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Consciousness and Anomalous Experiences

You are a clinical psychologist interested in anomalous experiences. How did you become interested in this subject?

I am from Mexico but have lived in other countries and cultures so I am aware of cultural differences and values. I started working as a clinical psychologist in Mexico. At the time I liked being a therapist, but after some extraordinary experiences as an actor in an experimental theatre group, I became interested in the different states of consciousness experienced by people without using drugs. I wondered how one's perspective could be impacted by these extraordinary or anomalous experiences.

I was also interested in hypnosis because my father was a psychoanalyst and a hypnotist. I knew that someone could experience the world differently after a hypnotic induction. Then I realised that you don't even need any kind of induction to have these experiences. So eventually, I found my way to the University of California at Davis and Stanford University where I was able to merge the study of dissociative experiences and hypnosis.

I ended up investigating ways in which trauma affects consciousness. I realised that momentarily the majority of people who have been traumatised change the way they see themselves and their world around them. This is a normal reaction to the extraordinary or anomalous events that sometimes happen in trauma. I found out that some of those changes were similar to those that might be experienced by a person being hypnotised. So I was able to merge in a sense both, the artificially-induced changes caused by hypnosis with changes that happen when a person is having to face an out-of-the-ordinary situation.

How does the mind change with traumatic events?

When people live through an earthquake they suddenly feel that the world around them has changed, that it is no longer real, and they may start perceiving things differently. For example, their sense of time tends to change, they may experience that time is going slower than usual. They may feel that they are in a dream, or in a nightmare. And it is not just a metaphor, it is a real experience.

Reality may no longer be seen as clearly or with the same type of intensity as before. Something has been altered.

As a result of trauma some people tend to dissociate. By dissociation I mean experiential detachment. The person is no longer experiencing life in the usual ways. Dissociation can be useful depending on the circumstances. So if for example, you had been shot in the arm and you were to experience the pain caused by the injury in the same way you would normally experience it, it might stop you from running away while you are still able to escape the violence.

When someone close dies, the surviving members of the family may feel a sense of unreality. This is a normal reaction particularly in the case of sudden and unexpected deaths. The first thing that comes into their mind is: "this is not true". In a way they are detaching themselves from reality.

Their mind says: "This is too much to bear so I will distance myself". This reaction may be useful because it allows them to continue living without having to worry about the pain. It might become problematic if they continue to feel that way when time has gone by and they are no longer in danger, because they will be unable to integrate what happened to them in their lives and resume their ordinary life. Hypnosis and other techniques can help.

How would you define hypnosis?

Hypnosis is not a therapy as such, but a collection of techniques that can be integrated with other types of therapy like psychoanalysis, psychodynamic therapy, cognitive behavioural therapy, etc. Whatever your approach as a therapist is, you can use hypnotic techniques that can help greatly because in a sense many people who have been traumatised are already in a non-controlled quasi-hypnotic state. Hypnosis enables people to control their minds rather than having their minds control them. Hypnosis is a good way to modulate emotions, integrate states of consciousness, and give back to people the control and power they used to have.

What happens to the mind during hypnosis?

People become more aware of their inner experiences. Hypnosis may trigger spontaneous transcendental

experiences, such as the feeling of being part of a whole.

The intensity and type of the experience varies greatly. Some people have dramatic changes, others are not affected as much and a minority not at all. If you are responsive to it, you may connect with your inner experiences, and whatever you are imagining becomes very real. The sensory experiences are rich and the feelings intense.

Research shows that hypnosis helps various mental conditions, particularly for those that have suffered traumatic experiences. As I said before because many traumatised people go into similar states as in hypnosis, but without understanding them, identifying them, or being able to control them, learning hypnosis can empower them.

There is a myth that when being hypnotised you surrender control to the hypnotist. That is not at all what happens. The hypnotist simply guides the person. The purpose is to find out more about yourself and regain control of your life, particularly of those aspects of your life that you cannot control.

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Apart from hypnosis are there any other techniques that could be considered non-traditional?

Any kind of technique that can help integrate traumatic memories that are causing problems is helpful. Mindfulness is a good example. This technique is about focusing on the present. It is about paying full attention to what is happening within you and outside you moment by moment, without judging. It is about being cognisant about now rather than just be thinking about your problems.

Sometimes people who have been traumatised become absent, disconnected. You may see that when you look into their eyes, they look glazed. They are in a sense not there. So mindfulness techniques can help people become more anchored and aware of their bodies, their surroundings.

Eye Movement Desensitization and Reprocessing (EMDR) is another technique. EMDR is about using patients' rapid, rhythmic eye movements. These movements dampen the power of emotionally charged memories of posttraumatic events. But I do not think the eye movements are the active ingredient. What is more important is that you give people a way to revisit the kind of memories they have problems with, and do it in a way in which they control them and somehow diminish the emotional intensity.

I read an article in *The New Yorker* magazine about some clinical trials being conducted at several universities in the US including New York University. In these trials psilocybin - a hallucinogen- was being administered to cancer patients, in an effort to relieve their anxiety and existential distress. One of the researchers was quoted as saying that under the influence of the hallucinogen that: “individuals transcend their primary identification with their bodies and experience ego-free states ... and return with a new perspective and profound acceptance.” Psilocybin has also been used to treat alcohol addiction. Of course they use trained professionals to guide the patients.

In a sense we are rediscovering something that was well-known 50 years ago. In the 1960s when people were experimenting with psychedelics for personal and therapeutic reasons, some clinicians also used LSD for people who had terminal illness, alcoholism and drug addictions. Of course one needs to be very careful how it is done. Hallucinogens alter the state of consciousness in a dramatic way.

Hypnosis is powerful but controllable. It can trigger a strong experience but not as strong as LSD.

So what hypnotherapy and hallucinogens have in common is that they can open the mind. We live our lives often “on autopilot.” We are set in our routines, doing more or less the same things every day, thinking in the same ways we have been thinking for years or decades, and we do not even understand that there are other ways of looking at life.

When you experience hypnosis, or even more intensely LSD, you may realise that you are actually able to see and perceive things very differently. You realise the perception you had of yourself is just one way of defining yourself and that there are other ways of viewing yourself and the world around you.

It may also reveal that you are more than just yourself. It is what one may call a transcendental experience, when you suddenly feel you are no longer the centre of the universe but that you are connected to everything else. So yes, that can be very helpful because it opens up your mind. However I would also say that there is no therapy that is entirely good or bad, it depends on the case and the circumstances.

In the case of people who have a terminal illness, who are about to die, just the experience of being connected to something bigger than oneself is positive, the awareness that the universe will continue to exist whether you survive or not, gives you a sense of continuity, even if you die.

In that sense a well organised experience with psychedelics can be helpful. Of course when using them one must be extremely careful because you perceive emotions and see reality with great intensity. If you are going through a good period in your own life then it can be extraordinary. But on the other hand, if you are in a bad psychological place, it can also be a very bad experience, which is why when people have psychedelic therapy they normally have someone who is well trained accompany the client during the whole experience.

In ancient cultures like the Australian Aborigines they had similar types of techniques, not necessarily with drugs, though sometimes they used them. People in those cultures came of age through rites of passage, in which the whole group was guiding the person through rituals that allowed them to have a strong experience but this was also an experience of interconnectedness with the cultural group.

In modern psychology there seems to be a willingness to integrate non-traditional techniques with traditional ones.

I have written a lot about this. I don't believe that there is one psychology as such, or that there has ever been a psychology so to speak. Like other types of science there are different schools of thought and trends and people take different angles on issues. Sometimes proponents of different schools of thought compete with one another.

It may happen, however, that one school of thought becomes dominant and mainstream and more influential. Psychologists of that school are quoted more often and people end up believing it is the *psychology* of the time.

This has always happened. Having said that, I do believe that at the beginning of the 20th century there were some psychologists interested in what you might call unusual states of being, including altered and transcendental states. They were interested in finding out about what happened to the mind when you had mystical

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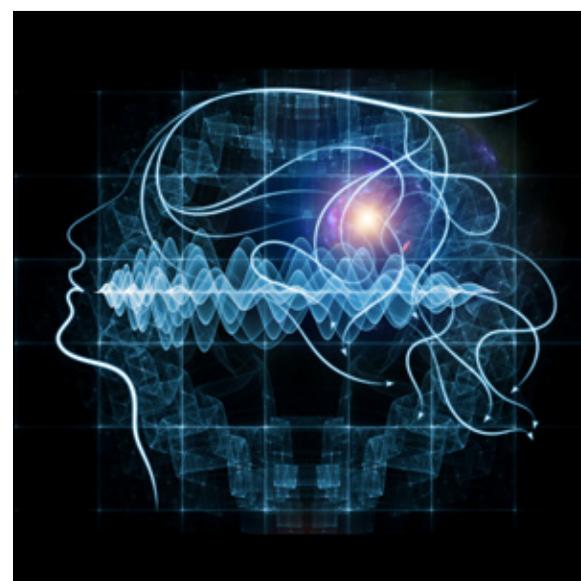


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experiences or took psychoactive drugs, which could help view life with much richness and depth. Of course there were psychologists opposed to that. They thought that only what is observable could be studied scientifically.

So what happened for decades is that the earlier interest in consciousness was marginalised from mainstream psychology, which focused on measuring behaviour or, more recently, looking at the workings of cells and the patterns in the brain. It assumed that humans or animals could be studied like a mechanical system.

In the last few years some psychologists have been searching for alternative scientific and medical models. To this day psychology has not been able to explain consciousness, human experience, or the ways in which human beings and animals are able to function as a living system. In the last few years some renowned scientists have come out and said: “we can no longer explain human beings as a collection of molecules. Consciousness cannot be reduced to that. We are not finding any explanation so we have to bring new ideas.”

We should accept the fact that other forms of consciousness are present in the universe, at the very least in all living beings. There is something sacred, extraordinary about every living being that is unique and not simply a collection of random molecular interactions.

Carl Jung viewed consciousness as something precious. He collaborated with one of the greatest theoretical physicist of the 20th century, Wolfgang Pauli

and they both discussed how to integrate psychology and physics. Those types of collaborations are something that we need to have a lot more of. We need to work across disciplines.

A clinician should be treating the client in a holistic way, taking into consideration her belief system, experiences – ordinary and anomalous- that they may have had, and how those experiences may affect her life. We cannot continue defining human beings in limited and simplified ways, unduly limiting the range of human experience.

If you say that you feel you are connected with the energy of the universe, that you are flowing and feel you are part of something bigger, some may think you are crazy or if you are listening to a voice in your head that must mean that you are a schizophrenic. Research has shown, however, that having unusual experiences does not necessarily imply symptoms of a pathology. It certainly does not tell you whether someone has a disorder or not, because for example, one third of the people who hear voices in their heads are fine. They are not disturbed by them, and sometime the voices are useful to them. Whether you want to call those voices the spirits or consciousness, your animus or anima, they do not mean you have a disorder. They may even help you to become a better person.

People who have near death experiences may feel they float, their bodies go into a tunnel, they feel love and acceptance and become more loving, more considerate of others, better people.

We need to expand our definition of what is acceptable human experience. It is broader. Human experience is not about money or being rational but about being in this amazing and mysterious world, and finding ways to communicate this to others may make you a better person.

Is there is a tendency to diagnose excessively?

Yes and that is the topic of my seminar tomorrow, the challenge is how to differentiate something that you should be treating with something that you should not be treating at all. As a clinician you should say: “This is acceptable. I may not be able to understand it, or have those experiences myself, but if this is not distressing to the client nor does it make him dysfunctional, then it is fine.”

What is considered healthy or unhealthy practice is questionable. We need to broaden our views because there is a lot more about who we are and the world we live in than what we can see. R