A Reappraisal of Teresa of Avila's Supposed Hysteria

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Teresa of Avila
(1515 - 1582)

ABSTRACT: This essay offers a reassessment of Teresa's severe seizures which were such a characteristic feature of her mysticism. The diagnosis of hysteria is no longer viable, at the very least given its abandonment by clinicians. An alternative analysis is developed by phenomenologically comparing Teresa's seizures to parallel experiences of subjects in LSDassisted psychotherapy. Using Stanislav Grof's categories, it is argued that Teresa's seizures are perinatal symptoms. As such, they represent the emergence and reintegration of extremely primitive psychological systems and might be described as the growing pains of transpersonal consciousness. They reflect not degenerative psychopathology but progressive movement toward higher states of consciousness.

Among the many unusual experiences mystics have recorded, one of the most enigmatic is a peculiar type of traumatic physical seizure often accompanied by powerful, disruptive emotions. Teresa of Avila seemed particularly prone to these disturbances and suffered from them through most of her adult life. Amidst her reports of mystical absorption, she candidly describes "tortures" sent to her by God, tortures that increased in severity as her mystical prayer deepened:

> **. . . the pain is so excessive that one can hardly bear it, and occasionally, according to those of my sisters who sometimes see**

> **me like this, and so now understand it better, my pulses almost cease to beat, my bones are all disjointed, and my hands are so stiff that sometimes I cannot clasp them together. Until the next day I have pains in the wrist, and in the entire body, as though my bones had been wrenched asunder.**
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> **On another occasion the devil was with me for five hours torturing me with such terrible pains and both inward and outward disquiet that I do not believe I could have endured them any longer. The sisters who were with me were frightened to death. . . for the devil had made me pound the afr with my body, head and arms and I had been powerless to resist him. But the worst thing had been the interior disquiet. I could find no way of regaining my tranquility.[1]**

So frequent were these attacks and so intimate a part of her mystical path that they have come to be regarded as one of the hallmarks of Teresa's spirituality. By the end of the nineteenth century, Teresa's seizures had been diagnosed as hysteria, earning her the unflattering title of "patron saint of hysterics."[2]

The project of this study is to propose an alternative analysis of Teresa's convulsions, specifically to identify them as "perinatal symptoms." I will propose that these peculiar symptoms are entirely natural and part of the psychophysical purgation mystics undergo en route to their goal of transcendental states of consciousness. I will therefore suggest that these symptoms ought not be seen as regressive but progressive. While Teresa is the focus of this study, many mystics have described ostensibly similar traumatic symptoms. I believe, therefore, that the mechanisms involved are not idiosyncratic to her, but have broader relevance for understanding the modifications of consciousness characteristic of the mystical path in general. Specifically, as these seizures are a frequent component of the "dark night of the soul" experience, demonstrating their perinatal character encourages a parallel reconceptualization of the "dark night." Furthermore, these seizures are not unique to Western mystics, as I have attempted to demonstrate elsewhere.[3]

The concept of "perinatal symptomology" is taken from Stanislav Grof's work in LSD-assisted psychotherapy. Grof's 25 years of research in this field have made him the world's foremost authority on the psychoactive effects of LSD. From his work is emerging not oniy a new and powerful modality of therapy but also a model of consciousness which is deeper and more comprehensive than any other yet proposed in Western psychological circles. Those who have weathered the "natural" versus "chemical" mysticism debate may shy away from what might appear to be yet another chorus of that familiar song.

This would be a mistake, however, because Grof's work is much more methodologically and conceptually sophisticated than anything previously available, so much so that it marks the beginning of a new era of discussion. Furthermore, the pharmacological dimension of Grof's

research is in the final analysis a red herring. The map of consciousness he has proposed is quite independent of LSD itself, which was simply the exploratory instrument used, and the map is corroborated in part by psychotherapeutic schools which are drug-free--for example, Rankian insights into the birth trauma. In addition, Grof himself has developed drug-free methods for eliciting the same dimensions of consciousness previously brought forward with LSD-25.

The order of presentation will be as follows: (1) a historical review and critique of the diagnosis of hysteria, (2) a description of Teresa's symptoms with attention to both the physical and psychological components, (3) a description of perinatal symptomology in LSD psychotherapy, (4) a phenomenological comparison of Teresa's and the LSD subject's experiences, and (5) conclusions.

Diagnosis of hysteria

A student of Charcot, G. Hahn, S.J., was the first, I believe, to argue this diagnosis in his lengthy study, "Les Phénoménes Hystériques et Les Révéations de Sainte Thérésa."[4] After a detailed analysis of Teresa's collected writings, he concluded that she suffered from "an organic hysteria as characteristic as possible; the disease reaches in truth its highest limit. . . . It is the *Grand Hysterie* with its prodromes, its contractures, and its attacks which recall closely the frightful fits of epilepsy."[5]

Hysteria was a much-used and much-discussed diagnostic category in those days. Another student of Charcot, Pierre Janet, published a major study on hysteria in 1892 in which he too followed Charcot in tracing hysteria back to organic brain dysfunction.[6] In 1895 Freud and Breuer published their famous *Studies on Hysteria* in which they suggested for the first time a psychogenic etiology for the condition.[7] They contended that hysteria resulted from the repression of earlier sexual trauma among hereditarily disposed temperaments, a profile that does not fit Teresa's life. Given the confusion surrounding the condition, Evelyn Underhill recommended in her book *Mysticism* that we withhold judgment on the meaning of these seizures until they are better understood rather than cavalierly dismiss some of our greatest mystics as mere hysterics.[8]

James Leuba, on the other hand, accepted the label of hysteria for Teresa and other selected mystics, though with qualification. In *The Psychology of Religious Mysticism* he concluded, following Hahn, that Teresa showed many of the symptoms characteristic of hysteria but failed to demonstrate the full personality profile of hysterics. Teresa was capable of sustained, energetic, and intelligent effort in pursuit of rational goals, whereas hysterics typically are "purposeless weathercocks" without inner direction. Rejecting the psychoanalytic theory of repressed sexual trauma, Leuba attributed its presence in mystics to the mental and physical exhaustion caused by the hardships of monastic life and the unnatural vow of celibacy, the latter being more critical for Teresa.[9]

In the fifty-five years since Leuba wrote, hysteria has not fared well as a diagnostic category. As psychology has refined its insights, it has come to recognize distinctions where previously it had perceived sameness. Studies began to demonstrate that quite distinct psychological conditions had been thrown together under the label of "hysteria," causing clinicians to suspect that the criteria for hysteria were so imprecise as to be non-functional, creating the illusion of defining a syndrome where none exists. After reviewing this literature, Slater and Roth drew the following conclusion:

> **It seems, then, that wherever we touch the syndrome of hysteria, whether the probe we use is a genetic one, or a follow-up study, whether we concern ourselves with pathology or personality or symptom-clusters, the syndrome fragrnents. The final position to which we are led is that it will be safe to use the term 'hysterical' in its adjectival applications, e.g., to a symptom or constellation of symptoms. 'Hysteria' as the name of specific syndrome or disorder of the mind is a term we shall avoid as the malady so signified lacks definition, pathology, pathogenesis, unitary symptom structure, unitary course, or outcome.[10]**

Given this evolution in nosology, it would today be anachronistic at the very least to diagnose Teresa as suffering from hysteria. The most we might say is that she manifests certain hysterical symptoms, but this amounts to little more in this context than saying that her symptoms are marked by a tendency to dissociation and a breakdown in central nervous system integration. Once this is sald, it is still necessary to decide the etiology of the condition.[11]

At present we do not understand why Teresa suffered these epileptiform seizures. More broadly, the paradox that Underhill noted is still unsolved. Mystics typically suffer more physical paln and ill health than most and yet also appear to live a richer, deeper life than most. As a population they suffer such physical disabilities as to lead John Tauler to say in one of his sermons, "Believe me, children, one who would know much about these matters would often have to keep to his bed for his bodily frame could not support it.[12]" On balance, the psychological community has been more impressed by the symptoms of ill health than the signs of metahealth, and has therefore chosen to perceive mysticism as a complicated but nevertheless pathological deviation from normalcy. To establish a new diagnosis of Teresa's seizures, let us first review her symptoms as they unfolded over many years.

Description of Teresa's symptoms

As a young novice at the Carmelite Convent of the Incarnation in Avila, Teresa suffers serious fainting spells, fevers, and heart troubles. On a trip to Becedas for treatment, she is given a copy of Osuna's *Third Spiritual Alphabet* from which she learns the prayer of recollection, experiencing quickly the "prayer of quiet" and even brief "union."[13] In Becedas she is

diagnosed as having "shrunken nerves," and her condition deteriorates steadily for three months. "The pain in my heart," she writes, "which I had gone there to get treated, was much worse; sometimes I felt as if sharp teeth had hold of me, and so severe was the pain they caused that it was feared I was going mad."[14] Pains rack her from head to foot unceasingly. One particular fit leaves her comatose for four days and so deathlike that a grave is prepared. Though she survived, her condition is pitiful: "My tongue was bitten to pieces.. . . All my bones seemed to be out of joint and there was a terrible confusion in my head. As a result of the torments I had suffered during these days, I was all doubled up, like a ball, and no more able to move arm, foot, hand or head than if I had been dead, unless others moved them for me."[15] Teresa eventually returns to Avila uncured. After eight months her condition begins to improve, but she does not fully recover from her paralysis for three years.

As Teresa's experience in prayer deepens in the years following her illness, she begins to receive various "divine favors." First, entering the third and fourth degrees of prayer-the prayer of union and the prayer of divine union-is itself counted as a supernatural gift. Second, Teresa begins to experience visions and voices which instruct her in, among other things, the processes of her deepening spirituality. A third favor Teresa calls by several names: rapture, elevation, flight, or transport of the spirit. In these experiences she leaves her body in some type of spirit-form and is taken usually to "heaven," where various theological and spiritual truths are revealed to her. However problematic Teresa's narratives of out-of-body experiences are to the Western intellect, she insists that they happened just as she describes them.

She also insists, quite to our surprise, that these out-of-body experiences are "much more beneficial" to her spiritual development than mystical union![16] Admirers of Teresa have tended to sidestep her testimony on this point, however, no doubt because it is incompatible with their preconceptions both about reality and about mystical union.

Coming after the three preceding favors is a fourth which Teresa is told to value more than the others because it will purify her soul of its imperfections. She begins to experience various pains that come upon her without warning. While sometimes subtle, these pains at other times are so overwhelming "that the soul is unable to do either this or anything else. The entire body contracts and neither arm nor foot can be moved."[17] These convulsive spasms disjoint her bones until she genuinely thinks she is going to die, even coming to pray for the release death would bring. They are accompanied by chills-, fluctuations in pulse, and occasionally a ringing in the ears. She speaks of being wounded in the heart with an arrow dipped in a drug which causes self-hate, and on other occasions with a spear tipped with burning iron. She also describes being thrown as fuel on a fire. Though the agony is overwhelming, it is also paradoxically sweet: "No words will suffice to describe the way in which God wounds the soul and the sore distress which He causes it, so that it

hardly knows what it is doing. Yet so delectable is this distress that life holds no delight which can give greater satisfaction."[18] Teresa never was able to understand how such distress and bliss could coexist in the soul.[19] Though these "outer" bodily experiences cause her great pain, Teresa seems to be able to maintain a positive "inner" psychological balance through most of them. She feels supported by God in these trials, which she experiences as playing some part in her spiritual growth. There are times, however, when the physical trauma is accompanied by a particularly severe psychological anguish in which this fundamental spiritual security is shattered. In these instances Teresa is unable to maintain any sense of being connected to or protected by God. Not surprisingly, she attributes these torments to the devil. [20] The devil causes her to forget all the divine favors given her and to become distrustful and doubtful of everything. She experiences herself as so completely evil as to be personally responsible for all the heresies of the Reformation, an excess not even the scrupulous Teresa can accept. She feel herself alienated from God's mercy and confronted by a God "who is always wielding fire and sword." Burdened by her sins before this righteous God, Teresa learns despair.

On other occasions devils "play ball with [her] soul" by causing her to be unable to think of anything but absurd trivialities. Her faith numbed and asleep, her love of God lukewarm, Teresa feels her soul trapped in hell:

> **To go and say its prayers, or to be alone, only causes [the soul] greater anguish, for the inward torture which it feels, without knowing the source of it, is intolerable: and in my opinion, bears some slight resemblance to hell. Indeed this is a fact, for the Lord revealed it to me in a vision: the soul is inwardly burning without knowing who has kindled the fire, nor whence it comes, nor how to flee from it, nor with what to put it out.[21]**

Deprived for days of being able to think a single good thought, Teresa knows only a pervasive depression and dissatisfaction which she can neither isolate nor dispel. These bouts with the devil are often purely psychological in nature, lasting anywhere from one day to three weeks. The worst condition, however, is when both the psychological and physical distresses occur together. One such session, she notes, lasted for five hours and terrified the nuns who looked on helplessly.[22]

The closer Teresa moves to her peak mystical experiences, the more frequent and intense her physical and psychological suffering becomes. Her most recent experiences recorded in the autobiography (ca. 1565 if we use the date of the fuller version) involve an acute sense of being abandoned by God even as she draws closer to him. Sometimes accompanied by seizures and sometimes not, Teresa experiences herself suspended between heaven and earth. Having abandoned an earth that no longer offers any consolation, she cannot yet advance to heaven. As her hunger to be with God grows, so does her sense of abandonment when it

is not satisfied. The only "help" she is given is a knowledge of God which actually augments her torment, for she is still denied his presence. She wanders alone in a "desert" without relief.

Teresa introduces in this context the interesting image of being strangled. The abandoned soul seeking companionship, she says, is "like a person who has a rope around his neck, is being strangled and trying to breathe."[23] She then says that the desire that body and soul not be separated during her trauma (that is, that she not die) is "like a voice crying out for help to breathe." Not only is the same simile used in one paragraph for two distinct psychological experiences, but the comparison in both instances is unclear and somewhat confusing. One wonders whether strangulation and difficulty breathing are inherent aspects of Teresa's experience, which she is here trying to integrate into the flow of her psychological experience. I believe this is likely, given that she explicitly mentions in several other places having difficulty breathing. [24]

When Teresa is writing the *Life*, these physical and psychological trials are her almost continuous experience. Though she has known mystical union of an advanced degree and many times experienced the thrills of rapture, she counts these torments, even her bouts with the devil, as the most valuable gifts given her by God. They are the means through which her soul is being purified, "refined like gold in the crucible," and cleansed of its impurities. They are her final purgatory before the deepest mystical union. Teresa's description of this "final cleansing" in *Interior Castle*, completed twelve years after the fuller version of her Life, is consistent with her earlier account. She places these purifying torments in the sixth mansion just before entrance to the highest seventh mansion. Purifying fire is the most frequent metaphor, and she describes the same paradoxical abandonment-the closer she draws to God, the more she feels absent from him. [25] With this description of Teresa's experiences in place, let us turn to consider the data from LSD-assisted psychotherapy.

Perinatal symptomology in LSD psychotherapy

Beginning as a psychoanalytically trained psychiatrist in Czechoslavakia, Stanislav Grof has for 25 years pioneered the attempt to integrate LSD into the psychotherapeutic process, to study systematically the dimensions of consciousness revealed through psychedelics, and to relate the results of this study to contemporary clinical theory, revising that theory as necessary. [26] To date, Grof has personally supervised or been present during the major portion of over 5,000 clinically structured LSD sessions with a highly diversified subject population. The widely varying experiences people have on LSD begin to fall into distinct sets when such a large sample is studied and reveal, Grof believes, a coherent and stable picture of consciousness that is universally applicable. He has presented his map of consciousness in four books, with one more anticipated in the series. [27]

Having come to understand LSD's psychoactive effect to be that of a

nonspecific catalyst and amplifier of physical processes, Grof has demonstrated that it can be used in a series of self-exploration sessions to activate memories and other psychical content from "layer" after "layer" of consciousness, resulting in a gradual unfolding of the psyche. He has identified three distinguishable though interpenetrating experiential realms of consciousness: the psychodynamic, the perinatal, and the transpersonal. Psychodynamic experiences are those "associated with and derived from biographical material from the subject's life, particularly from emotionally highly relevant events, situations and circumstances. They are related to important memories, problems, and unresolved conflicts from various periods of the individual's life since early childhood."[28] It is this realm which is addressed by the various schools of conventional psychodynamic theory. Perinatal experiences (that is, "concerning birth") focus on problems relating to fetal existence, biological birth, physical pain, disease, aging, dying, and death. [29] Transpersonal experiences constitute a highly variegated set of experiences which share as their common denominator the subject's feeling that his or her consciousness has in one fashion or another expanded beyond the usual ego boundaries, that personal ego-identity has been transcended. [30] Typical transpersonal experiences may include unity states of consciousness with other life forms; exploration of one's cultural, racial, and even evolutionary past; recalling past incarnations; and various ESP or out-of-body experiences. In a large set of transpersonal experiences, phenomenal reality and the space-time continuum seem to be transcended altogether as the individual moves to experiential realms traditionally the exclusive domain of advanced mystics and meditators.[31] Summarizing the interrelation of these three realms, Grof writes:

> The psychodynamic level draws from the individual's history and is clearly biographical in origin and nature. Perinatal experiences seem to represent a frontier between the personal and the trans-individual, as is reflected by their deep association with biological birth and death. The transpersonal realm, then, reflects the connections between the individual and cosmos mediated through channels which seem at the present to be beyond our comprehension.[32]

The perinatal experiences are those which are most relevant to our problem and which therefore require more detailed description. The complexity of Grof's data and the originality of his schema for this set of experiences make it difficult to summarize concisely without compromising content. I will, therefore, restrict myself to highlighting those portions of his findings most pertinent to this study and direct the reader to the original for closer analysis.

The themes of the perinatal experiences are birth, physical pain, disease,

aging, and death. Very frequently these themes center on a set of vivid experiences which the subjects themselves identify as a reliving of their actual birth, specific aspects of which have sometimes been verified by family members or attending physicians (for example, twisted cord, breech birth, forceps, resuscitation maneuvers, odors, sounds, and lighting). These data strongly suggest that the fetus is conscious before and during labor and delivery, and at some level remembers these events. The exact relation of the perinatal experiences to biological birth is at present uncertain. On the one hand, the content of these experiences cannot be reduced to the memory of biological birth, while on the other hand many of the physical symptoms that manifest themselves in this context appear to derive from biological birth. In addition, both the physical symptoms and their corresponding experiential content seem to form four experiential clusters which can be modeled on the four consecutive stages of biological birth. To explain these data Grof has suggested that the four phases of birth come to constitute four basic matrices for storing subsequent memories of psychologically similar experiences. He calls the resulting clusters of cumulative, focused memory and affect the "Basic Perinatal Matrices I-IV." The considerable energy of each BPM is the summation of the energies of the various memories that together constitute the system. When one of these matrices emerges in an LSD session, then, it manifests itself as a multi-level repository of experience and insight, and always with an overwhelming emotional charge.

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

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

Before delivery the fetus has "good womb" and/or "bad womb" experiences depending on the quality of prenatal support given by the mother. In the first phase of labor the fetus experiences a biochemical and physical assault; but because the cervix is not open, it has no place to escape to, experiencing a literal "no-exit" situation. In the second phase, the cervix is open, thus creating a possible way out of the dilemma. In the final phase, the labor agonies culminate, followed by sudden release and separation from the mother.

The prototypical themes of the four stages of birth as matrices for storing subsequent memories include:

1. Good womb: satisfaction of important needs, nurturance, fulfilling love; Bad womb: unpleasant physical sensations, disgust, anxiety;
2. Unwarranted, violent aggression against a helpless innocent, hopelessness, guilt, absurdity of human

existence, entrapment without escape;
3. Titanic struggle, life-death crisis but not absolutely hopeless, high- energy experiences of various sorts- volcanic ecstasy, sexual excitement, sadomasochism;
4. Death-rebirth experience: total annihilation of the individual followed by breaking through to a new level of existence, profound love, mystical insights.

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

When a subject in an LSD session engages a perinatal matrix, then, the experience will be multi-dimensional but thematically coherent. He or she may experience simultaneously one or more phases of the original natal trauma; similar real or imagined traumas from later life of both a physical and psychological nature; and, in addition, thematically congruent religious and philosophical conflicts and insights. Following Grof, let us distinguish the physical component of the perinatal matrices from the psychological component. In doing so we will also restrict ourselves to the last three matrices, as they are the ones most pertinent to our problem.

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

> **Subjects may spend hours in agonizing pain, with facial contortions, gasping for breath and discharging enormous amounts of muscular tension in tremors, twitches, violent shaking and complex twisting movements. The face may turn dark purple or dead pale, and the pulse show considerable acceleration. The body temperature usually oscillates in a wide range, sweating may be profuse, and nausea with projectile vomiting is a frequent occurrence.**[83]

These symptoms characterize all three matrices but become more intense as the third and fourth matrices are activated. While not all subjects experience these symptoms as a self-conscious reliving of their actual birth trauma, many of the physical symptoms themselves seem to be best interpreted as derivative of biological birth. Subjects often assume fetal postures and move in ways that resemble the movements of a child during biological delivery. This is true even for those subjects who psychologically experience their perinatal encounter in purely symbolic, philosophical, or spiritual terms.

The psychological dimension of the perinatal experiences is difficult to summarize because of the extreme multi-dimensionality of psychedelic

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

In BPM II the subject typically experiences an overwhelming assault against which he is utterly helpless. Tortured without chance of escape, he is plunged into extreme metaphysical despair. Existence appears to be completely meaningless, and feelings of guilt, inferiority, and alienation have a distinctly hopeless quality to them. At the deepest level subjects may experience hell itself-an endiess, hopeless, meaningless situation of extreme suffering. In BPM III many of the above themes are continued but with an essential difference. Because there is now a slight possibility of escape-the cervix is dilated-a titanic struggle for survival takes place which Grof calls the death-rebirth struggle. Amid crushing mechanical pressures and often a high degree of anoxia and suffocation, the subject typically experiences powerful currents of energy building in his entire body and then releasing themselves in explosive discharges. Another frequent experience related to this matrix is the encounter with purifying fire which destroys all that is disgusting or corrupt in the individual.[34] Because the situation is not hopeless, it resembles purgatory more than hell. In the fourth perinatal matrix the subject loses the struggle for survival: "Suffering and agony culminate in an experience of total annihilation on all levels-physical, emotional, intellectual, ethical, and transcendental. The individual experiences final biological destruction, emotional defeat, intellectual debacle, and utmost moral humiliation. . . . He feels that he is an absolute failure from any imaginable point of view; his entire world seems to be collapsing, and he is losing all previously meaningful reference points. This experience is usually referred to as ego-death."[36] After the subject has died as an ego, he experiences rebirth into a more wholistic, trans-individual mode of consciousness. All torment suddenly ceases and is followed by experiences of physical and psychological redemption, forgiveness, and profound love. "The individual feels cleansed and purged, as if he has disposed of an incredible amount of 'garbage,' guilt, aggression, and anxiety. He experiences overwhelming love for his fellow men, appreciation of warm human relationships, solidarity, and friendship."[36]

The death-rebirth process is never fully actualized in a single LSD session. Many sessions of repeatediy engaging the same issues are required before one has exhausted them-from ten to over a hundred. [37] The usual pattern is that a subject working at this level will eventually experience a major perinatal crisis centered on one of the phases described above. Yielding to and resolving the crisis will often shift the person into the transpersonal domain for the remainder of the session,

even though unresolved perinatal content may remain for future sessions. If the process is continued through serial sessions, a final death-rebirth experience will eventually exhaust completely the perinatal material. Making copious use of case histories, Grof has demonstrated that systematically engaging this traumatic material can actually dissolve the perinatal matrices, thus permanently removing their influence from the individual's behavior. In subsequent LSD sessions the subject moves directly into transpersonal experiences as the journey in consciousness continues. These transpersonal experiences reach their peak in mystical experiences of "Universal Mind" or "the Void."[38]

Comparing the experiences of Teresa and the LSD subject

Having summarized both Teresa's experience and the experiences of LSD subjects, as organized by Grof, the next step in the argument is to summarize the points of comparison, which I see as five in number.

The first area is the physical symptoms themselves. A review of Teresa's reports establishes the similarity beween her symptoms and those of Grof's subjects-contractive spasms throughout the body which may last for hours and be so severe as to cause a temporary disjointing of bones, violent jerking and shaking of the extremities, chills, fluctuations in pulse, ringing in the ears, and excruciating pains throughout her body, especially around her heart. If the reference to strangulation has experiential import, we can add suffocation to this list. Finally, the fetal posture Teresa assumes for a period of time in her early illness is suggestive as a perinatal posture,[39] and a passage quoted at the end of this section will describe an experience of stifling pressure on the entire head and body.

A second area of comparison is the emotional or psychological component of Teresa's seizures. The psychological distress Teresa experiences in her attacks peaks in her devil-experiences, and it is these experiences that most closely resemble the psychological debasement, metaphysical alienation, and existential despair endured by the LSD subject. Teresa's usual interior security is shattered by extreme inner turmoil accompanied by a loss of love and trust. All of her once-quieted vanities and weaknesses return to plague her, and she feels herself to be profoundiy worthless. She feels utterly estranged from God and condemned to perpetual exile from him. So deep is her sense of worthlessness and alienation that she succumbs to despair, experiencing God only as a vengeful tyrant. As her mystical experience deepens, so does her sense of abandonment and estrangement from God. She tells us that these psychological agonies are worse even than the physical pains, and the worst of them are the despair and being denied God's embrace. The latter, she says, is like being scorched by the heat of a fire over which she is helplessly suspended. Teresa likens these experiences to purgatory and hell, images common in the narratives of LSD subjects. In a conceptual context that is meaningful to her, therefore, Teresa repeats

the basic elements of the LSD subject's psychological experience: estrangement from all that is seen as good and meaningful, extreme alienation, personal worthlessness, futility, and hopeless despair. She despairs because she experiences this suffering and alienation as never ending, as does the LSD subject.

The third point of comparison actually belongs under the second but is being discussed separately because of its singular importance. Teresa's experience reproduces the LSD subject's experience of ego-death. In one way or another ego-death is a recurrent theme in Teresa's writing. Repeatedly sounding the refrain of radical self-surrender and self-renunciation, she describes the prayer of union as a "complete death to everything in the world and a fruition in God."[40] She insists that the passion and crucifixion are the best topics for meditation even at the advanced sixth mansion, topics one cultivates with a strong identification with the crucified Lord.[41] Using the silkworm, which dies in its own cocoon, as an analogue for the soul, she writes: "The silkworm has of necessity to die; and this will cost you the most; for death comes more easily when one can see oneself living a new life, whereas our duty here is to continue living this present life, and yet to die of our own free will."[42] It is only after the silkworm dies, she says, that fullest union with God can be experienced.

In keeping with these ideas, Teresa experiences her torments as purifying her by destroying her own self. Like Meister Eckhardt before her, she understands this "old self" to be not merely our unregenerate habits but our very existence as self-willing individuals. The transformation she describes is nothing less than a complete displacement or destruction of this self-willing core. "When we empty ourselves of all that is creature," she writes, "and rid ourselves of it for the love of God, that same Lord will fill our souls with Himself."[43] This passage refers not to a temporary peak experience but to a permanent restructuring of consciousness. Teresa's ego is being consumed by a purifying fire,[44] to be replaced by an enduring awareness of God. So complete and permanent is this death of the ego that in describing the mystic's state of mind in the seventh mansion, she speaks of a pervading forgetfulness of self:

"[The mystic] lives in so strange a state of forgetfulness that, as I say, she seems no longer to exist, and has no desire to exist-no, absolutely none."[45] Apparently in the seventh mansion the ego has been replaced by a non-ego mode of consciousness centered in God, not in self, a mode Teresa describes simply as her taking upon herself God's affairs and Him taking upon Himself her affairs.

Similarly, in the LSD context, ego-death is experienced as a total annihilation of the individual on all levels-physical, emotional, intellectual, ethical, and transcendental. All meaningful reference points collapse as one is emptied to the point of extinction. Having died as an ego, the individual suddenly finds "himself" experiencing a new mode of consciousness that opens him to certain experiences of a distinctly

mystical character. It is worth noting in this context that Grof's description of the long-term changes in the personality of the LSD subject who has undergone the ego-death experience strikingly resembles Teresa's description of the mystic's life in the seventh mansion.[46]

A fourth parallel is the blending of pain and ecstasy which so puzzled Teresa.[47] The pain experienced by LSD subjects under the influence of the third perinatal matrix often reaches such a high level that it changes into ecstatic rapture of cosmic proportions which Grof calls volcanic ecstasy. "In the state of 'volcanic ecstasy,' various sensations and emotions melt into one undifferentiated complex that seems to contain the extremes of all possible dimensions of human experience. Pain and intense suffering cannot be distinguished from utmost pleasure, caustic heat from freezing cold, murderous aggression from passionate love, vital anxiety from religious rapture, and the agony of dying from the ecstasy of being born."[48] Thus, when Teresa reports extreme pain characterized by excessive sweetness, she gives us not indications of a pathological masochism, as previously thought, but an accurate description of a rare but not inherently pathological experience.

Fifth, the overall progression of Teresa's experience parallels that of the LSD subject. Beginning only after she had begun to practice the prayer of recollection, Teresa's seizures become more frequent and more severe as her experience in prayer deepens, peaking immediately before her breakthrough to her highest mystical attainment.[49] Similarly, the perinatal symptoms intensify as the subject moves closer to the death-rebirth experience and peak in that experience.

Equally important, and to my knowledge overlooked by previous commentators, is the fact that Teresa's convulsions cease after she has entered the seventh mansion. [50] The perinatal symptoms are the growing pains of a mode of consciousness that Teresa would have called God-consciousness. As such, they are transitional and end when this new mode of consciousness is the enduring mode. This transition had not occurred by the writing of her autobiography in 1565, but it has by the time she writes *Interior Castle* in 1577. It is a strange hysteria indeed which is cured by mystical union.

While the above arguments may be sufficient to establish that Teresa's convulsions were actually perinatal symptoms, they do not adequately convey the precision of correspondence that often exists between Teresa's and the LSD subject's description of their experiences. This can only be gathered by attending to the detail and nuance of Teresa's narrative. I should like, therefore, to conclude this section by quoting a passage particularly rich in perinatal elements. In one of her most agonizing and profitable experiences, Teresa descends into hell. Descent into hell is a theme associated with BPM II, and Teresa's journey is a compelling portrait of this matrix.

The entrance, I thought, resembled a very *long, narrow* passage, like a furnace, very low, dark and closely confined; the ground seemed to be full of *water* which looked like *filthy, evil-smelling mud*, and in it were many wicked-looking *reptiles*. At the end there was a *hollow place* scooped out of a wall, like a cupboard, and it was here that I found myself in *close confinement*. But the sight of all this was pleasant by comparison with what I felt there. . . . My feelings, I think, could not possibly be exaggerated, nor can anyone understand them. I felt a *fire* within my soul the nature of which I am utterly incapable of describing. My *bodily sufferings* were so intolerable that, though in my life I have endured the severest sufferings of this kind . . . none of them is of the smallest account by comparison with what I felt then, to say nothing of the knowledge that they would be *endless and never ceasing*. And even these are nothing by comparison with the agony of my soul, an *oppression*, a *suffocation* and an affliction so deeply felt, and accompanied by such hopeless and distressing misery, that I cannot too forcibly describe it. To say that it is as if the soul were continually being torn from the body is very little, for that would mean that one's life was being taken by another; whereas in this case it is the soul itself that is *tearing itself to pieces*. The fact is that I cannot find words to describe that interior *fire* and that *despair* which is greater than the most grievous tortures and pains. I could not see who was the cause of them, but I felt, I think, as if I were being both *burned and dismembered*; and I repeat that the interior fire and despair are the worst things of all. In that pestilential spot, where I was quite powerless to hope for comfort, it was *impossible to sit or lie*, for there was no room to do so. I had been put in this place which looked like a hole in the wall, and those very *walls* so terrible to the sight, *bore down upon me* and completely *stifled* me. There was no light and everything was in the *blackest darkness*.[52]

Conclusions

The five points of comparison developed above-physical symptoms, psychological content, ego-death, blending of pain and ecstasy, and progression of symptomology-are sufficient, I believe, to establish the interpretation proposed. They warrant the conclusion that Teresa's convulsions were not hysteria, whatever that was, but perinatal symptoms which emerged spontaneously as her consciousness opened through her practice of prayer. The perinatal stratum of consciousness is the frontier between personal and transpersonal consciousness. It is the sedimented core of the personal unconscious, the basement wherein are stored undigested fragments of a primitive sort concerning survival, bodily integrity, and by extension one's basic value and one's ultimate helplessness against life's destructive forces. The sudden presence of perinatal symptoms in Teresa's life signals the emergence of these primitive systems into consciousness. It was only after she had exhausted them that she was able to enter the seventh mansion, the abiding presence of God, from which she was never again removed.

Teresa's seizures, therefore, represent not regressive pathology but rather progressive symptomology accompanying the emergence of higher states of consciousness. They are the growing pains of expanded consciousness, the psycho-physical system's throwing off its poisons as it moves to more wholistic stages of consciousness. I suspect that much of the ill health reported by many mystics may be perinatal in origin. Should subsequent studies confirm this hypothesis, much of the so-called "pathology" associated with mysticism would turn out to be not degenerative at all but progressive. This cannot but have an uplifting effect on our assessment of mysticism in general.

These symptoms manifest themselves in such divergent contexts as Teresa's monastic life and LSD-psychotherapy simply because *the perinatal stratum is a universal structure of consciousness which is being elicited through two different techniques*- the catalytic energy of LSD internally focused in carefully structured therapeutic sessions and the expanded awareness systematically cultivated through monastic life and the practice of contemplative prayer. The contexts and means differ, but the purgative process appears consistent on a phenomenological analysis. *How* this happens would require a comparative study of the psychological mechanisms of both techniques for which there is not space here. *That* this happens seems the most plausible interpretation of the parallels described. If we find it difficult to allow that the mystic and LSD subject have phenomenologically parallel, even identical experiences, perhaps it is time to reassess the assumptions that make this result problematic. Indeed, is it not time to reopen the entire debate on mysticism and psychedelics?

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18. *ibid.*, p.273.
19. *ibid.*, Chapters 20, 29.
20. *ibid.*, Chapters 30-32.
21. *ibid.*, p.282.
22. *ibid.*, p.288.
23. *ibid.*, p.195.
24. For example, *ibid.*, pp.274, 301.
25. Teresa of Avila, *Interior Castle* (1577). Trans. & ed. by E. Allison Peers. New York, Image Books, 1961. Though Teresa describes the fourth degree of prayer as the "highest" mystical experience in her Life, her mystical experience has deepened, I believe, by the time she writes *Interior Castle*. The metaphors of union given in the latter work (pp.214-215) convey a more consummate and complete union than her earlier description (Life: Chapter 18). In addition, in the *Life* she values rapture over union (p.189), whereas in Interior Castle rapture ceases when union has matured (p.223). Thus the "final cleansing" recorded in the Life as a genuine final preparation for a degree of mystical attainment beyond that recorded in the autobiography.
26. After 10 years of research at the Psychiatric Research Institute in Prague, Czechoslovakia, Grof came to the Maryland Psychiatric Research Center in Catonsville, Maryland, where he continued his work in LSD-assisted psychotherapy from 1967-1973. Since that time he has been a senior fellow at the Esalen Institute in Big Sur, California.
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30. "Ego" is not being used here in its psychoanalytic sense, but in the broader sense of the conscious self of our everyday living, the phenomenological "I."
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47. Teresa of Avila, *Life*, *op. cit.*, pp.273-275.
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49. Teresa of Avila, Life, *op. cit.* pp.192-193, 196; Castle, *op. cit.* p.134. Teresa only begins to suffer convulsive seizures after she had practiced the prayer of recollection learned on her way to treatment for fainting spells, fever, heart trouble, and other undefined ailments (*Life*, p. 79. (Her aptitude for this type of meditation suggests that even at 23 years of age Teresa had a natural capacity for the meditative states of consciousness which invite these traumatic, embodied memories to emerge from one's unconscious. At this distance we cannot determine whether her early "illness" was perinatally derived, but the fact that the practice of prayer seems to have aggravated her condition and the partial continuity in symptomology, especially her pains in the heart, is suggestive.

50. Castle, *op. cit.* p.224.
51. On a smaller scale, Teresa for a while seems to have experienced something similar to the LSD-subject's repeated transition from perinatal crises to transpersonal states of consciousness, for she says at one point, "But, when this pain. . . begins. the Lord seems to transport the soul and to send it into ecstasy, so that it cannot suffer or have any pain because it immediately begins to experience fruition." (*Life, op. cit.*, p. 275)
52. Teresa of Avila, *Life, op. cit.*, pp.301-302; emphasis mine.

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Return to the Holotropic Breathwork Page
Return to the Psychedelic Drugs Page
Return to the Primal Psychotherapy Page Homepage