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The Pseudohallucinogens or Psychedelics

Psychedelic drug research is concerned with pharmacological substances that have been discussed in the scientific literature under a variety of overlapping but not completely synonymous terms: phantastica (Lewin, 1964), psychotomimetics, hallucinogens (Hoffer, Osmond, & Smythies, 1954), psychedelics, psycholytics (Osmond, 1957), psychodysleptics, and LSD-type drugs. Only a very few drugs known by these terms will be discussed in this study.

As defined for psychiatric purposes, a pseudohallucination is “a hallucination, which the patient knows to be such” (Hinsie & Campbell, 1970, p. 599). Because Kandinsky introduced the term with illustrations from schizophrenia and mescaline experiences (Jaspers, 1963, pp. 68–75), the diagnostic category confounds two distinct phenomena.

A hallucination is, by definition, “an apparent perception of an external object when no such object is present” (Hinsie & Campbell, 1970, p. 333). Although a hallucination is always subjectively understood, during the period of its hallucination, to be the perception of a real, external phenomenon, the same understanding may or may not obtain after the hallucination has ended. In some cases, reality testing after the end of a hallucination leads to its reinterpretation as having been a hallucination. Because psychotics who reinterpret their hallucination are healthier than those who cannot do so, it is appropriate for clinical purposes to

differentiate hallucinations and reinterpreted hallucinations. However, a hallucination that is reinterpreted after its occurrence was a genuine hallucination during its occurrence. It is not the same as a hallucination that is known to be such during its very experience.

Moreover, because scientific research is obliged to develop universally applicable concepts and terms, it is inappropriate to treat reinterpreted hallucinations as a nosological category without further qualification. Cultural values vary. The failure to reinterpret a hallucination may be a conscious and voluntary decision rather than a symptom of inability. For example, believing Christians may insist that apparitions of the Virgin Mary are real visitations rather than visionary experiences.

In this study, the term *pseudohallucination* will be restricted to phenomena that are known to be intrapsychic during their very experience. By "experience," I do not mean during the alternate state of consciousness in which they occur, but during the very moments during the alternate state when the pseudohallucinations occur. So defined, a pseudohallucination differs from an ordinary waking fantasy in one respect only. Where fantasy is characterized, in Coleridge's phrase, by a "willing suspension of disbelief," trust in a pseudohallucination is involuntary for the duration of its experience. During the experience of a pseudohallucination, reality testing remains active at an ideational level and comprehends it to be intrapsychic. The subjective experience of a pseudohallucination is analogous, in this respect, to a lucid dream. During lucid dreams, dreamers know, while they are dreaming, that they are dreaming; yet they are emotionally absorbed within their dreams' narratives.

In all, I propose to define a pseudohallucination as an imagination that is involuntarily trusted as valid for the duration of its experience but is nonetheless understood ideationally to be intrapsychic. A pseudohallucination is subjectively experienced, for its duration, as an apperception of truth through the medium of imagination. Because individuals and cultures differ in their beliefs, the intrapsychic character of pseudohallucinations does not necessarily lead to their interpretation as imaginary. For ideological reasons, pseudohallucinations may instead be understood, for example, as extrasensory perceptions, imaginal realities, or divine revelations. The differences in interpretation pertain to the significance of the intrapsychic character of pseudohallucinations and do not alter their common experience as intrapsychic.

How a pseudohallucination may be reinterpreted after its experience has ended is a further variable factor that again does not affect its definition.

Of the various psychoactive drugs, only a few have been established as pseudohallucinogens, as distinct from hallucinogens. For the purposes of this study, the term *psychedelic* will be synonymous with *pseudohallucinogen* and drugs presently classified with the psychedelics that are unable to pro-

duce pseudohallucinations will not be discussed. In addition, my study is limited by the data available. Because primary research has not been a legal option for me, I have based my argumentation on a review and reinterpretation of data in the public domain. My discussion will consequently be limited to the following drugs:

1. *Mescaline*, whose pseudohallucinatory properties were among those considered when Kandinsky introduced the term *pseudohallucination* (cf. Knauer & Maloney, 1913; McKellar, 1963). Mescaline occurs botanically in the peyote cactus (*Lophophora williamsii*) and the San Pedro cacti (*Trochocereus macrogonus*; *T. terscheckii*; *T. werdermannianus* and *T. pachanoi*).
2. *Psilocybin* and, in some species, *psilocin*, both of which have pseudohallucinogenic properties (Malitz, Esecover, Wilkens, & Hoch, 1960), are contained in various species of *Psilocybe*, *Panaeolus*, *Conocybe*, *Stropharia*, and *Psathyrella* mushrooms.
3. *Lysergic amides* occur botanically in ergot (*Claviceps purpurea*) and the seeds of morning glory (*Rivea corymbosa*). Synthetically derived from lysergic amides is *d-lysergic acid diethylamide* (LSD-25, LSD, or lysergide), the drug best known to induce pseudohallucinations (DeShon, Rinkel, & Solomon, 1952; Rinkel, DeShon, Hyde, & Solomon, 1952; Sandison, Spencer, & Whitelaw, 1954; Abramson, 1956a; MacDonald & Galvin, 1956; Chandler & Hartman, 1960; Van Dusen, 1961; Harman, 1963b; Schoen, 1964; Dahlberg, 1965; Stern, 1966; Smith & Rose, 1967-68; Cohen, 1968).

There is a considerable body of evidence, bearing on psychological effects and cross tolerance, establishing that mescaline, psilocybin, psilocin, and LSD are psychologically equivalent.¹ However, psychedelic drug research, which commenced with the discovery of peyote to science in the 1880s (Bruhn & Holmstedt, 1974), has yet to arrive at either a complete description or a general theory of the psychological effects of the drugs.

My first contention is that psychedelic drugs induce an alternate state—not restricted to consciousness—that consists of intense fantasizing. Depending on the dosage, the fantasies may or may not reach pseudohallucinatory intensity. Beyond the induction of a state of intense fantasizing or, to introduce a synonymous term, a state of reverie, the drugs themselves do nothing. They do not alter perception, or release forgotten memories, or induce psychoses, or anything else. All of the mental phenomena that are produced by psychedelics are fantasies.

My thesis entails the corollary that fantasy is a much more versatile and varied mental function than has previously been appreciated. In contrast with conventional psychoanalytic theory, which deems fantasy an irrational product of freely associating ideas, the empirical evidence proves that imagination is often highly rational. Sometimes it is even better informed and more self-knowing than conscious thought. Parallel observations have been made by a few psychoanalytic writers on dreams who, however, preserved Freud's paradigm by attributing the rationality to a different agency than the one that produces fantasies. French (1937; 1939; 1952; 1954; 1957; French & Fromm, 1964; French & Whitman, 1969) postulated unconscious activity by the ego; Langs (1988; 1991; 1992; 1994) referred to "deep unconscious wisdom processing." The evidence of psychedelic experiences suggests, however, that the rationality is intrinsic to unconscious imagination. Unconscious imagination is not limited to the production of unexplained symbols that must manifest before coherence is devised for them within consciousness or preconsciousness. In many cases, psychedelic phenomena exhibit rationality and even wisdom upon their emergence into consciousness, prior to their integration within the ego. It is Freud's overvaluation of sober rationality, consistent with his vehement rejection of German Romanticism (Merkur, 1993b), that is reflected in psychoanalysis's denial of the power and wisdom of imaginative thought.

My second thesis is that the further variables of psychedelic experience arise from the inherent makeup of the human psyche. The varieties of psychedelic phenomena are neither more nor less than varieties of imagination that the psyche is capable of manifesting. For their explanation, we must look to the theory of the psyche rather than to the theory of psychedelic drug action.

My third and concluding thesis pertains to the claim of several researchers that the different varieties of psychedelic experiences tend to occur in a definite sequence, both within single psychedelic states and as the dominant variety in single sessions over an extended series. Different writers have maintained that certain varieties tend both to occur early in single sessions and to predominate in drug takers' first experiences. Other varieties tend to occur at the peak of single sessions and to preoccupy the experiences of seasoned drug takers (Masters & Houston, 1966; Grof, 1975). However, these authors disagree among themselves concerning which varieties occur earliest and which latest. It is my claim that the sequence of psychedelic experiences is determined not by a hierarchy among the varieties of psychedelic imagination but by the natural processes of personality change. Psychedelic explorations of the ecstatic imagination accomplish a transition from psychohygiene and psychotherapy to self-actualization.

Notes

1. Hoch, Cattell, & Pennes, 1952a; Landis & Clausen, 1954; Balestrieri & Fontanari, 1959; Isbell, 1959; Pollard, Baker, Uhr, & Feuerfile, 1960; Silva, Heath, Rafferty, Johnson, & Robinson, 1960, 1961; Isbell, Wolbach, Wikler, & Miner, 1961; Wolbach, Isbell, & Miner, 1962; Wolbach, Miner, & Isbell, 1962; Hollister & Hartman, 1962; Hartman & Hollister, 1963; Unger, 1963; Hollister & Sjoberg, 1964; Sankar, 1975, pp. 565-74.