being, so is the condition of having a receptive void inside.

A decisive step in the unfolding of this patient's experience was, we may assume, his implicit decision to "fly" toward the threatening father-figure, for it was this that led him to the discovery of his own "inner" father, his male component. The threat that the fantasy conveys bespeaks a barrier built into the subject's mental functioning, since he would have attained his psychological integration long before, if it had not been for a reluctance to open up to certain points of view or feelings. When the barrier is too great, not even direction can substitute for the person's incentive in taking the symbolic leap into the threatening domain. The images will fade away (as in the following illustration), or the feeling content will slip out of them. But an external push may at least show the impasse or result in the conquest of a limited portion of firm ground from the ocean of the unconscious. This push may consist in a given direction, reassurance, a call to pay attention at a point where the unpleasantness of a process could otherwise incite the subject to look away. To some extent, this push is provided by the mere presence of the therapist,

which gives the patient enough security to let go and contact certain domains of his inner world. Sometimes an active interest on the part of the therapist in what the patient is experiencing supplements the latter's disinterest at a crucial point and may rescue him from a vicious circle of self-deprecation and psychological immobilization. While the patient in this case felt ready to meet the fantasied threat and was driven by the wisdom of his unconscious to do so before waiting for any instructions, the following is a case where persistent directions were needed to have the patient confront for increasing periods of time and familiarize herself with threatening imagery.

This session, involving a thirty-nine-year-old woman, started with an outburst of rage at her sister, who, she felt, had not trusted, loved, or understood her. In a similar rage, she then turned on the other members of her family and finally her husband (in her imagination), whom she reprimanded in a loud voice. At last, she exclaimed, "I am free! What a relief I feel!" Next came a "white light" phase followed by a scene of panic at being confronted by a tribe of Negroes beating drums. An over-controlled and over-"civilized" person, she saw herself with long hair and a primitive skirt, also beating a drum. Then this scene was interrupted, and the "light scene" began again:

A beam of light comes toward me from above. It enters through the window of a great belfry. I see the sky beyond, intensely blue, with white clouds. Now another ray of light comes from a high mountain, and as this ray of golden light advances, the other one (from the belfry) disappears. It disappears completely, and a huge reddish-orange-colored sun advances. It illuminates the desert and the room in which I am. Everything is gradually flooded with reddish light. The room gets warmer and extremely beautiful. The sun embraces me and gives me its light and heat. I feel like walking, pacing about the room, and when I stand up I see that I am in a black place, like a pond of dark water. There is only a piece of land, where the doctor and myself are.

How terrifying! Next to us, as if emerging from the water, a horrible monster appears. It is like a crocodile split in half. Intensely green. Its eye, from the side, is that of a brilliant bluish parrot with a curved beak. And the crocodile's tail is not really a crocodile's, but black feathers. What terrifies me most are its eyes and the electric-like movement with which it jumps from one place to another. Scarcely have I taken refuge when it appears all of a sudden in a different place. I scream and hear the doctor's voice saying, "Face it. Don't be afraid. Let yourself be attacked." But my fear is greater than the wish to comply, and I cannot do so. I close my eyes and see it again appear and disappear, to reappear once more in a different spot—here—there—tac-tac-tac . . . and I cannot stand the fear.

Now I am at the crossing of two paths inside a huge cave. Two enormous animals appear, side by side. They are of an intense pale green color. They are plant-like. They seem to be formed of some kind of cactus. Their skin is granular. Disgusting. I am impressed, but not afraid. The doctor says, "Face them." I look at them attentively. One of them has a huge head like an elephant's—slightly funny—and from its chest hang twisted plantlike formations. When it moves, they quiver. I find it funny and disgusting.

"Imitate it. Be that animal," the doctor says. I can see that I will not be able to do so. I put my legs together and try, but I do not succeed. I resist it, I don't want it, I cannot. I tremble. That is impossible. I *feel that he wants me to dance*. Did he say so, or did I imagine that? I do *not* want to dance. I don't feel like it. He insists: "Be that trembling." I end up trying to obey. I lift my arms, surrendering to what may come. I start to tremble and I feel that my two arms are one flame, and they emit light. An energy that has come from above moves them, has put them together, and now they turn and turn as if electrified, beyond my power to stop them . . . My arms burn. They are fire and continue to turn. I fall to the floor with my arms still reaching up, and gradually they begin to slow down and descend, while an infinite peace starts to invade me. It is a sweet, silent peace . . .

I feel an understanding without words that I did not know before. It is, consciousness. Great and deeper than ever before. I understand many ineffable things. I have not known how to love. I have lived without living. I see my little mind, when separate, as a fragment of my I AM. Understanding, consciousness—it is the same thing. There are no words, but understanding is infinite in that instant with no time.

Here we have a characteristic sample of the world of ibogaine, both in its luminous and its dark sides: the beam of white light and the cave with monsters, the sun and the black pond with the hidden crocodile. Furthermore, we see how the hellish and heavenly scenes follow one another: after her initial outburst of rage (which she describes as being like the eruption of a volcano) comes an episode of light. Feeling full of joy, she starts beating on the floor with her hands, and the A^Tegroes appear. She cannot sustain for long the fear of the unknown and the primitive; the image fades, and while she prepares to rest, she sees the light coming through the belfry. Again, at the climax of this pleasant episode, she feels like moving about, standing up—and darkness supervenes. This time, the process does not stop by itself. She looks away; she cannot resist it. The incompleteness of the process probably leads her to another dark scene, as if there were something for her to assimilate in such darkness. Now the worst part seems to be over, or she has become somewhat desensitized to the fear through her repeated attempts to stay with it. Now she can at least look at the monsters and feel calm in spite of her disgust. *Movement* is again what seems to impress her most (as with the Negroes and the displacements of the crocodile).³ Visual confrontation appears to have reached its end by now, since she can describe the monster in detail and bear the discomfort. The aim is now for her to see and give the "monster" its

³The brilliant colors in the images and the "electrical" feelings in her own body convey the same dynamic quality as the imagery of movement.

due place in herself, for it must be from her own reality that the image has proceeded. Interestingly, trembling means dancing to her. Obviously, the act of trembling or dancing meets with great resistance in her. She finally gives in to the trembling, and I speak of it as a "giving in" because at the moment she does not experience herself any more as purposefully *doing* it or enacting it, but as being moved by a real urge. And in the moment at which she begins to tremble, we witness the transition from the world of monsters to that of light, which now originates in her own body.

The feeling of rage at the beginning of the session, the primitive, sensuous drumming, the crocodile with electric-like movements, and the trembling monster all point to the same instinctual domain that the patient has held in abeyance at the cost of feeling complete. It is no wonder that only now that she has stopped resisting can she also see how her "little mind" has been only a part of her I AM. Dancing—the spontaneity of movement in which basic aggression and sensuousness are united and reconciled—has been at the same time her deepest wish and greatest taboo. Dancing, too, is what would give her freedom. But she has not danced, yet. She has only told herself to do so, believing that it was I who suggested it (i.e., projecting her unacknowledged urge into the outside world as an expectation). The unfinished situation occurs more than once. About half an hour later, for instance, I ask her to imitate the animal again, feeling that she has not succeeded in doing so, and this is how she describes the episode three days later:

I am standing up. The doctor has asked me something. What was it? To dance? To tremble? To bring back the rhythm of the Negroes? Or that I imitate the cactus-animal? I don't know. Perhaps even then I didn't know. But I see myself standing in front of a giant drum. Beyond the drum I see many Negroes moving to a rhythm. They have thick lips, painted white, and skirts formed of

white strips that hang from a red belt. Their legs and chests are bare. I beat the drum forcefully with my right hand, and then with my left. I have something like wooden hammers in my hands, and I beat with them. I stop drumming to carry the rhythm with my body. I want to dance. It does not come out right. I try again, and I cannot. Then I see, among the Negroes, Maria's white, smiling face. Her expression changes as I look at her, and she laughs aloud. She mocks me because I cannot dance. I feel so angry that I throw the hammer and kill somebody, but I do not care. Something is interrupted. The doctor asks me to call the scene back to mind, but I find myself unable to do so. I sit down, and then I lie down. The doctor speaks, but I don't remember what he says. I only know that I cannot understand, I cannot understand. Something is going on.

Then I suddenly become aware of having been sexually aroused for a long time. I say this. The doctor tells me: "Give in to your desire. Feel it." And then I feel as if somebody took my legs and moved them in such a way that it became like a sexual act. There is no orgasm—or thousands—it is difficult to explain. Rut nothing ends. Arousal continues. Again I see beautiful landscapes, sunsets, vegetation, the sea, great expanses of desert, and the sun as a marvelous fireball in the background. I say, "How beautiful!" The doctor has asked me not to judge whether what I see is beautiful or ugly, but just describe it. But how can I not say it, if it is so beautiful? The sensation of being, the sensation of coarse vibrations that heat on and sink into my flesh. I feel like saying a thousand times, "I am I, I am I, I am." It is everything and too much.

Once more we see here the transition from the dark underworld of instinct to the beauty of the earth at large, the sun, being. But there are differences between these episodes and the previous ones. She participates more actively this time, as a drummer, being practically one with the crowd of dancing Negroes, actually beating (the floor) with her hands and, at last, *wanting* to dance rather than feeling under instruction to do so. And she feels

murderous rage, too, though this moment puts an end to the scene. Another difference gives us a clue to understanding her rigidity and her difficulty in dancing in particular—her friend (Maria), who laughs at her for not doing well. It is her pride that will not unconditionally accept the spontaneity of her movements. These must, according to pre-established standards, be perfect, so that there is no room for improvisation, unpremeditated flow of action, animal intuition. Lastly, she becomes sexually aroused, and this is not a symbol any more, but an experience that she allows herself to have and express through her own body.

It is interesting to note that the imagery during the phase of resolution and integration is not otherworldly any more, but rather like a synthesis of the dark wet plant and animal world with the world of pure light, sky, and extension. Such synthesis is the ordinary world—though seen with no ordinary eyes. I am reminded of Blake's

God appears, and God is Light,
To those poor souls who dwell in Night;
But does a Human Form display
To those who dwell in realms of Day.

In a similar fashion, the cosmic "I am" has become a more earthly "I am I."

The patient has not danced, though, and this suggests that there still may be a barrier to her wish and that the process that we have been following may be incomplete. In fact, as sometimes happens with incomplete ibogaine experiences, she went on reminiscing the events of the session and visualizing occasional images for about twenty-four hours. At this point, impersonating a huge saurian with crocodile-like skin that she has seen, she berates the monster and screams at the top of her voice:

I am horrible, black, gray, hard!
I live in this horrible underground cave.

I want to be alone. I don't want life around me. I want to be alone, alone.

A queen, powerful in this solitude.

I am the queen of the darkness.

I am the beeeast!

I want to screech, roar, howl, destroy.

I want to kill, break, pierce, crush, scratch, smash, shatter, tear, squash.

I am implacable!

I am implacable!!

I am implacable!!!

I am implacable with myself.

Wherever "monstrous" instinctive energies are being controlled, an equally powerful monster must be there to do such controlling, and it is just such a repressive operation that the person must recognize as her own doing before she can redirect its power. What in a previous moment had been mildly experienced by the patient as a laugh of scorn from her "top dog" (Maria) has now emerged as the implacable monster it is, and she has discovered the presence of the monster in her everyday self.

The results of this session were, as could be expected, a significant gain in spontaneity and in freedom to express anger. The change was visible in the patient's movements, which became more supple, and in her facial expression, now more tender and responsive to feelings. This was the third session she had had with pharmacological agents, the other two having been with LSD-25 and MDA. The former, a year before, was an experience of discovering beauty in the external world and yet seeing herself as ugly, which dramatically displayed her self-rejection and pointed to the work to be done in herself. MDA, six months later, led her for the first time to the "I am I" experience, where she realized the distinctness of her own feelings and points of view in contrast to the stereotyped attitudes she had picked up throughout her lifetime. The session with ibogaine was the first in which her instinctive

life was touched, and it was after this that the most noticeable change occurred, according to both the patient's self-perception and the view of others.

Summing up, we can see the psychological process throughout the session above as one of a progressive recognition, acceptance, and expression of impulses. What had first reached consciousness as fleeting and threatening images (suffused with both aggression and sensuality) became more and more detailed and led to the idea of dancing, to actual movement, to sexual arousal, and to the patient's shouting at the top of her voice. More precisely, we can speak of an unfolding of repressed instincts side by side with an unfolding or expression of "phantoms" — the 'inrojects,' the top-doggish monsters which constitute the clamp that holds down the impulses. Yet these phantoms are nourished by the blood of the repressed. It is precisely in these guardian-monsters that the patient's energy is imprisoned, and in giving the phantoms a voice, it is eventually the energies they have swallowed that speak — the patient's impulses — herself.

I think that we should not minimize the process of impulse expression depicted above in our usual concern—the legacy of psychoanalysis — with insight, interpretation, and the understanding of psychodynamics. I think that ibogaine can facilitate an openness to impulse that leads to learning, so that an avenue of expression remains open thereafter. This may be understood as a corrective experience in that the patient has the opportunity to discover that what he feared to let out is not really threatening or unacceptable.

One of the most clear-cut results that I have seen after an ibogaine treatment was that of a man with a homosexual history who had married, but who felt unrelated to his wife and physically uninterested in her. Although he expressed "castration feelings" in his session, these were left mostly unanalyzed, as was his hypothetical fear of women. Instead of this, when he felt sexually aroused at one point

in the session, he went to the bathroom and thought that he would masturbate. But when he attempted to do so, he realized that this would only be a substitute for intercourse and that what he wanted was a woman. He then imagined that he had his wife in his arms and started moving as in intercourse—rigidly first, as in real life, but then with greater freedom and suppleness. He felt now that his legs and body were fashioned expressly to serve this function, and his movement became rhythmical and musical. As he felt closer to orgasm, he realized how perfectly bodies are conceived; he became aware of the exact anatomy of man and woman, and he felt that the woman was not merely the receptacle for his semen but for all his being. With his semen, his very being flowed and flowed into the feminine body that received him as he underwent the process of a terrible yet pleasurable disintegration.

This was not a physical orgasm, but what he called 'psychological orgasm,' without even an erection. Nevertheless, it was followed by a sensation of fulfillment.

I have described the event with all the detail in the patient's description, because only this detail conveys the quality of experience. This episode amounts to no more than about five minutes in a session of six hours, in which many issues were covered, but it is significant in that this was the first time that he had really let go in sexual intercourse with his wife, even though in imagination, and it proved not to be the last, for it was the beginning of their sexual and emotional closeness.

The patient's experience conveys much more than a simple episode of sexual arousal and "release of tension." What he described is much more in the nature of an archetypal experience of opening up to the archaic sexual pattern in the species and understanding from within the relationship between the sexes. In enacting to some extent the sexual scene—just as the patient in the previous example enacted her ritual movements—he lent reality to his inspirations and erased the fears to which he had been

conditioned throughout his life history. The experience seems to have acted as an opening for further exploration and development rather than precipitating a drastic change. The patient, who had traveled a long way to consult me, returned to his country and wrote after six months: "I feel closer to my wife. Even the fact of having told her that I did not love her seems to have contributed to my feeling of closeness. Things that exasperated me to the limit don't bother me much now, and I feel desire for her more often. Our sexual relations are more complete and more like sharing. I feel freer in making love, and I am enjoying it more. I do not feel trapped in marriage as before, and I feel that we have more in common. I think that I know her better."

I have thus far dealt with processes of spontaneous self-expression in imagery, word, or action, with their elicitation by such means as the guided daydream, re-dreaming of past dreams, photographs, and with ways of handling different kinds of material through confrontation and impersonation; the latter may on occasion (with ibogaine as in the use of Gestalt therapy without drugs) lead to elaborate play-acting. There is still one situation that I want to discuss, not only because I have encountered it in about one out of every three sessions, but because of the particular quality and importance of these moments. This is the reminiscence or re-enactment of early life events, which may set in by association with the ongoing situation, with imagery, photographs, or interpretations of the patient's behavior.

I have already stated that what ibogaine typically does is to bring about the memory, not of external events (like MDA), but rather, of inner events or fantasies. These may be chronic fantasies, like the parental images, or may be more in the nature of events in time. This may be seen in the case of a middle-aged woman who at some point in her session remembered the following: Her father had come

home with gifts for all the family, and gave her brothers and sisters what they had asked for beforehand. She had only said, wanting to be the favorite daughter, "Don't worry about me, Daddy; don't waste money on me." In fact, he brought her something less valuable than he had for her sisters—a little brooch in the shape of a dog. The story as told thus far was probably available to her conscious reminiscence, though she had not thought about the incident since her childhood days. What she discovered with surprise, though, was that, frustrated and disappointed with the small gift, she right then had a fantasy that the little dog (or she, she could not tell) bit off her father's penis and ate it. Moreover, she now realized that she felt guilty afterward, as if the imaginary event had actually taken place, and that this guilt had permeated her relationship with her father ever since. Those few seconds of inner life had magically affected her whole life, putting an end to the period of closeness to her father. Instructed to imagine that she could talk to her father now, she told him what had happened. "He" understood, and again she could feel clean and free. When she met her father in real life, she felt that she could love him well again.

This episode not only shows us how a mental event can influence life as much as, or more than, a fact, but is important in documenting that it is possible, after a lifetime, to remember a fantasy that was probably unconscious even at the time when it occurred. The nature of this particular fantasy seems to be very congruent with that of iboga imagery (the animal biting off and eating the genitals, the Oedipal situation) in general and the feelings (anger, resentment, frustration) that it tends to elicit, so that we even feel tempted to interpret this whole aspect of the "iboga world" as a regressive manifestation. But this I can only leave as a suggestion.

Whereas, in the last illustration, the patient recognized her fantasy as such, there are instances of apparent reminiscence of an external reality where one can suspect that

a fantasy is being projected onto the past as pseudo-memory, just as a hallucination is a pseudo-perception of the present. Whenever I think that this may be taking place, I deal with the memory as if it were a piece of imagination, assuming that the characters in it are projections of the patient's personality. I therefore ask him to confront them or impersonate them until their psychological reality in the person's present state of mind can be discovered.

Consider the following fragment of a session. The patient (a young actress consulting because of marital difficulties) was telling me of a dream in which she was surprised to find that she had given birth to an elf. This was a strong and healthy miniature man. When I asked her to talk as he would, "he" said "You'll call me Shawn. I am very intelligent. I am going to sing and I am going to dance. I'll show you, I'll show you." On repeating this in the elf's voice and remembering him physically, she realized that she had always been wanting to show everyone that she was intelligent and could do things. Then she noticed that the elf had the body of her husband and that of a previous boyfriend, and that she had been trying to live their lives instead of her own. "I guess that I have always wanted to be a boy," she said. "I never loved myself very much."

I suggested at this point that, just as an elf conveys a feeling of strangeness and uniqueness, of not belonging to the ordinary human world, perhaps she had felt a comparable strangeness with regard to her parents. This was evident to her. Her mother had looked upon her as if she were a little monster and made her feel like a strange creature. Part of her own feeling of being from a different world she traced to the fact that her parents hardly ever seemed to pick her up in their arms, as if they were afraid of doing so or did not know how. So I now suggested that she might try to feel like a baby again and experience what she might have felt at that time. For her, this felt like

a very realistic memory: "I went back to about one year, perhaps more, in my crib. The baby bed had a kind of railing around it, and I remembered my parents and relived the scene as if it were here and now, with all my emotions and movements, colors, light of day, everything. They were looking into the crib, waving their hands and playfully saying, 'Gailie, Gailie.' They didn't touch me, and I wanted them to. They looked at me like something strange. I found that the elf had really been born at that time—in that I was on exhibition and didn't feel like another human being. It seems that love was the thing that was lacking there. I was also in that baby bed, which was something like a cage."

Note the "imprisonment" theme in addition to the feeling of frustration. While she told of these memories, she suffered. She continually felt that she was very sick, not like other people, not loved. The most intense feeling of lack of love occurred while she was thinking of her mother. She remembered her coming into the room, shouting at her, and stamping her feet. While she, the baby, cried and needed her, she said, "Stop bothering me. Stop that crying and let me do the dishes!" I asked her to talk like her, and she did, imitating her voice and her inflections. This is how she later remembered the following episode and her feelings:

The doctor asked me to answer her and tell her what she was doing to me, and how I felt. I answered just as she had screamed at me. He called my attention to that and asked that I try to answer her as Gail, looking for my own feelings and expression. I was crying and looking for my own voice, but it wasn't there. I couldn't find myself. He asked me to have my mother take me and love me. She took me, but I hated her for not having done it before. I hated her so much at that moment. I wanted to do her harm and to show her how I felt. The doctor suggested that I hit her. I began to pound on a pillow, but I couldn't do it with much force, because I loved her. too. I felt

guilty because she didn't let me love her. I realized that she had never taught me how to love. I realized, too, that it is not only important to be loved, but to be allowed to love back. The doctor then asked me to take her and love her. I took her and loved her and felt better. Still I felt sad. I asked him what to do with the guilt. He said, "Accept it." I still felt bad. I was alone in that room. I felt bad, bad, bad inside. It seemed that there was a great empty black hole inside of me. I didn't tell him of this, because I felt it to be so bad. While I was sitting in the baby bed, I continually felt the light, which cast a sharp shaft from the window into the room and on the floor. The light was warm and filled me in my loneliness. I played with the light. It was God. I loved that light and the green plants that I saw outside the window. The day outside was brilliant and warm, and Mother so cold and bad-tempered. Once or twice in talking with Mother, I found my voice. It was sad, the voice of a little girl asking for love. The only thing that kept me from suffering was the light.

Once more in this example we can see the peak experience quality drawing closer in the measure in which the patient is able to give in to her true feelings. It is in sorrow and the need for love that she finds herself (her own voice) and the consolation of the white light. The image of light as a beam, and the religious feeling associated with it are too much like other peak experiences with *ibogaine* to believe that this is a real memory. Yet we cannot discard the possibility that the child's experience of light may be a source of delight and support and constitute the original experience at the root of the notion of God as light-giver.

In spite of the positive element in the quotation above, it can be seen from it that the patient's situation was still not resolved. She was still torn by her ambivalence, not being able to love wholeheartedly. As in Jacob's case, though, these minutes of analysis laid the ground for a synthesis in the following hour, and their fruit was the most noticeable among the numerous changes that she re-

ported during the following months. This may be appreciated in the following page of a diary, written by her two weeks later:

I used to ask other people if they ever had feelings like I had. I was ashamed of feelings. I used to ask Mother whether I was a freak! "Doesn't anybody love me?" I said. Why don't they love me? I didn't love myself either. Where was Gail? Gail is inside of Gail, but sleeping. She is just waking up, and it is time. I am a person. I am like anybody else. I have been living the lives of others. Afraid to try my own. My mother destroyed my life until this time. She never saw herself. Maybe that is why she could not see me. She lived the lives of others. Envy, greed, and guilt. She is tortured. I am tortured, but I can do something about it. I must exercise myself, I must live in the world and use my energies. Only at certain moments have I realized myself, and only through other people. I cannot help looking into and living the lives of others. I have my own good one. I think I am freeing myself from my parents. I am not my mother, thank God. I must respect the lives of others. How can I take responsibility for others if I don't have any for myself? I am me. I must be me. I must be me from now on—whatever I may be. I have my own responsibility.

The patient's feeling of completeness and relief had its sudden onset in the session at a point where she saw herself climbing on the inside of a vertical tube. This tube was her own life, she knew, but was bottomless, and where she was born and downward there was a black, inky, hazy substance which continued downward without end. At the suggestion that she fall down into the tube, she let go of the handles and began to fall in the inky substance. As she fell, she saw a spiral in motion, but principally, she says, "*I became myself in falling. The sensation was very pleasurable and I began to like being me. I felt that love was possible and that it was a way of living.*"⁴

⁴Italics mine.

This process of becoming herself and discovering love was the natural continuation of the contacting of her own feelings and the finding of her own voice in the earlier episode—her own reality buried under her identification with mother. As before, becoming herself was achieved by means of falling. In the earlier part of the session, it had been a falling into her sorrow, her despair, by letting go of her defensiveness. Now it was a total letting go of effort, paralleled and expressed in the image of falling. In the process of the falling and spiraling, the image ceased to be a purely visual one, so that her own body woke up and took part in the event.

The process of "entering" an image, becoming it, and in this manner reassimilating a quality that was being disowned, is familiar to us from Gestalt therapy and has a long tradition that antedates psychotherapy as we now know it. The classical Hindu sculptor, for instance, would meditate on the god to which he was to give form, by first summoning his image to mind and then beconzing it. A similar practice, without its artistic end, is found in the Jewish Kabbalah and in magical traditions. Gods that are invoked in such practices are particular functions or processes of the mind, and so are the images most usually dealt with in psychotherapy. In the present instance, the tube stands for the whole of the patient's life—her *OWN* life—and yet is bottomless and goes beyond. It is certainly a great event to find such a door to knock at. The possibility of entering is already awaiting this person who sees the entrance, which is the synthetic view (if only a view) of his existence. I have been surprised by the frequency with which tubes are seen under the effects of ibogaine, and I want to share my impression that these generally constitute such an "entrance," so that they are valuable clues to act upon. We have seen the tube in two of the cases already reported, but further illustrations may serve to clarify its significance. The following is part of a session where the patient had been visualizing image after image with-

out any strong feelings or interest in them. They appeared rather meaningless and disconnected from one another, and there seemed (to us) to be no definite pattern or development apparent in their progression.

At one point, the subject visualized a drum. This is very much an image of the ibogaine world, because of its association with impulse, power, movement, and perhaps primitiveness. It can also be seen as a variation on the tube theme, because of its cylindrical shape and its emptiness. I asked the patient to impersonate this instrument, and he described how he was becoming a large golden drum, only used to beat upon on great historical occasions. Then the drum rolled down a hill and ended up becoming a general's cap. It belonged to a very insignificant man, who put on airs by acting in a domineering manner. Such an insignificant man appears to be the opposite of the great golden drum, suggesting feelings of inadequacy that the patient is covering up behind a pompous self-image. It is interesting that the transition from one image to the other is mediated by a *rolling down* of the drum, reminiscent of the falling down through the tube in the previous example. Letting go of an inflated self-image will naturally feel like a falling into one's self, or, at least, a falling into an area of insignificance, darkness, and unpleasantness, in the midst of which the true self is to be encountered. I now asked the patient to be the general, and as he was in the process of becoming this character, he saw a tube with no ending, like a train. I ask him to enter the tube, and it became a jet, and then a little airplane that flew playfully. These are images of energy, and I feel inclined to understand the sequence as a process of the patient's contacting his drive-energy through the "falling" involved in becoming insignificant. The tube marks the point of transition, an endless hollow. But this immediately became full of dynamism, first by the superimposition of the idea of a train in motion, and then a jet. Jets, spurts (remember the gushing sap), and beams of light could all be understood as the tube coming to life, or as life flowing through its hollowness—just as in

our first case, where the subject received the white light as he looked up the periscope-like tube he had created. In taking the form of an airplane, the "jet" energy became individualized, for it is obvious from the patient's description of its mischievous looping that he was speaking of his own style of being. In fact, he discovered this by himself. This flying reflected his real feelings. He flew like a playful little boy, small and eager to explore, wanting more and more, and enjoying the display of his own ability. He did not experience his smallness as insignificance, as the general did, nor did he have to struggle for competitive greatness. The energy locked up in his "drum personality" was now released to a more direct enjoyment of himself, and instead of the gold that, in the drum, conveyed greatness to others, he relished his own feeling in the golden light of the sun.

After some time of enjoying the feeling of freedom in an open world, he (the airplane) felt the need of a direction and flew toward the sun. He hesitated as he drew near, fearing a destruction like that of Icarus. Nevertheless, he proceeded, entered the sun, and found paradise behind it.

The airplane, after all, is only a transformation of the endless tube, which may be the channel for a force, but not the source itself. The little plane played in the light of the sun as the sun's child, and though it had an activity of its own, we might say that its movement toward the sun stemmed from the sun's attraction. The plane is a portion of energy that wants more of itself, and this it finds by returning to its source. It is literally a "vehicle," not the end, and it stands in face of the sun like the son in face of the father (see Jacob's case), or like the ego in face of the self.

We have seen two domains of energy as part of the world of ibogaine: one of light and playfulness, the other of darkness and greed; a world of the sun, of spirits and danc-

ing, and another of dark ponds, devouring dragons, castrating dogs, threatening gorillas. Somewhere in between are images such as that of a golden lion or a dancing Negro. How do the tube and the sun relate to the "lower" domain of ibogaine experiences, that of animality, rage, and lonely separateness? I think that the consideration of one further case will serve to organize and understand better some of the clues which have been provided by the material presented thus far.

In brief, it may be said that, for the first four hours, the thoughts and fantasies of this patient (a thirty-eight-year-old politician) were predominantly sexual and aggressive. During this time, two images kept reappearing with some variations: one, the tube (which was at first a ring, or an eye), and the other a gorilla-like anthropoid. The gorilla was the first vision of all, and then it appeared to be completely an animal. Later, the patient recognized the animal's self-important and bombastic attitude as his own, and the more he did, the more the image changed into a more human one, that of a gigantic and monkey-like man that he called "the bully." At the end of the fourth hour, I anticipated that the effect of the drug would not last more than two hours or so and I saw little development, if any, in the nature of the patient's experience for the past hour. In view of this, I decided to interrupt what seemed to be a changeless merry-go-round of imagery by means of a brief administration of carbon dioxide. I hoped that the inhalation of the gas would bring about a transient weakening of the ego functions and a release of heretofore unconscious material. It happened that the patient could not tolerate more than ten inhalations, for he felt that he—the boastful giant—was being shoved up through a tube so that his head was pressing with tremendous force against the ceiling, and it would certainly break!

After this moment of impotence and fear of death, there was a change in the patient's feeling tone and in the content of his conversation. Not only did he see more of

the bully in himself, wanting to threaten others in order to feel safe, but also the child under the bully—a greedy child wanting affection that he did not dare let others see. Now the giant appeared to him with a big chest but small legs, and wearing the short pants of a child. Many reminiscences followed, and these had a quality of confession, for the patient was expressing more and more of his weakness, guilt, and insecurity.

Fearing that the session would be over before reaching a definite goal, I used CO₂, once more, and this time with an even more dramatic consequence, for the result was a state of ecstasy, the taste of which remained as the patient's dominant feeling for the rest of the day: *The sun was at the other end of the tube!*

The patient spent the following hour in what I can best describe as an adoration of the sun. Not the physical sun, which had already set, nor a hallucinated sun, but whatever it is that is symbolized in it. As I remember that time, as we sat, silent at times, and at times talking, I picture the sun above our heads almost as another being in the room, for I, too, was drawn into the patient's exultation and gratefulness toward the fountain of life.

I have commented upon how, with both iboga and harmaline, a given theme can be either *experienced* or merely contemplated as a sequence of images with which the subject scarcely identifies. In this instance, I believe that we are witnessing the primordial experience—not in the sense of old, but eternal—from which have sprung both the solar myths and the conception of God as light that still reaches us through the meaning of the word "God" in most languages.

We looked back on his experience throughout the day—a compendium of his life. The gorilla in him, the bully, the one who wanted to be the big man, were hiding unacceptable weakness and much guilt. Much of the weakness was that of wanting, needing, and feeling afraid to expose his needfulness. And most of his guilt was about sex. Most

of the life history that he had presented to me was the history of his sexual life, and the theme had run through the whole of his session. "How can I reconcile sex with the sun?" he said now, feeling in the presence of two incompatible worlds, one of pure spirit and the other of the flesh. But his doubt did not last very long, his change in view being reflected in the remark that followed: "But the penis in erection also points toward the sun!" This was not mere playing with words and ideas, but the expression of a change in feelings toward sex, which suddenly became clean and holy in the measure that it, too, was aiming at the sun—just like the airplane in the vision discussed before. The light was the ultimate end or beginning of the sexual urge, and, this being so, sex was itself luminous.

I find this session interesting because of how it shows a gradual transmutation of psychological energy, paralleled by the opening up of its tubelike channel. It may be said that, in the beginning, the patient *was* a closed tube and even wanted to be like that. At one point, he pictured a tube stretching beyond his field of vision and described it with a feeling of dissatisfaction or discomfort at its lack of beginning or end. "A tube, a tube, a tube, tube, tube . . . It never ends!" And then he commented that a tube with no limits is *nothing*. I find this rejection of the tube's "beyondness" noteworthy, because it is precisely a tube's endlessness and openness that seem characteristic of ibogaine peak experiences. But this openness to the rigid little ego is like death; it is "nothing." Therefore, the assertive bully kept pushing his head against the ceiling. The image tells us that the tube's closedness and the man's rigid defensiveness were the same. The tube's opening would be the smashing of the man's head, and that would amount to *his* death. In fact, *that* man eventually disappeared.

So what first wanted to go through the tube was gorilla-like assertiveness, and that could not go through. The tube cannot be permeable to a form of energy which, after all, seeks separateness. In identifying with this phony image

of himself, the patient was preventing the flow of his life. But what is this life that wants to flow? On several occasions, he saw tubes coming from underground, or rising from a basement. At some point, water flowed out from it—not gushing, just barely leaking. "Now, now, now!" he exclaimed in great excitement. And then "Ouch, ouch, ouch!" The image changed to that of somebody being crucified, and then he could not remember any more. Not only the underground but the context in which these images are embedded suggest that it was "dark" instincts that wanted out, for the rest of the visions are of muddy ponds, crocodiles, Negroes. Then the transformation occurred by which the darkness and animal life became light—and not only light, for the sun heats, conveying great energy. In fact, it is the source of all energy and life. The sun is, quite literally, the father of plants, animals, and men, and the patient only had to become a child to know this.

The present example shows only an amplification of what we have seen in many others. When we consider, for instance, Gail's sight of the light coming in through the window while she lay in her crib ("It was God"), or how the experience of light followed each contact of another patient with the animal forces portrayed in her imagination, or how in Jacob's case the threads-worms-animals coming out of his mouth became the bird that flies toward the sun—in all of these instances it would seem that the drive that is "embodied" in the animals (or the greedy baby) is the same which, from a different point of view, comes to be experienced as a flight toward the light and light itself.

And the shift in point of view is very much that of "entering the tube": entering life and living it from inside rather than being an outside observer of its manifestations; experiencing it as closely as it may be experienced, identifying with its central axis, with its inner core; becoming life rather than *having* it; reaching a state where subject

and object are the same, the thinker and his thoughts, the feeler and his feelings, body and mind. So the process of entering the tube is no other than that of *entering one's* experience, which is the object of so many traditional forms of meditation.

Thus have I heard. At one time the Blessed One was living among the Kurus, at Kammasadamnia, a market town of the Kuru people.

There the Blessed One addressed the monks thus: "Monks," and they replied to him "Venerable Sir." And the Blessed One spoke as follows:

"This is the sole way, monks, for the purification of beings, for the overcoming of sorrow and lamentation, for the destroying of pain and grief, for reaching the right path, for the realization of Nirvana, namely for four Foundations of Mindfulness.

"What are the four? Herein (in this teaching) a monk dwells practising body-contemplation on the body, ardent, clearly comprehending, and mindful, having overcome covetousness and grief concerning the world; he dwells practising feeling-contemplation on feelings, ardent, clearly comprehending, and mindful, having overcome covetousness and grief concerning the world; he dwells practising mind-contemplation on the mind, ardent, clearly comprehending, and mindful, having overcome coverbusiness and grief concerning the world; he dwells practising mind-object-contemplation on mind-objects, ardent, clearly comprehending, and mindful, having overcome covetousness and grief concerning the world."

The seeming paradox is that this process of attending to actuality (in body, feelings, or thoughts) appears as a *downward* movement, toward earthly existence, and yet within the earthliness of its forms is found a spiritual entity which beams *from above*. The more we go into the

⁵ *Maha-Satipatthana-Sutta*: "Twenty-second text of the collection of Long Discourses of the Buddha," from Nyaponika Thera, *The Heart of Buddhist Meditation* (London: Rider & Co., n.d.).

same thing, the more it turns into something different. The more we go into reality, the more "unreal" it becomes. But this is no different from the process by which science finds a reality which is incomprehensible to our senses, and art transfigures the world of familiar appearances when it reaches for the essence of things.