

Hungry for Ecstasy: Trauma, the Brain, and the Influence of the Sixties

By Sharon Klayman Farber

Reviewed by Lorna Goldberg

Lanhan, Maryland: Jason Aronson (subsidiary of Rowman & Littlefield Publishing Group, Inc.) 2012. ISBN-10: 0765708582 | ISBN-13: 978-0765708588 (hardcover), \$95.40, 444 pages; Kindle edition (2013), \$56.99 (Amazon.com).

Dr. Sharon Farber begins her book with a personal account of her own experience of ecstasy. Her husband had a life-threatening illness; finally, after many frightening months, he was scheduled for surgery that might save his life. At the same time, she was coping with other life-changing events. On the morning of the surgery, Farber began driving on the highway, heading from her suburban home to the hospital in the city. It was a glorious, sunny autumn day in New York. Farber began to think of a particularly upbeat melody and popped a Zydeco CD into the player. She was “in a groove, going higher and higher” (p. 16) until she suddenly became aware that she could get herself killed if she didn’t rein herself in. As quickly as this exuberance began, it ended, and Farber returned to her previous worries. Her husband survived the illness. Later, recalling this experience of ecstasy helped Farber better appreciate the underlying dynamics of why someone would begin spiraling up toward an ecstatic state when under duress.

Melanie Klein originated the term *manic defense* to refer to a mental operation that gives us protection from depressive as well as paranoid anxieties. Farber uses this concept to describe how the manic defense aids us in coping with painful affects. It plays a central role for those of us who are terrified of feeling grief and sadness and who are unable to mourn. It creates the illusion that we are omnipotent and can stand above our vulnerable self. This is the defense Farber relied upon briefly when she became overwhelmed by the pain of facing the possibility of her husband’s death.

Farber also examines the derivation of the word *ecstasy*. She discovered that it derives from the Greek *ekstasis*, which means “a state of displacement, of being driven out of one’s senses, mentally transported, to stand outside oneself. This suggests an out-of-body experience” (p. 16).

In her introduction, Farber states, “I have no final conclusions about ecstasy, only hypotheses and questions. Writing this book was a terrific adventure that took me to unexpected places I never imagined I would go.” This book does, indeed, take the reader to unexpected places. The author weighs in on a broad range of topics, including research on the brain and altered states of consciousness, the sixties, the use of pharmaceuticals that produce the state of ecstasy, ecstasies of pain and near-death experiences, religious ecstasies, killing and cannibalistic ecstasies, and creative ecstasies. The final chapters of the book comprise sections on the therapist’s considerations in working with those on the road to ecstasy. She has written all of these topics with clarity and filled them with fascinating research, both old and new. This is a lengthy book, but I believe readers will find themselves returning to some of these sections again and again.

Of particular interest to readers of this journal is Farber’s chapter on cult-induced ecstasy and psychosis. Farber points out that some who end up in a cult are longing for an ecstatic experience. The cult experience can induce “radical personality change, ongoing states of dissociation, as well as ecstatic and psychotic states” (p. 128). It has been my experience that many of those who leave cults are saddened by the loss of those ecstatic experiences. Some might have the need to replace cult ecstasy with addictive or other dissociative-inducing experiences. I agree with Farber that it is crucial

for the therapist to understand this process and explore the impact of this loss.

My own coming-of-age experience allows me, to a lesser extent, to identify with these feelings. I look back on my younger, activist self of the sixties and remember that nothing made me feel as “high” as participating in a civil-rights or peace march with others who shared my mission. In my early twenties, my life could be focused on this single-minded goal in a manner in which my older self would not be. Some of my contemporaries were dying in Vietnam, and my identity as an activist gave me protection against the uncertainty about life ahead. I believe that, at that time of life, I might have been vulnerable to the “charms” of a charismatic, narcissistic cult leader purporting what appeared to be my own worldview. Today, when I hear certain songs, I still get the chills as I tap into feelings from those heady years.

Farber points out how cults induce dissociation through the use of a wide array of techniques, including meditation, relaxation, chanting, biofeedback, hypnosis, self-hypnosis, and visualization. I would add music and singing, as well as lecturing. The *excessive* use of these techniques results in a shutting down of the critical-thinking process. Coupled with these techniques, recruits are encouraged to actively suppress normal emotional responses, which are relabeled as “negative” or “selfish.” This suppression serves to numb the recruits’ access to genuine emotions. At the same time, recruits are in the midst of a world of true believers, in total unity, following a charismatic, narcissistic leader, who takes full credit for their altered state. In that moment, the leader provides them with a new message that is the key to their salvation. This manipulation results in the creation of a new reality for recruits.

Farber focuses on the research of Conway and Siegelman, whose theory of the “snapping” process she uses to explain how these techniques create sudden synaptic connections and neurochemical changes in the areas of the brain where thinking and awareness, as well as imagination and long-term memory, are concentrated (Conway and Siegelman, 1995). Current theorists often miss this important

addition to our understanding of the transformation process. I would add both the work of Lifton (1989) and of Lalich, who was the first to demonstrate how cult recruitment is a two-person process, with the cult member’s participation in this process (2004). Since this book is about ecstasy and mania, I would also note Shaw’s understanding of how the cult leader’s utilization of the manic defense allows him to feel omnipotent rather than shameful, and how the narcissistic cult leader is dependent on followers as objects for the projection of his own shameful feelings (Shaw 2003).

Farber illuminates the theories she provides in her book by numerous case examples. She also provides firsthand experiences of cultic phenomena by several experts in the cult field: She includes Patrick Ryan’s experience with Transcendental Meditation (TM), Joe Szimhart’s insights into the new-age movement, and Amy Siskind’s study of a therapy cult. Farber discovers that entrance into a cult parallels entrance into her own experience of ecstasy. That is, entrance into ecstasy usually occurs when the recruit is experiencing vulnerability at a time of stress or transition. Potential recruits are lured by the cult’s promise of transforming their lives. Farber wisely cautions therapists who work with former cult members to consider that initial symptoms might be ascribed to the individuals’ troubling, often traumatic, cult experience rather than to early life experiences or to other personality factors. Furthermore, Farber provides examples from her work with a former cult member to demonstrate how her encouragement to put feelings into words gave her patient more control over her emotions as the process moved her away from dissociation.

Farber discusses her own therapeutic approach gleaned from years of experience. Ecstasy seekers (often those who are addicted to drugs, alcohol, cutting, risky sexual practices, gambling, etc.) initially might demonstrate an air of bravado, but they often are needy people in disguise. When those who suffer from an addiction try to renounce it, they might use another addictive-like behavior to protect their defensive structure. They have an underlying need to block out psychic pain. As addicts, they suffer from ecstasy rather than from pain.

Farber often focuses on highlighting the riskiness of the behavior. She feels that it is crucial for the therapist to increase patients' anxiety about these self-destructive behaviors by addressing the cost of these actions. She believes in safety first and interpretations at a later stage. Therefore, she advises the therapist to cultivate the development of signal anxiety as a counterbalance to the kindling process. For example, she gives an example of one addicted person who began to understand that one drink might begin a kindling process so powerful that it would lead her on the self-destructive path of binge drinking. This insight served to protect her from taking that first drink.

In her chapter on intersubjectivity and the power of the therapist's affective experience, Farber further demonstrates how the therapist can work with clients to begin to "relinquish attachment to pain and suffering that cries out for ecstatic release." Treatment needs to focus on the deficit in the patients' ability to regulate affect and somatic states and the importance of providing self-care. She points out that clients' use of dissociation permits them to have a lack of concern or anxiety for their life-threatening behaviors. She recognizes the need to interrupt the dissociative process by addressing it directly by saying something like, "I notice that you are drifting off. Where did your mind go?" This approach demonstrates the therapist's interest in knowing about the patients' inner processes and might help clients begin to connect with the dissociated material.

Farber notes that over the past decade there has been a movement away from classical principles toward a more interactive, two-person view of the analytic situation. This makes the analytic relationship, "with its powerful, reciprocal affective currents, crucial to the therapeutic action" (p. 344). Sometimes, projective identification occurs. This is an unconscious process, first defined by Klein, by which the patient projects uncomfortable or forbidden affects onto others. Ideally, the therapist needs to be able to tolerate the introjection of whatever the patient is projecting onto her while, at the same time, observing the action without reacting severely. The therapist might not initially recognize these projections. If not recognized,

this process becomes played out in enactments in therapy sessions, with the therapist playing out the needed reciprocal part. It is crucial for the therapist always to be examining her own feelings and behavior in sessions, then reviewing and observing these enactments with the patient. This observation of feelings and behavior of *the therapist* as well as the patient will allow for a different, new experience for the patient—a therapeutic one. Farber emphasizes that an enactment can serve as a turning point in therapy, one that possibly leads to self-growth. The therapist's ability to authentically face her part in this process and discuss it in a session can "awaken" (Bromberg 2006) the patient from a dissociated state, as if from a dream.

Farber writes about the positive aspects of creativity and about her own pleasure in the writing process. She also discusses the therapeutic benefits of writing. In these final chapters and throughout the book, Farber has demonstrated her ability to write and work creatively, empathically, and courageously—and this is a gift to her readers.

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