



Meditation and the Mystic States

Altered States of Thinking

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Paradigm Clash between “Straight” and “Hip” * The Nature of Knowledge and the Scientific Method * Common Features in Altered States of Consciousness * The Need for Unbiased Research

People become emotionally attached to the things which give them pleasure, and a scientist making important progress within a particular paradigm becomes emotionally attached to it. People getting satisfaction from life within a particular cultural framework, which is another kind of paradigm, become attached to it. People who are doing well within a particular d-SoC become attached to it.

When data, which make no sense in terms of the implicit paradigm, whether it be scientific, or cultural, or d-SoC, are brought to a person’s attention, the usual result is NOT a reevaluation of the paradigm, but a rejection or misperception of the data.

The conflict now existing between those who have experienced certain d-SoCs and those who have not is very much a paradigmatic conflict. A person has a mystical experience in a d-ASC, for example, and later tells others that the fundamental principle of the universe is love, that we are all immersed in it as if we are drops of water in the sea.

An orthodox psychiatrist, committed to a different paradigm linked to his ordinary waking d-SoC, hears this statement and “obviously perceives” that the person experienced a temporary episode of infantile regression with the subsequent deterioration of reality testing. The mystic or experimental subject is reporting what is obviously true to him. The psychiatrist’s or investigator’s implicit paradigm, based on his scientific training, his cultural background, and his ordinary d-SoC, indicates that a literal interpretation of the mystic’s or experimental subject’s statement cannot be true, and therefore must be interpreted as mental abnormality on the part of the subject.

The mystic or experimental subject, his paradigms radically changed for this moment by being in a d-ASC, reports what is obviously true to him, and perceives the investigator as being mentally subnormal, since he seems incapable of perceiving the obvious.

Historically, Kuhn has shown that paradigm clashes have been characterized by bitter emotional antagonisms and total rejection of the opponent. In addition to cool, rational,



scientific debate of the “facts”, an immense amount of emotional antagonism develops.

We are currently seeing the same sort of process between the orthodox social and medical sciences and those seeking and having spiritual experiences: the orthodox psychologist or psychiatrist, who would not take any of those “psychotomimetic” drugs himself, or sit down and do that regressive meditation process, carries out research to show that drug takers and mystics are escapists.

The drug taker or meditator views the same investigator as narrow-minded, prejudiced, and repressive. If he is a student, he may drop out of the university or otherwise not engage in any meaningful dialogue. Communication between the two factions tends to be subtle, or not so subtle, name calling, rather than useful discourse.

Must the people who experience d-ASCs continue to see scientists and medical workers as concentrating on the irrelevant, while scientists see the experiencers of d-ASCs as mentally confused or mentally ill? Or CAN science deal adequately with the experiences people have in d-ASCs? Let us now look briefly at the nature of knowledge and the essence of scientific method to show that we can.

Philosophers have quarreled over what knowledge is from time immemorial, but for our immediate purpose I shall define knowledge as an immediately given, experiential feeling of congruence between two different kinds of experience, a feeling of matching. One set of experiences may be regarded as perception of something, the external world, other people, or oneself. The second set may be a theory, a schema of understanding, a memory, a belief. The feeling of congruence is something immediately given in experience, although many more formal criteria of matching have been proposed.

All knowledge is experiential knowledge. We tend to think that knowledge about the physical world is somehow different, but it is not so. My knowledge of the law of gravity is something I experience, and I have no experience of certainty that it exists independently of me, even though I chose to make that assumption. All my knowledge of the physical world can be reduced to this: given certain sets of experiences which I (by assumption) attribute to an external world activating my sensory apparatus, it may be possible for me to compare them with purely internal experience (memories, previous knowledge) and predict with a high degree or reliability other classes of experiences, which I again attribute to the external world.

Unfortunately, for those accepting physicalistic philosophy, the vast majority of important phenomena of d-ASCs and spiritual phenomena have no known physical manifestations:

they are epiphenomena, not very worthy of study unless they can be reduced to a purely physical basis.



Underneath man's veneer of consciousness lies a relatively uncharted realm of mental activity, the nature and function of which have been neither systematically explored nor adequately conceptualized. Despite numerous clinical and research reports on daydreams, sleep and dream states, hypnosis, sensory deprivation, hysterical states of dissociation and depersonalization, pharmacologically induced mental aberration, and so on, there has been little attempt made to organize this scattered information into a consistent theoretical system.

Although ASCs share many features in common, there are certain general holding influences which appear to account for much of their apparent differences in outward manifestation and subjective experiences. Even though similar basic processes may operate in the production of certain ASC's (e.g., trance), such influences as cultural expectations, demand characteristics, transference feelings, personal motivations and expectations (mental set) and one specific procedure to induce the ASC all work in concert to produce a mental state with a unique flavor all its own.

A) Alterations in thinking.

Subjective disturbance in concentration, attention, memory, and judgment represent common findings. Archaic modes of thought predominate, and reality testing seem impaired to varying degrees. The distinction between cause and effect becomes blurred, and ambivalence may be pronounced whereby incongruities or opposites may coexist without any logical conflict.

B) Disturbed time sense.

Sense of time and chronology become greatly altered. Subjective feelings of timelessness, time coming to a standstill, the acceleration or slowing of time, and so on, are common. Time may also seem of infinite or infinitesimal duration.

C) Loss of control.

As a person enters or is in an ASC, he often experiences fears of losing his grip on reality and losing his self-control. During the induction phase, he may actively try to resist experiencing the ASC (e.g., sleep, hypnosis, anaesthetics), while in other instances he may actually welcome relinquishing his volition and giving in to the experience (e.g., narcotic drugs, alcohol, LSD, mystical states).

The experience of "loss of control" is a complicated phenomenon. Relinquishing conscious control may arouse feelings of impotency and helplessness, or, paradoxically, may represent the gaining of



greater power and control through the loss of control. This latter experience may be found in hypnotized persons or in audiences who identify with the power and omnipotence which they attribute to the hypnotist or demagogue. This is also the case in mystical, revelatory, or spirit possession states whereby the person relinquishes conscious control in the hope of experiencing divine truths, clairvoyance, “cosmic consciousness”, or supernatural powers, or serving as a temporary abode or mouthpiece for the gods.

D) Change in emotional expression.

With the reduction of conscious control or inhibitions, there is often a marked change in emotional expression. Sudden and unexpected displays of more primitive and intense emotion than shown during normal, waking consciousness may appear. Emotional extremes, from ecstasy and orgiastic equivalents to profound fear and depression, commonly occur.

There is another pattern of emotional expression which may characterize these states. The individual may become detached, uninvolved, or relate intense feelings without any emotional display. The capacity for humour may also diminish.

E) Body image change.

A wide array of distortions in body image frequently occur in ASCs. There is also a common propensity for individuals to experience a profound sense of depersonalization, a schism between body and mind, feelings of derealization, or a dissolution of boundaries between self and others, the world, or the universe.

When these subjective experiences arise from toxic or delirious states, auras preceding seizures, or the ingestion of certain drugs, etc., they are often regarded by the individual as strange and even frightening. However, when they appear in a mystical or religious setting, they may be interpreted as transcendental or mystical experiences of “oneness”, “expansion of consciousness”, “oceanic feelings”, or “oblivion”.

There are also other common features, which might be grouped under this heading. Not only may various parts of the body appear or feel shrunken, enlarged, distorted, heavy, weightless, strange or funny, but spontaneous experiences of dizziness, weakness, numbness, tingling, and analgesia are likewise encountered.

F) Perceptual distortions.

Common to most ASCs is the presence of perceptual aberrations, including hallucinations,



pseudohallucinations, increased visual imagery, subjectively felt hyperacuteness of perception, and illusions of every variety. The content of perceptual aberrations may be determined by cultural,

group, individual, or neurophysiological factors and represent either wish-fulfillment fantasies, the expression of basic fears or conflicts, or simply phenomena of little dynamic import, such as hallucinations of light, color, geometrical patterns or shapes.

In some ASCs such as those produced by psychedelic drugs, marijuana, or mystical contemplation, synesthesiae may appear whereby one form of sensory experience is translated into another form. For example, persons may report seeing or feeling sound or being able to taste what they see.

G) Change in meaning or significance.

One of the most outstanding features of almost all ASCs is the predilection of persons in whom these states have been induced to attach an increased meaning or significance to their subjective perceptions, experiences or ideas. At times, as though the person is undergoing an attenuated “eureka” experience during which feelings of profound insight, illumination, and truth frequently occur. In toxic or psychotic states, this increased sense of significance may manifest itself in the attributing of false significance to external cues, ideas of reference, and numerous instances of “psychotic insight”.

William James describes subjective experiences associated with other alterations of consciousness. “One of the charms of drunkenness,” he writes, “unquestionably lies in the deepening sense of reality and truth which is gained therein. In whatever light things may then appear to us, they seem more utterly what they are, more ‘utterly utter’ than when we are sober.”

In his *Varieties of Religious Experience*, he says: Nitrous oxide and ether, especially nitrous oxide, when sufficiently diluted with air, stimulate the mystical consciousness in an extraordinary degree. Depth upon depth of truth seems revealed to the inhaler. This truth fades out, however, or escapes, at a moment of coming to; and if the words remain over in which it seemed to clothe itself they prove to be the veriest nonsense. Nevertheless, the sense of a profound meaning having been there persists, and I know more than one person who is persuaded that in the nitrous oxide trance we have a genuine metaphysical revelation. (James, 1929, p. 378)

H) Sense of the ineffable.



Usually, because of the uniqueness of the subjective experience associated with certain ASCs (e.g., transcendental, creative, psychotic, and mystical states), persons claim a certain inability to communicate the nature of the experience to someone who has not undergone a similar experience. Contributing to the sense of the ineffable is the tendency of persons to develop various degrees of amnesias for their experiences during profound alterations of consciousness, such as the hypnotic trance, somnambulistic trance, possession fits, dreaming, mystical experiences, delirious states, drug intoxications, auras, orgiastic and ecstatic states, and the like.

By no means is amnesia always the case, as witnessed by the lucid memory following the psychedelic experience, marijuana smoking, or certain illuminatory states.

I) Feelings of rejuvenation.

Although the characteristic of “rejuvenation” only has limited application to the vast panoply of ASCs, this characteristic has been included as a common denominator since it does appear in a sufficient number of these states to warrant attention. Thus, on emerging from certain profound alterations to consciousness (e.g., psychedelic experiences, hypnosis, religious conversion, transcendental and mystical states, spirit possession fits and even, on some occasions, deep sleep), many persons claim to experience a new sense of hope, rejuvenation, renaissance, or rebirth.

J) Hypersuggestibility.

It is becoming increasingly apparent that the phenomenon of suggestibility associated with ASCs can be best understood by analysis of the subjective state itself.

Recently, theoreticians seem to have become much more aware of the importance of the subjective state to account for many of the phenomena observed in hypnotized persons. Orne, for example, stated that “an important attribute of hypnosis is a potentiality for the subject to experience as subjectively real suggested alterations in his environment that do not conform with reality.” Sutcliffe adds that “the distinguishing feature of this state is the hypnotized subject’s emotional conviction that the world is as suggested by the hypnotist, rather than a pseudoperception of the suggested world.”

In attempting to account for the dramatic feature of hypersuggestibility, it would appear that a better understanding of this phenomenon can be gained through an analysis of some of the subjective features associated with ASCs in general. With the recession of a person’s critical faculties there is an attendant decrease in his capacity for reality testing or his ability to distinguish between subjective and objective reality. This, in turn, would tend to create the



compensatory need to bolster up his failing faculties by seeking out certain props, support or guidance in an effort to relieve some of the anxiety associated with the loss of control. In his attempt to compensate for his falling critical faculties, the person comes to rely more on the suggestions of the hypnotist, preacher or doctor, all representing omnipotent authority figures.

In conclusion, then, it appears that the ASCs play a very significant role in man's experience and behavior. It is also apparent that these states may serve as adaptive or maladaptive outlets for the expression of a multitude of man's passions, needs and desires. However, there is little question that we have hardly scratched the surface in understanding fully the facets and functions of ASC.