

## Chapter 2, Why People Take Drugs

The use of drugs to alter consciousness is nothing new. It has been a feature of human life in all places on the earth and in all ages of history. In fact, to my knowledge, the only people lacking a traditional intoxicant are the Eskimos, who had the misfortune to be unable to grow anything and had to wait for white men to bring them alcohol. Alcohol, of course, has always been the most commonly used drug simply because it does not take much effort to discover that the consumption of fermented juices produces interesting variations from ordinary consciousness.

The ubiquity of drug use is so striking that it must represent a basic human appetite. Yet many Americans seem to feel that the contemporary drug scene is something new, something qualitatively different from what has gone before. This attitude is peculiar because all that is really happening is a change in drug preference. There is no evidence that a greater percentage of Americans are taking drugs, only that younger Americans are coming to prefer illegal drugs like marihuana and hallucinogens to alcohol. Therefore, people who insist that everyone is suddenly taking drugs must not see alcohol in the category of drugs. Evidence that this is precisely the case is abundant, and it provides another example of how emotional biases lead us to formulate unhelpful conceptions. Drug taking is bad. We drink alcohol. Therefore alcohol is not a drug. It is, instead, a "pick-me-up," a "thirst quencher," a "social lubricant," "an indispensable accompaniment to fine food," and a variety of other euphemisms. Or, if it is a drug, at least it is not one of those bad drugs that the hippies use.

This attitude is quite prevalent in the adult population of America, and it is an unhelpful formulation for several reasons. In the first place, alcohol is very much a drug by any criterion and causes significant alterations of nervous functioning regardless of what euphemistic guise it appears in. In fact, as I will make clear in the next chapter, of all the drugs being used in our society, alcohol has the strongest claim to the label *drug* in view of the prominence of its long-term physical effects. In addition, thinking of alcohol as something other than a drug leads us to frame wrong hypotheses about what is going on in America. We are spending much time, money, and intellectual energy trying to find out why some people are taking drugs, but, in fact, what we are doing is trying to find out why some people are taking some drugs that we disapprove of. No useful answers can come out of that sort of inquiry; the question is improperly phrased.

Of course, many theories have been put forward. People are taking drugs to escape, to rebel against parents and other authorities, in response to tensions over foreign wars or domestic crises, in imitation of their elders, and so on and so on. No doubt, these considerations do operate on some level (for instance, they may shape the forms of illegal drug use by young people), but they are totally inadequate to explain the universality of drug use by human beings. To come up with a valid explanation, we simply must suspend our value judgments about kinds of drugs and admit (however painful it might be) that the glass of beer on a hot afternoon and the bottle of wine with a fine meal are no different in kind from the joint of marihuana or the snort of cocaine; nor is the evening devoted to cocktails essentially different from the day devoted to mescaline. All are examples of the same phenomenon: the use of chemical; agents to induce alterations in consciousness. What is the meaning of this universal phenomenon?

It is my belief that the desire to alter consciousness periodically is an innate, normal drive analogous to hunger or the sexual drive. Note that I do not say "desire to alter consciousness by means of chemical agents." Drugs are merely one means of satisfying this drive; there are many others, and I will discuss them in due course. In postulating an inborn drive of this sort, I am not advancing a proposition to be proved or disproved but simply a model to be tried out for usefulness in simplifying our understanding of our observations. The model I propose is consistent with observable evidence. In particular, the omnipresence of the phenomenon argues that we are dealing not with something socially or culturally based but rather with a biological characteristic of the species. Furthermore, the need for periods of nonordinary consciousness begins to be expressed at ages far too young for it to have much to do with social conditioning. Anyone who watches very young children without revealing his presence will find them regularly practicing techniques that induce striking changes in mental states. Three- and four-year-olds, for example, commonly whirl themselves into vertiginous stupors. They hyperventilate and have other children squeeze them around the chest until they faint. They also choke each other to produce loss of consciousness.

To my knowledge these practices appear spontaneously among children of all societies, and I suspect they have done so throughout history as well. It is most interesting that children quickly learn to keep this sort of play out of sight of grownups, who instinctively try to stop them. The sight of a child being throttled into unconsciousness scares the parent, but the child seems to have a wonderful time; at least, he goes right off and does it again. Psychologists have paid remarkably little attention to these activities of all children. Some Freudians have noted them and called them "sexual equivalents," suggesting that they are somehow related to the experience of orgasm. But merely labeling a phenomenon does not automatically increase our ability to describe, predict, or influence it; besides, our understanding of sexual experience is too primitive to help us much.

Growing children engage in extensive experimentation with mental states, usually in the direction of loss of waking consciousness. Many of them discover that the transition zone between waking and sleep offers many possibilities for unusual sensations, such as hallucinations and out-of-the-body experiences, and they look forward to this period each night. (And yet, falling asleep becomes suddenly frightening at a later age, possibly when the ego sense has developed more fully. We will return to this point in a moment.) It is only a matter of time before children find out that similar experiences may be obtained chemically; many of them learn it before the age of five. The most common route to this knowledge is the discovery that inhalation of the fumes of volatile solvents in household products induces experiences similar to those caused by whirling or fainting. An alternate route is introduction to general anesthesia in connection with a childhood operation - an experience that invariably becomes one of the most vivid early memories.

By the time most American children enter school they have already explored a variety of altered states of consciousness and usually know that chemical substances are one doorway to this fascinating realm. They also know that it is a forbidden realm in that grownups will always attempt to stop them from going there if they catch them at it. But, as I have said, the desire to repeat these experiences is not mere whim; it looks like a real drive arising from the neurophysiological structure of the human brain. What, then, happens to it as the child becomes more and more involved in the process of socialization? In most cases, it goes underground. Children learn very quickly that they must pursue antisocial behavior patterns if they wish to continue to alter consciousness regularly. Hence the secret meetings in cloakrooms, garages, and playground corners where they can continue to whirl, choke each other, and, perhaps, sniff cleaning fluids or gasoline.

As the growing child's sense of self is reinforced more and more by parents, school and society at large, the drive to alter consciousness may go underground in the individual as well. That is, its indulgence becomes a very private matter, much like masturbation. Furthermore, in view of the overwhelming social pressure against such indulgence and the strangeness of the experiences from the pint of view of normal, ego-centered consciousness, many children become quite frightened of episodes of nonordinary awareness and very unwilling to admit their occurrence. The development of this kind of fear may account for the change from looking forward to falling asleep to being afraid of it; in many cases it leads to repression of memories of the experiences.

Yet co-existing with these emotional attitudes is always the underlying need to satisfy an inner drive. In this regard, the Freudian analogy to sexual experience seems highly pertinent. Like the cyclic urge to relieve sexual tension (which probably begins to be felt at much lower ages than many think), the urge to suspend ordinary awareness arises spontaneously from within, builds to a peak, finds relief, and dissipates - all in accordance with its own intrinsic rhythm. The form of the appearance and course of this desire is identical to that of sexual desire. And the pleasure, in both cases, arises from relief of accumulated tension. Both experiences are thus self-validating; their worth is obvious in their own terms, and it is not necessary to justify them by reference to anything else. In other words, episodes of sexual release and episodes of suspension of ordinary consciousness feel good; they satisfy an inner need. Why they should feel good is another sort of question, which I will try to answer toward the end of this chapter. In the meantime, it will be useful to keep in mind the analogy between sexual experience and the experience of altered consciousness (and the possibility that the former is a special case of the latter rather than the reverse).

Despite the accompaniment of fear and guilt, experiences of nonordinary consciousness persist into adolescence and adult life, although awareness of them may diminish. If one takes the trouble to ask people if they have ever had strange experiences at the point of falling asleep, many adults will admit to hallucinations and feelings of being out of their bodies. Significantly, most will do this with a great sense of relief at being able to tell someone else about it and at learning that such experiences do not mark them as psychologically disturbed. One woman who listened to a lecture I gave came up to me afterward and said, "I never knew other people had feelings like that. You don't know how much better I feel." The fear and guilt that reveal themselves in statements of this sort doubtless develop at an early age and probably are the source of the very social attitudes that engender more fear and guilt in the next generation. The process is curiously circular and self-perpetuating.

There is one more step in the development of adult attitudes toward consciousness alteration. At some point (rather late, I suspect), children learn that social support exists for one method of doing it - namely, the use of alcohol - and that if they are patient, they will be allowed to try it. Until recently, most persons who reached adulthood in our society were content to drink alcohol if they wished to continue to have experiences of this sort by means of chemicals. Now, however, many young people are discovering what drug users themselves say: that certain illegal substances give better highs than alcohol. This is a serious claim, worthy of serious considerations. We will evaluate it later in this book.

At this point, I would like to summarize the main ideas I have presented so far and then illustrate them with personal examples. We seem to be born with a drive to experience episodes of altered consciousness. This drive expresses itself at very early ages in all children in activities designed to cause loss or major disturbance of ordinary awareness. To an outside, adult observer these practices seem very perverse and even dangerous, but in most cases adults have simply forgotten their own identical experiences as children. As children grow, they explore many ways of inducing similar changes in consciousness and usually discover chemical methods before they enter school. Overwhelming social pressures against public indulgence of this need forces children to pursue antisocial, secretive behavior patterns in their explorations of consciousness. In addition, the development of a strong ego sense in this social context often leads to fear and guilt about the desire for periods of altered awareness. Consequently, many youngsters come to indulge this desire in private or to repress it. Finally, older children come to understand that social support is available for chemical satisfaction of this need by means of alcohol. Today's youth, in their continuing experimentation with methods of changing awareness, have come across a variety of other chemicals, which they prefer to alcohol. Thus, use of illegal drugs is nothing more than a logical continuation of a developmental sequence going back to early childhood. It cannot be isolated as a unique phenomenon of adolescence, of contemporary America, of cities, or of any particular social or economic class.

I feel confident about this developmental scheme for two reasons. First, I have seen it clearly in the histories of many hundreds of drug users I have interviewed and known. <sup>2</sup> Second, I have experienced it myself. I was an avid whirler and could spend hours collapsed on the ground with the world spinning around - this despite the obvious unpleasant side effects of nausea, dizziness, and sheer exhaustion (the only aspects of the experience visible to grownups). From my point of view these effects were incidental to a state of consciousness that was extraordinarily fascinating - more interesting than any other state except the one I entered at the verge of sleep. I soon found out that my spinning made grownups upset; I learned to do it with other neighborhood children in out-of-the-way locations, and I kept it up until I was nine or ten. At about the age of four, like most members of my generation, I had my tonsils out, and the experience of ether anesthesia (administered by the old-fashioned open-drop method) remains one of my strongest memories of early life. It was frightening, intensely interesting, and intimately bound up with my thoughts about death. Some years later I discovered that a particular brand of cleaning fluid in the basement of my house gave me a similar experience, and I sniffed it many times, often in the company of others my age. I could not have explained what I was doing to anyone; the experience was interesting rather than pleasant, and I knew it was important to me to explore its territory.

Alcohol was not forbidden in my home; I was even allowed occasional sips of cocktails or after-dinner cordials. Because I never liked the taste of alcohol, I was unable to understand why grownups drank it so often. I never connected it with my own chemical experiences. I did not discover a real alcohol high until I was a senior in high school; then at age sixteen it suddenly became clear to me what alcohol was - another method, apparently a powerful one, of entering that interesting realm of consciousness. Soon I fell into a pattern of weekend drinking parties at which everybody consumed alcohol in order to get drunk. These highs were enjoyable for a time, but once their novelty wore off, I indulged in them for purely social reasons. Before long, I began to find the objective, physical effects of alcohol unpleasant and hard to ignore. I hardly knew of the existence of illegal drugs and would not have considered trying them. To me, marihuana was a narcotic used by criminals, and I had no idea why anyone would take amphetamines or opiates.

In the summer of 1960, just before I entered Harvard College as a freshman, I read an article in the Philadelphia *Evening Bulletin* about the death of a student at a southern California college supposedly from an overdose of mescaline. He had been taking it "to get inspiration for papers in a creative writing course." A paragraph from a recent paper was quoted - a visionary description of "galaxies of exploding colors." Mescaline was identified as an experimental drug, largely unknown, said to produce visions. My curiosity was aroused at once, and I resolved to devote my ingenuity to getting and trying mescaline.

At Harvard, excessive weekend consumption of alcohol by students and faculty was the rule rather than the exception, and I went along with the majority even though the experience of being high on alcohol had long since ceased being interesting to me in my explorations of consciousness. Use of illegal drugs was nonexistent except in a very submerged underground. I read everything I could find in scientific journals about mescaline, then came across Aldous Huxley's famous essay, *Doors of Perception*. The little book convinced me that my intuitions about mescaline as something to be checked out were right. For example, I read:

... [mescaline] changes the quality of consciousness more profoundly and yet is less toxic than any other substance in the pharmacologist's repertory. <sup>1</sup>

And:

... it had always seemed to me possible that, through hypnosis, for example, or autohypnosis, by means of systematic meditation, or else by taking the appropriate drug, I might so change my ordinary mode of consciousness as to be able to know, from the inside, what the visionary, the medium, the mystic were talking about. <sup>2</sup>

Huxley made a convincing case that mescaline was the appropriate drug. Coincidentally, he appeared at the Massachusetts Institute of Technology that fall to give a series of Saturday lectures on visionary experience that were broadcast on the Harvard radio station. I listened carefully to Huxley's thesis that altered states of consciousness included the highest forms of human experience and that chemicals like mescaline were the most direct means of access.

That humanity at large will ever be able to dispense with Artificial Paradises seems very unlikely. Most men and women lead lives at the worst so painful, at the best so monotonous, poor, and limited that the urge to escape, the longing to transcend themselves if only for a few moments, is and has always been one of the principal appetites of the soul. Art and religion, carnivals and saturnalia, dancing and listening to oratory - all these have served, in H. G. Wells's phrase, as Doors in the Wall. And for private, for everyday use there have always been chemical intoxicants. All the vegetable sedatives and narcotics, all the euphorics that grow on trees, the hallucinogens that ripen in berries or can be squeezed from roots - all, without exception, have been known and systematically used by human beings from time immemorial. And to these natural modifiers of consciousness, modern science has added its quotas of synthetics ... <sup>3</sup>

As a project for David Riesman's course on American society, I began to write a long study of psychoactive drugs and social attitudes toward them. An instructor in the course suggested that I look up a psychologist, Timothy Leary, who, he thought, was actually doing research with hallucinogens.

I first talked with Leary in his tiny office in the Center for Personality Research on Divinity Avenue. He spoke with sincerity, conviction, and enthusiasm about the potential of drugs like LSD, psilocybin, and mescaline. He envisioned a graduate seminar based on regular consumption of hallucinogens alternating with intensive periods of analysis to identify and apply the insights gained while high. He predicted that within ten years everyone would be using the drugs "from kindergarten children on up." And he did not anticipate strong opposition by society. I asked whether I could be a subject in his psilocybin studies. He said no, that he was sorry, but he had promised the university administration not to use undergraduates. He encouraged me to try to get mescaline, which he thought would be possible.

I took two months and only moderate ingenuity to obtain legally a supply of mescaline from an American chemical firm. Then seven other undergraduates and I began taking mescaline and evaluating our experiences with great care. A dozen experiences I had with the drug in 1961 (in half-gram doses) were highly varied. Most were nothing more than intensifications of preexisting moods with prominent periods of euphoria. Only a small percentage of the time did the sensory changes (such as constant motion of boundary lines and surfaces or vivid imagery seen with the eyes closed) seem worth paying much attention to. In a few instances great intellectual clarity developed at the peak of the experience, and insights were gained that have had lasting importance. After a dozen trips (we called them "sessions") I was able to see that much of the mescaline experience was not really so wonderful: the prolonged wakefulness, for example, and the strong stimulation of the sympathetic nervous system with resultant dilated eyes, cold extremities, and stomach butterflies. Yet its potential for showing one good ways of interpreting one's own mind seemed enormous. Why was that potential realized so irregularly?

During the year that our drug ring operated out of Claverly Hall, I had a chance to watch perhaps thirty mescaline experiences of other undergraduates, and, again, what was most striking was the variability of these sessions. All of the experiences were mostly pleasant, with no bad reactions, but no two were alike, even in the same person. What we were seeing was also being noted by Leary and Alpert in their continuing studies with psilocybin. They gave the drug to large numbers of intellectuals, artists, alcoholics, prisoners, addicts, and graduate students; reported that the vast majority of the experiences were positive; and pointed out the importance of "set" and "setting" in determining the subject's reaction. Set is a person's expectations of what a drug will do to him, considered in the context of his whole personality. Setting is the environment, both physical and social, in which a drug is taken. Leary and Alpert were the first investigators of the hallucinogens to insist on the importance of these two variables. Without them, we are unable to explain simply why the drug varies so unpredictably in its psychic effects from person to person and from time to time in the same person. With these variables, the observations become suddenly clear; hence the usefulness of the concept of set and setting.

I will discuss this concept and its implications when I talk about marihuana. At this point I will merely note that the combined effects of set and setting can easily overshadow the pharmacological effects of a drug as stated in a pharmacology text. One can arrange set and setting so that a dose of an amphetamine will induce sedation or a dose of a barbiturate, stimulation. The first time I tried mescaline, my set included so much anxiety (a roomful of people sat around watching to see what would happen) that I felt nothing whatever for four hours after swallowing the dose and thereafter only strong physical effects. There were simply no psychic effects to speak of. This phenomenon has been reported often with marihuana (which I did not try until two years later) and is of great significance, for it argues that the *experience* associated with use of a drug may not be as causally related to the drug as it appears to be.

It is not my purpose here to recount my drug experiences. I write of them to indicate that the route to mescaline, for me and others, was a highly logical one traceable back to earliest childhood. My desire to try mescaline once I had learned of its existence was as natural as my desire to whirl myself into dizziness, hallucinate while falling asleep, sniff cleaning fluid, or get drunk in high school. I did not take mescaline because I went to Harvard, met Timothy Leary, rebelled against my parents, was motivated, or sought escape from reality. I took it because I was a normal American teen-ager whose curiosity had survived thirteen years of American education. And it is instructive to note that the way mescaline first came to my attention was through a scare story in a newspaper describing a fatal reaction to the drug (a most improbable event as it turns out).

Now when I say that people take drugs in response to an innate drive to alter consciousness, I do not make any judgment about the taking of drugs. The drive itself must not be equated with the forms of its expression. Clearly, much drug taking in our country is negative in the sense that it is ultimately destructive to the individual and therefore to society. But this obvious fact says nothing about the intrinsic goodness or badness of altered states of consciousness or the need to experience them. Given the negativity of much drug use, it seems to me there are two possibilities to consider: (1) altered states of consciousness are inherently undesirable (in which case, presumably, the drive to experience them should be thwarted); or (2) altered states of consciousness are neither desirable nor undesirable of themselves but can take bad forms (in which case the drive to experience them should be channeled in some "proper" direction). Do we have enough evidence to make an intelligent choice between these possibilities?

Primarily, we need more information about altered states of consciousness. Altered from what? is a good question. The answer is: from ordinary waking consciousness, which is "normal" only in the strict sense of "statistically most frequent"; there is no connotation of "good," "worthwhile," or "healthy." Sleep and daydreaming are examples of altered states of consciousness, as are trance, hypnosis, meditation, general anesthesia, delirium, psychosis, mystic rapture, and the carious chemical "highs." If we turn to psychology or medicine for an understanding of these states, we encounter a curious problem. Western scientists who study the mind tend to study the objective correlates of consciousness rather than consciousness itself. In fact, because consciousness is nonmaterial, there has been great reluctance to accord it the reality of a laboratory phenomenon; psychologists, therefore, do not study consciousness directly, only indirectly, as by monitoring the physiological responses or brain waves of a person in a hypnotic trance or in meditation. Nonmaterial things are considered inaccessible to direct investigation if not altogether unreal. Consequently, there has been no serious attempt to study altered states of consciousness as such.

In the East, psychological science has taken a very different turn. Subjective states are considered more directly available for investigation than objective phenomena, which, after all, can only be perceived through our subjective states. Accordingly, an experiential science of consciousness has developed in the Orient, of which yoga is a magnificent example. It is a science as brilliantly articulated as Western conceptions of neurophysiology, but no attempt has been made to correlate it carefully with the physical realities of the nervous system as demonstrated by the West.

Therefore, Eastern science should be helpful in understanding altered states of consciousness, but it must always be checked against empirical knowledge of the objective nervous system. Now one of the puzzling and unifying features of altered states of consciousness is their relative absence of physical correlates. For example, there are really no significant physiological differences between a hypnotized person and an un hypnotized person, or even any way of telling them apart if the hypnotized subject is given appropriate suggestions for his behavior. As we shall see, the same holds true for the person high on marihuana - he is not readily distinguishable from one who is not high. Consequently, research as we know it in the West really cannot get much of a foothold in this area, and the scientific literature is dreadfully inadequate.

Nevertheless, I think it is possible to come to some useful conclusions about altered states of consciousness from what we can observe in ourselves and others. An immediate suggestion is that these states form some sort of continuum in view of how much they have in common with each other. For example, trance, whether spontaneous or induced by a hypnotist, is simply an extension of the daydreaming state in which awareness is focused and, often, directed inward rather than outward. Except for its voluntary and purposeful character, meditation is not easily distinguished from trance. Masters of meditation in Zen Buddhism warn their students to ignore *makyō*, sensory distortions that frequently resemble the visions of mystics or the hallucinations of schizophrenics. In other words, there is much cross-phenomenology among these states of consciousness, and, interestingly enough, being high on drugs has many of these same features, regardless of what drug induces the high.

The sense of physical lightness and timelessness so often reported by drug users is quite common in trance, meditation, and mystic rapture, for instance. Great ease of access to unconscious memories is also common in these states. Hypnotic subjects capable of sustaining deep trances can be "age regressed" - for example, made to reexperience their tenth birthday party. In deepest trances, awareness of present reality is obliterated, and the subject is amnesic for the experience when he returns to normal consciousness. In lighter trances, age-regressed subjects often have a sense of dual reality - the simultaneous experience of reliving the tenth birthday party while also sitting with the hypnotist. Exactly the same experience is reported by users of marihuana, who often find themselves spontaneously reliving unconscious memories as present realities; I have had this sense of dual reality, myself, on a number of occasions when I have been high on marihuana in settings that encouraged introspective reverie.

I want to underline the idea that these states form a continuum beginning in familiar territory. When we watch a movie and become oblivious to everything except the screen, we are in a light trance, in which the scope of our awareness has diminished but the intensity of it has increased. In the Oriental scientific literature, analogies are often drawn between consciousness and light: intensity increases as scope decreases. In simple forms of concentration like movie watching or daydreaming, we do not become aware of the power of focused awareness, but we are doing nothing qualitatively different from persons in states of much more intensely focused consciousness where unusual phenomena are the rule. For example, total anesthesia sufficient for major surgery can occur in deep trance; what appears to happen is that the scope of awareness diminishes so much that the pain arising from the body falls outside it. The conscious experience of this state is "the pain is there but it's happening to someone else." <sup>4</sup> I have myself seen a woman have a baby by Caesarean section with no medication; hypnosis alone was used to induce anesthesia, and she remained conscious, alert, in no discomfort throughout the operation.

I have also seen yogis demonstrate kinds of control of their involuntary nervous systems that my medical education led me to believe were impossible. One that I met could make his heart go into an irregular pattern of beating called fibrillation at will and stop it at will. Such men ascribe their success in this area solely to powers of concentration developed during regular periods of meditation. There is no need, I think, to point out the tremendous implications of these observations. Because we are unable to modify consciously the operations of a major division of our nervous system (the autonomic system), we are prey to many kinds of illnesses we can do nothing much about (cardiovascular diseases, for example). The possibility that one can learn to influence directly such "involuntary" functions as heart rate, blood pressure, blood flow to internal organs, endocrine secretions, and perhaps even cellular processes by conscious use of the autonomic nervous system is the most exciting frontier of modern medicine. If, by meditation, a man can learn to regulate blood flow to his skin (I have seen a yogi produce a ten-degree Fahrenheit temperature difference between right and left hands within one minute of getting a signal; the warmer hand was engorged with blood and dark red, the cooler hand was pale), there is no reason why he could not also learn to shut off blood flow to a tumor in his body and thus kill it. I will elaborate on these possibilities in the last chapter of this book. Here, I merely wish to note them and emphasize their intimate relationship to altered states of consciousness.

Another chief characteristic of all these states is a major change in the sense of ego, that is, in awareness of oneself as a distinct entity. Thus, when we catch ourselves daydreaming, we wonder where we were for the past few minutes. Now it is most interesting that many systems of mind development and many religions encourage their adherents to learn to "forget" themselves in precisely this sense. For example, in Zen archery (an application of Zen technique that can be used as a spiritual exercise) the meditating archer obliterates the distinction between himself and the bow; hitting the bull's eye with the arrow then becomes no more difficult than reaching out and touching it, and the shot is always a bull's eye. D. T. Suzuki, who brought Zen to the attention of the West, has written of this process: "The archer ceases to be conscious of himself as the one who is engaged in hitting the bull's eye which confronts him." <sup>4</sup> In fact, the ability to forget oneself as the doer seems to be the essence of mastery of any skill. And since the observing ego is the center of normal waking consciousness, the essence of mastery of any skill is the ability to forsake this kind of consciousness at will.

Furthermore, mystics from all religious traditions testify that this same loss of sense of self is an essential aspect of the highest of human experiences - an assertion the Christian might associate with Jesus' words: "Whoever loses his life for my sake will gain it." <sup>5</sup> In higher forms of yogic or Buddhist meditation the aim is to focus consciousness on a single object or thought and then to erase all notion of anyone doing the meditation. Patanjali, the ancient writer who first codified and recorded the principles of the much more ancient science of yoga, wrote of *samadhi* (the highest state of consciousness envisioned in yoga): "When alone the object of contemplation remains and one's own form is annihilated, this is known as *samadhi*." <sup>6</sup> *Samadhi* is a real experience that has been attained by many.

It is noteworthy that most of the world's highest religious and philosophic thought originated in altered states of consciousness in individuals (Gautama, Paul, Mohammed, etc.). It is also noteworthy that creative genius has long been observed to correlate with psychosis and that intuitive genius is often associated with daydreaming, meditation, dreaming, and other nonordinary modes of consciousness.

What conclusions can we draw from all this information? At the least, it would seem, altered states of consciousness have great potential for strongly positive psychic development. They appear to be the ways to more effective and fuller use of the nervous system, to development of creative and intellectual faculties, and to attainment of certain kinds of thought that have been deemed exalted by all who have experienced them.

So there is much logic in our being born with a drive to experiment with other ways of experiencing our perceptions, in particular to change away periodically from ordinary, ego-centered consciousness. It may even be a key factor in the present evolution of the human nervous system. But our immediate concern is the anxiety certain expressions of this drive are provoking in our own land, and we are trying to decide what to make of altered states of consciousness. Clearly, they are potentially valuable to us, not inherently undesirable as in our first hypothesis. They are also not abnormal in that they grade into states all of us have experienced. Therefore, to attempt to thwart this drive would probably be impossible and might be dangerous. True, it exposes the organism to certain risks, but ultimately it can confer psychic superiority. To try to thwart its expression in individuals and in society might be psychologically crippling for people and evolutionary ruinous for the species. I would not want to see us tamper with something so closely related to our curiosity, our creativity, our intuition, and our highest aspirations.

If the drive to alter consciousness is potentially valuable and the states of altered consciousness are potentially valuable, then something must be channeling that drive in wrong directions for it to have negative manifestations in our society. By the way, I do not equate all drug taking with negative manifestations of the drive to alter consciousness. Drug use becomes negative or abusive only when it poses a serious threat to health or to social or psychological functioning. Failure to distinguish drug use from drug abuse - another unhelpful conception arising from emotional bias - has become quite popular, especially in Federal government propaganda. The National Institute of Mental Health continues to label every person who smokes marihuana an abuser of the drug, thus creating an insoluble marihuana problem of enormous proportions. Professional legal and medical groups also contribute to this way of thinking. In fact, the American Medical Association has gone so far as to define drug abuse as any use of a "drug of abuse" without professional supervision - an illustration of the peculiar logic necessary to justify conceptions based on emotional rather than rational considerations.

Certainly, much drug use is undesirable, despite the claims of drug enthusiasts, although this problem seems to me much less disturbing than the loss to individuals and to society of the potential benefits of consciousness alteration in positive directions. But let us not get ahead of ourselves. Our inquiry in this chapter is directed to the question of why people take drugs. I have tried to demonstrate that people take drugs because they are means of satisfying an inner need for experiencing other modes of consciousness and that whether the drugs are legal or illegal is an unimportant consideration. To answer the question most succinctly: people take drugs because they work.

Or, at least, they seem to.

[End of Chapter 2, pp. 17-38]

<sup>2</sup> When I was student at Harvard many of my friends and associates used drugs and discussed them with me. I began to publish articles on drugs while still in college and became known as a drug expert before I entered medical school, which led other users to seek me out for advice. In 1968 I conducted formal interviews of users in the Boston area in an effort to recruit subjects for laboratory experiments on marihuana. Publicity surrounding publication of these experiments while I was an intern in San Francisco brought numbers of users to me as patients. As a volunteer physician at the Haight-Ashbury Medical Clinic I saw many more users before finishing my clinical training. Since then I have continued to discuss drugs with persons who use them in a variety of settings. It has been my experience that users are delighted to talk about drugs with anyone willing to listen.

<sup>3</sup> Patients given morphine sometimes report the same experience.

### Works Cited:

1. Aldous Huxley, *The Doors of Perception* (New York: Perennial Library, 1970), pp. 9-10.
2. Huxley, p. 14.
3. Huxley, pp. 62-63.
4. D. T. Suzuki, Introduction to *Zen in the Art of Archery* by Eugen Herrigel (New York: Vintage Books, 1971), p. 10.
5. Matthew 16:26; compare Luke 10:24.
6. Patanjali, *Yoga Aphorisms* III:3, quoted by James Hewitt in *A Practical Guide to Yoga* (New York: Funk & Wagnalls, 1968), p. 146. Further commentary on this aphorism may be found in *How to Know God: The Yoga Aphorisms of Patanjali*, translated by Swami Prabhavananda and Christopher Isherwood (New York: Signet Books, 1969), pp. 122-123.

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