

# PSYCHOLOGY FOR THE FUTURE LESSONS FROM MODERN CONSCIOUSNESS RESEARCH

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## ABSTRACT

The objective of this paper is to summarize my experiences and observations concerning the nature of the human psyche in health and disease that I have amassed during more than fifty years of research of non-ordinary states of consciousness. I will focus specifically on those findings that represent a serious theoretical challenge for academic psychology and psychiatry and suggest the revisions of our current understanding of consciousness and the human psyche that would be necessary to come to terms with the new data, understand them, and explain them.

## Key words

Transpersonal psychology, consciousness research, holotropic states of consciousness, spirituality

## 1 Holotropic states of consciousness

My primary interest is to focus on experiences that have healing, transformative, and evolutionary potential and those that represent a useful source of data about the human

psyche and the nature of reality. I will also pay special attention to those aspects of these experiences that reveal the existence of the spiritual dimensions of existence. For this purpose, the term *non-ordinary states of consciousness* is too general, since it includes a wide range of conditions that are not interesting or relevant from this point of view.

Consciousness can be profoundly changed by a variety of pathological processes – by cerebral traumas, by intoxications with poisonous chemicals, by infections, or by degenerative

and circulatory processes in the brain. Such conditions can certainly result in profound mental changes that would qualify them as non-ordinary states of consciousness. However, they cause “trivial deliria” or “organic psychoses”, states that are very important clinically, but are not relevant for our discussion. People suffering from delirant states are typically disoriented in space and time and might not know who they are. In addition, their mental functioning is significantly impaired. They typically show a disturbance of intellectual functions and have subsequent amnesia for the experiences they have had.

I would, therefore, like to narrow our discussion to a large and important subgroup of non-ordinary states of consciousness for which contemporary psychiatry does not have a specific term. Because I feel strongly that they deserve to be distinguished from the rest and placed into a special category, I have coined for them the name “*holotropic*” (Grof 1992). This composite word means literally “*oriented toward wholeness*” or “*moving in the direction of wholeness*” (from the Greek *holos* = “whole and trepein” = “moving toward or in the direction of something”). The full meaning of this term and the justification for its use will become clear later in this article. It suggests that in our everyday state of consciousness we are fragmented and identify with only a small fraction of who we really are.

Holotropic states are characterized by a specific transformation of consciousness associated with dramatic perceptual changes in all sensory areas, intense and often unusual emotions, and profound alterations in the thought processes. They are also usually accompanied

by a variety of intense psychosomatic manifestations and unconventional forms of behavior. Consciousness is changed qualitatively in a very profound and fundamental way, but it is not grossly impaired as it is in the delirant conditions. We are experiencing invasion of other dimensions of existence that can be very intense and even overwhelming. However, at the same time, we typically remain fully oriented and do not completely lose touch with everyday reality. We experience simultaneously two very different realities, have “each foot in a different world”. The famous Swiss psychiatrist Eugene Bleuler coined for this condition the term “*double book-keeping*” (*doppelte Buchführung*).

Extraordinary changes in sensory perception represent a very important and characteristic aspect of holotropic states. Our visual perception of the external world is usually significantly illusively transformed and when we close our eyes, we can be flooded with images drawn from our personal history and from the individual and collective unconscious. We can also have visions portraying various aspects of nature, of the cosmos, or of the mythological realms. This can be accompanied by a wide range of experiences engaging other senses – various sounds, physical sensations, smells, and tastes.

The emotions associated with holotropic states cover a very broad spectrum that extends far beyond the limits of our everyday experience. They range from feelings of ecstatic rapture, heavenly bliss, and “peace that passes all understanding” to episodes of abysmal terror, murderous anger, utter despair, consuming guilt, and other forms of unimaginable emo-

tional suffering that matches the descriptions of the tortures of hell in the great religions of the world.

The content of holotropic states is often spiritual or mystical. We can experience sequences of psychological death and rebirth and a broad spectrum of transpersonal phenomena, such as feelings of oneness with other people, nature, the universe, and God. We might uncover what seem to be memories from other incarnations, encounter powerful archetypal beings, communicate with discarnate entities, and visit numerous mythological landscapes. Holotropic experiences of this kind are the main source of cosmologies, mythologies, philosophies, and religious systems describing the spiritual nature of the cosmos and of existence. They are the key for understanding the ritual and spiritual life of humanity from shamanism and sacred ceremonies of aboriginal tribes to the great religions of the world.

A particularly interesting aspect of holotropic states is their effect on thought processes. The intellect is not impaired, but functions in a way that is significantly different from its everyday mode of operation. While we might not be able to rely on our judgment in ordinary practical matters, we can be literally flooded with remarkable information on a variety of subjects. We can reach profound psychological insights concerning our personal history, unconscious dynamics, emotional difficulties, and interpersonal problems. We can also experience extraordinary revelations concerning various aspects of nature and the cosmos that by far transcend our educational and intellectual background. However, by far the most interesting insights that become available in

holotropic states revolve around philosophical, metaphysical, and spiritual issues.

## 2 Holotropic states of consciousness and human history

Ancient and aboriginal cultures have spent much time and energy developing powerful mind-altering techniques that can induce holotropic states. They combine in different ways chanting, breathing, drumming, rhythmic dancing, fasting, social and sensory isolation, extreme physical pain, and other elements. These cultures used them in shamanic procedures, healing ceremonies, and rites of passage – powerful rituals enacted at the time of important biological and social transitions, such as circumcision, puberty, marriage, or birth of a child. Many cultures have used for these purposes psychedelic plants. The most famous examples of these are different varieties of hemp, the Mexican *cactus peyote*, Psilocybe mushrooms, the African *shrub eboga*, and the Amazonian jungle plants *Banisteriopsis caapi* and *Psychotria viridis*, the active ingredients of *yagé* or *ayahuasca*.

Additional important triggers of holotropic experiences are various forms of systematic spiritual practice involving meditation, concentration, breathing, and movement exercises, that are used in different systems of yoga, Vipassana or Zen Buddhism, Tibetan Vajrayana, Taoism, Christian mysticism, Sufism, or Kabbalah. Other techniques were used in *the ancient mysteries of death and rebirth*, such as the Egyptian temple *initiations of Isis and Osiris* and the Greek *Bacchanalia, rites of Attis*

and *Adonis*, and *the Eleusinian mysteries*. The specifics of the procedures involved in these secret rites have remained for the most part unknown, although it is likely that psychedelic preparations played in them an important part (Wasson, Hofmann and Ruck 1978).

Among the modern means of inducing holotropic states of consciousness are psychedelic substances in pure form isolated from plants or synthesized in the laboratory and powerful experiential forms of psychotherapy, such as hypnosis, neo-Reichian approaches, primal therapy, and rebirthing. My wife Christina and I have developed "*holotropic breathwork*", a method that can facilitate profound holotropic states by very simple means – conscious breathing, evocative music, and focused bodywork. There also exist very effective laboratory techniques for altering consciousness.

One of these is sensory deprivation, which involves significant reduction of meaningful sensory stimuli. In its extreme form, the individual is deprived of sensory input by total submersion in a dark and soundproof tank filled with water of body temperature. Another well-known laboratory method of changing consciousness is biofeedback, where the individual is guided by electronic feedback signals into holotropic states of consciousness characterized by preponderance of certain specific frequencies of brainwaves. We could also mention here the techniques of sleep and dream deprivation and lucid dreaming.

It is important to emphasize that episodes of holotropic states of varying duration can also occur spontaneously, without any specific identifiable cause, and often against the will of the people involved. Since modern psychiatry does

not differentiate between mystical or spiritual states and mental diseases, people experiencing these states are often labeled psychotic, hospitalized, and receive routine suppressive psychopharmacological treatment. My wife Christina and I refer to these states as *psycho-spiritual crises* or "*spiritual emergencies*". We believe that properly supported and treated, they can result in emotional and psychosomatic healing, positive personality transformation, and consciousness evolution (Grof and Grof 1989, 1990).

Although I have been deeply interested in all the categories of holotropic states mentioned above, I have done most of my work in the area of *psychedelic therapy*, *holotropic breathwork*, and *spiritual emergency*. This paper is based predominantly on my observations from these three areas, in which I have most personal experience. However, the general conclusions I will be drawing apply to all the situations involving holotropic states.

### **3 Holotropic states in the history of psychiatry**

It is worth mentioning that the history of *depth psychology* and *psychotherapy* was deeply connected with the study of holotropic states – Franz Mesmer's experiments with "animal magnetism", hypnotic sessions with hysterical patients conducted in Paris by Jean Martin Charcot, and the research in hypnosis carried out in Nancy by Hippolyte Bernheim and Ambroise Auguste Liébault. Sigmund Freud's early work was inspired by his work with a client (Miss Anna O.), who experienced spontaneous episodes of non-ordinary states

of consciousness. Freud also initially used hypnosis to access his patients' unconscious before he radically changed his strategies.

In retrospect, shifting emphasis from direct experience to free association, from actual trauma to Oedipal fantasies, and from conscious reliving and emotional abreaction of unconscious material to transference dynamics was unfortunate; it limited and misdirected Western psychotherapy for the next fifty years (Ross 1989). While *verbal therapy* can be very useful in providing interpersonal learning and rectifying interaction and communication in human relationships (e.g. *couple and family therapy*), it is ineffective in dealing with emotional and bioenergetic blockages and macro-traumas, such as the trauma of birth.

As a consequence of this development, psychotherapy in the first half of the twentieth century was practically synonymous with talking – face to face interviews, free associations on the couch, and the behaviorist deconditioning. At the same time holotropic states, initially seen as an effective therapeutic tool, became associated with pathology rather than healing. This situation started to change in the 1950's with the advent of psychedelic therapy and new developments in psychology and psychotherapy. A group of American psychologists headed by Abraham Maslow, dissatisfied with behaviorism and Freudian psychoanalysis, launched a revolutionary movement – *humanistic psychology*. Within a very short time, this movement became very popular and provided the context for a broad spectrum of new therapies.

While traditional psychotherapies used primarily verbal means and intellectual analysis, these new so called *experiential therapies*

emphasized direct experience and expression of emotions and used various forms of body-work as an integral part of the process. Probably the most famous representative of these new approaches is Fritz Perls' *Gestalt therapy* (Perls 1976). However, most experiential therapies still rely to a great degree on verbal communication and require that the client stays in the ordinary state of consciousness. The most radical innovations in the therapeutic field are approaches, which are so powerful that they profoundly change the state of consciousness, such as *psychedelic therapy*, *holotropic breathwork*, *primal therapy*, and others.

The therapeutic use of holotropic states is the most recent development in Western psychotherapy. Paradoxically, it is also the oldest form of healing, one that can be traced back to the dawn of human history. Therapies using holotropic states actually represent a rediscovery and modern reinterpretation of the elements and principles that have been documented by historians and anthropologists studying the sacred mysteries of death and rebirth, rites of passage, and ancient and aboriginal forms of spiritual healing, particularly various shamanic procedures. *Shamanism* is the most ancient spiritual system and healing art of humanity; its roots reach far back into the Paleolithic era.

Among the beautiful images of primeval animals painted and carved on the walls of the great caves in Southern France and northern Spain, such as Lascaux, Font de Gaume, Les Trois Frères, Niaux, Altamira, and others, are figures combining human and animal features that very likely represent ancient shamans. In some of the caves, the discoverers also found footprints in circular arrangements suggesting

that their inhabitants conducted dances, similar to those still performed by some aboriginal cultures for the induction of holotropic states. Shamanism is not only ancient, it is also universal; it can be found in North and South America, in Europe, Africa, Asia, Australia, and Polynesia.

The fact that so many different cultures throughout human history have found shamanic techniques useful and relevant suggests that they address the “*primal mind*” – a basic and primordial aspect of the human psyche that transcends race, culture, and time. All the cultures with the exception of the Western industrial civilization have held holotropic states in great esteem and spent much time and effort to develop various ways of inducing them. They used them to connect with their deities, other dimensions of reality, and with the forces of nature, for healing, for cultivation of extrasensory perception, and for artistic inspiration. For pre-industrial cultures, healing always involved holotropic states of consciousness – either for the client, for the healer, or for both of them at the same time. In many instances, a large group or even an entire tribe enters a non-ordinary state of consciousness together, as it is, for example, among the !Kung Bushmen in the African Kalahari Desert.

Western psychiatry and psychology does not see holotropic states (with the exception of dreams that are not recurrent or frightening) as potential sources of healing or of valuable information about the human psyche, but basically as pathological phenomena. Traditional psychiatry tends to use indiscriminately pathological labels and suppressive medication whenever these states occur spontaneously. Michael Harner (1980), an anthropologist of

good academic standing who underwent a shamanic initiation during his fieldwork in the Amazonian jungle and practices shamanism, suggests that Western psychiatry is seriously biased in at least two significant ways.

It is *ethnocentric*, which means that it considers its own view of the human psyche and of reality to be the only correct one and superior to all others. It is also *cognicentric* (a more accurate word might be *pragmacentric*), meaning that it takes into consideration only experiences and observations in the ordinary state of consciousness. Psychiatry's disinterest in holotropic states and disregard for them has resulted in a culturally insensitive approach and a tendency to pathologize all activities that cannot be understood in its own narrow context. This includes the ritual and spiritual life of ancient and pre-industrial cultures and the entire spiritual history of humanity.

#### **4 Implications of modern consciousness research for psychiatry**

If we subject to systematic scientific scrutiny the experiences and observations associated with holotropic states, it leads to a radical revision of our understanding of consciousness, the human psyche, and the nature of reality. The resulting revolution in our thinking resembles in its scope and depth the conceptual cataclysm that the physicists faced in the first three decades of the twentieth century, when they had to move from Newtonian to quantum-relativistic physics. In a sense, the new insights from consciousness research concerning the psyche represent a logical comple-

tion of the revolution that has already occurred in our understanding of matter. The changes we would have to make in our thinking about psychiatry, psychology, psychotherapy and even the nature of reality itself fall into several large categories:

- 1. New understanding and cartography of the human psyche;**
- 2. The nature and architecture of emotional and psychosomatic disorders;**
- 3. Therapeutic mechanisms and the process of healing;**
- 4. The strategy of psychotherapy and Self-exploration;**
- 5. The role of spirituality in human life;**
- 6. The nature of reality.**

## **5 New understanding and cartography of the human psyche**

The phenomena encountered in the study of holotropic states cannot be explained in the context of the traditional model of the psyche limited to *postnatal biography* and the Freudian *individual unconscious*. The dimensions of the human psyche are infinitely larger than it is described in handbooks of academic psychology and psychiatry. In an effort to account for the experiences and observations from holotropic states, I have myself suggested a cartography or model of the psyche that contains, in addition to the usual *biographical level*, two transbiographical realms: the *perinatal domain*, related to the trauma of biological birth; and

the *transpersonal domain*, which is the source of such phenomena as experiential identification with other people or with animals, visions of archetypal and mythological beings and realms, ancestral, racial, and karmic experiences, and identification with the Universal Mind or the Supracosmic Void. These are experiences that have been described throughout ages in religious, mystical, and occult literature of different countries of the world.

### **5.1 Postnatal biography and the individual unconscious**

The biographical level of the psyche does not require much discussion, since it is well known from traditional psychology and psychotherapy; as a matter of fact, it is what traditional psychology is all about. However, there are a few important differences between exploring this domain through verbal psychotherapy and through approaches using holotropic states. First, one does not just remember emotionally significant events or reconstruct them indirectly from dreams, slips of tongue, or from transference distortions. One experiences the original emotions, physical sensations, and even sensory perceptions in full age regression.

That means that during the reliving of an important trauma from infancy or childhood, the individual actually has the body image, the naive perception of the world, sensations, and the emotions corresponding to the age he or she was at that time. The authenticity of this regression is supported by the fact that the wrinkles in the face of these people temporarily disappear, giving them an infantile expression, the postures and gestures become childlike, and their neurological reflexes take the form

characteristic for children (e.g., the sucking reflex and Babinski's reflex).

The second difference between the work on the biographical material in holotropic states, as compared to verbal psychotherapy is that, beside confronting the usual psychotraumas known from handbooks of psychology, people often have to relive and integrate traumas that were primarily of a physical nature. Many people have to process experiences of near drowning, operations, accidents, and children's diseases, particularly those that were associated with suffocation, such as diphtheria, whooping cough, or aspiration of a foreign object.

This material emerges quite spontaneously and without any programming. As it surfaces, people realize that these physical traumas have played a significant role in the psychogenesis of their emotional and psychosomatic problems, such as asthma, migraine headaches, a variety of psychosomatic pains, phobias, sadomasochistic tendencies, or depression and suicidal tendencies. Reliving of such traumatic memories and their integration can then have very far-reaching therapeutic consequences. This contrasts sharply with the attitudes of academic psychiatry and psychology, which do not recognize the direct psychotraumatic impact of physical traumas.

Another new information about the biographical-recollective level of the psyche that emerged from my research was the discovery that emotionally relevant memories are not stored in the unconscious as a mosaic of isolated imprints, but in the form of complex dynamic constellations. I have coined for them the name "*COEX systems*", which is short for systems of condensed experience. A COEX sys-

tem consists of emotionally charged memories from different periods of our life that resemble each other in the quality of emotion or physical sensation that they share. Each COEX has a basic theme that permeates all its layers and represents their common denominator. The individual layers then contain variations on this basic theme that occurred at different periods of the person's life.

The nature of the central theme varies considerably from one COEX to another. The layers of a particular system can, for example contain all the major memories of humiliating, degrading, and shaming experiences that have damaged our self-esteem. In another COEX, the common denominator can be anxiety experienced in various shocking and terrifying situations or claustrophobic and suffocating feelings evoked by oppressive and confining circumstances. Rejection and emotional deprivation damaging our ability to trust men, women, or people in general, is another common motif. Situations that have generated in us profound feelings of guilt and a sense of failure, events that have left us with a conviction that sex is dangerous or disgusting, and encounters with indiscriminate aggression and violence can be added to the above list as characteristic examples. Particularly important are COEX systems that contain memories of encounters with situations endangering life, health, and integrity of the body.

The above discussion could easily leave the impression that COEX systems always contain painful and traumatic memories. However, it is the intensity of the experience and its emotional relevance that determines whether a memory will be included into a COEX, not its

unpleasant nature.

In addition to negative constellations there are also those that comprise memories of very pleasant or even ecstatic moments. The concept of COEX dynamics emerged from clinical work with clients suffering from serious forms of psychopathology where the work on traumatic aspects of life plays a very important role. The spectrum of negative COEX systems is also much richer and more variegated than that of the positive ones; it seems that the misery in our life can have many different forms, while happiness depends on the fulfillment of a few basic conditions. However, a general discussion requires that we emphasize that the COEX dynamics is not limited to constellations of traumatic memories.

When I first described the COEX systems in the early stages of my LSD research, I thought that they governed the dynamics of the biographical level of the unconscious. At that time, my understanding of psychology was based on a superficial model of the psyche limited to biography that I had inherited from my teachers. In addition, in the initial psychedelic sessions, particularly when lower dosages are used, the biographical material often predominates. As my experience with holotropic states became richer and more extensive, I realized that the roots of the COEX systems reach much deeper. Each of the COEX constellations seems to be superimposed over and anchored in a particular aspect of the trauma of birth.

As we will see later in the discussion of the perinatal level of the unconscious, the experience of birth is so complex and rich in emotions and physical sensations that it contains in a prototypical form the elementary themes of all con-

ceivable COEX systems. In addition, a typical COEX reaches even further and has its deepest roots in various forms of transpersonal phenomena, such as past life experiences, Jungian archetypes, conscious identification with various animals, and others. At present, I see the COEX systems as general organizing principles of the human psyche. The similarities and differences between the concept of COEX systems and Jung's concept of complexes has been discussed elsewhere (Grof 1975, 2000).

The COEX systems play an important role in our psychological life. They can influence the way we perceive ourselves, other people, and the world and how we feel about them. They are the dynamic forces behind our emotional and psychosomatic symptoms, difficulties in relationships with other people, and irrational behavior. There exists a dynamic interplay between the COEX systems and the external world. External events in our life can specifically activate corresponding COEX systems and, conversely, active COEX systems can make us perceive the world and behave in such a way that we recreate their core themes in our present life. This mechanism can be observed very clearly in experiential work. In holotropic states, the content of the experience, the perception of the environment, and the behavior of the client are determined in general terms by the COEX system that dominates the session and more specifically by the layer of this system that is momentarily emerging into consciousness.

All the characteristics of COEX systems can best be demonstrated on a practical example. I have chosen for this purpose Peter, a thirty-seven-year-old teacher who had been prior

to his psychedelic therapy intermittently hospitalized and treated without success in our psychiatric department in Prague.

*At the time when we began LSD psychotherapy, Peter could hardly function in his everyday life. Almost all the time, he was obsessed by the idea to find a man of a certain physical appearance and preferably clad in black. He wanted to befriend this man and tell him about his urgent desire to be locked in a dark cellar and exposed to various diabolic physical and mental tortures. He hoped to find a man who would be willing to participate in this scheme. Unable to concentrate on anything else, he wandered aimlessly through the city, visiting public parks, lavatories, bars, and railroad stations searching for the "right man".*

*He succeeded on several occasions to persuade or bribe various men who met his criteria to promise or do what he asked for. Having a special gift for finding persons with sadistic traits, he was twice almost killed, several times seriously hurt, and once robbed of all his money. On those occasions, where he was able to experience what he craved for, he was extremely frightened and actually strongly disliked the tortures. In addition to this main problem, Peter suffered from suicidal depressions, impotence, and infrequent epileptiform seizures.*

*Reconstructing his history, I found out that his major problems started at the time of his compulsory employment in Germany during World War II. The Nazis referred to this form of slave labor using people from occupied territories in hard dangerous work situations as *Totaleinsatz*. At that time, two SS officers forced Peter at gun point to engage in their homosexual practices. When the war was over, Peter realized that these experiences created in him preference for*

*homosexual intercourse experienced in the passive role. This gradually changed into fetishism for black clothes and finally into the complex obsession described above.*

*Fifteen consecutive psychedelic sessions revealed a very interesting and important COEX system underlying this problem. In its most superficial layers were Peter's more recent traumatic experiences with his sadistic partners. One of the accomplices whom he managed to recruit bound him with ropes, locked him into a cellar without food and water, and tortured him by flagellation and strangulation following his wish. Another one of these men hit Peter on his head, bound him with a string, and left him lying in a forest after having stolen his money.*

*Peter's most dramatic adventure happened with a man who promised to take him to his cabin in the woods that he claimed had just the cellar Peter wanted. When they were traveling by train to this man's weekend house, Peter was struck by his companion's strange-looking bulky backpack. When the latter left the compartment and went to the bathroom, Peter stepped up on the seat and checked the suspect baggage. He discovered a complete set of murder weapons, including a gun, a large butcher knife, a freshly sharpened hatchet, and a surgical saw used for amputations. Panic-stricken, he jumped out of the moving train and suffered serious injuries. Elements of the above episodes formed the most superficial layers of Peter's most important COEX system.*

*A deeper layer of the same system contained Peter's memories from the Third Reich. In the sessions where this part of the COEX constellation manifested, he relived in detail his experiences with the homosexual SS officers with all the complicated feelings involved. In addition, he*

*relived several other traumatic memories from WW II and dealt with the entire oppressive atmosphere of this period. He had visions of pompous Nazi military parades and rallies, banners with swastikas, ominous giant eagle emblems, scenes from concentration camps, and many others.*

*Then came layers related to Peter's childhood, particularly those involving punishment by his parents. His alcoholic father was often violent when he was drunk and used to beat him in a sadistic way with a large leather strap. His mother's favorite method of punishing him was to lock him into a dark cellar without food for long periods of time. All through Peter's childhood, she always wore black dresses; he did not remember her ever wearing anything else. At this point, Peter realized that one of the roots of his obsession seemed to be craving for suffering that would combine elements of punishment by both parents.*

*However, that was not the whole story. As we continued with the sessions, the process deepened and Peter confronted the trauma of his birth with all its biological brutality. This situation had all the elements that he expected from the sadistic treatment he was so desperately trying to receive: dark enclosed space, confinement and restriction of the body movements, and exposure to extreme physical and emotional tortures. Reliving of the trauma of birth finally resolved his difficult symptoms to such an extent that he could again function in life. The above COEX system also had some connections to elements of a transpersonal nature.*

While the above example is more dramatic than most, it illustrates well the basic features characteristic for other COEX constellations. In experiential work, the COEX systems operate as functional wholes. While the person involved

experiences the emotions and physical feelings characteristic of a particular constellation, the content of its individual layers emerges successively into consciousness and determines the specific nature of the experience.

Before we continue our discussion of the new extended cartography of the human psyche it seems appropriate to emphasize in this context a very important and remarkable property of holotropic states that played an important role in charting the unconscious and that is also invaluable for the process of psychotherapy. Holotropic states tend to engage something like an "inner radar", bringing into consciousness automatically the contents from the unconscious that have the strongest emotional charge, are most psychodynamically relevant at the time, and are available for processing at that particular time. This represents a great advantage in comparison with verbal psychotherapy, where the client presents a broad array of information of various kind and the therapist has to decide what is important, what is irrelevant, where the client is blocking, etc.

Since there is no general agreement about basic theoretical issues among different schools, such assessments will always reflect the personal bias of the therapist, as well as the specific views of his or her school. The holotropic states save the therapist such difficult decisions and eliminate much of the subjectivity and professional idiosyncrasy of the verbal approaches. This "inner radar" often surprises the therapist by detecting emotionally strongly charged memories of physical traumas and brings them to the surface for processing and conscious integration. This automatic selection of relevant topics also spontaneously

leads the process to the perinatal and transpersonal levels of the psyche, transbiographical domains not recognized and acknowledged in academic psychiatry and psychology. The phenomena originating in these deep recesses of the psyche were well-known to ancient and pre-industrial cultures of all ages and greatly honored by them. In the Western world they have been erroneously attributed to pathology of unknown origin and considered to be meaningless and erratic products of cerebral dysfunction.

## 5.2 The perinatal level of the unconscious

The domain of the psyche that lies immediately beyond (or beneath) the recollective-biographical realm has close connections with the beginning of life and its end, with birth and death. Many people identify the experiences that originate on this level as the reliving of their biological birth trauma. This is reflected in the name "*perinatal*" that I have suggested for this level of the psyche. It is a Greek-Latin composite word where the prefix *peri*, means "near" or "around," and the root *natalis*, "pertaining to childbirth". This word is commonly used in medicine to describe various biological processes occurring shortly before, during, and immediately after birth. Thus the obstetricians talk, for example, about perinatal hemorrhage, infection, or brain damage. However, since traditional medicine denies that the child can consciously experience birth and claims that the event is not recorded in memory, one does not ever hear about *perinatal experiences*. The use of the term perinatal in connection with consciousness reflects my own findings and is

entirely new (Grof 1975).

Academic psychiatry generally denies the possibility of a psychotraumatic impact of biological birth, unless the trauma is so serious that it causes irreversible damage to the brain cells. This is usually attributed to the fact that the cerebral cortex of the newborn is not myelinated, which means its neurons are not fully protected by sheaths of fatty substance called myelin. The assumption that the child does not experience anything during all the hours of this extremely painful and stressful event and that the birth process does not leave any record in the brain is astonishing, since it is known that the capacity for memory exists in many lower life forms that do not have a cerebral cortex at all. However, it is particularly striking in view of the fact that many current theories attribute great significance to nuances of nursing and to the early interaction between the mother and the child, including bonding. Such blatant logical contradiction appearing in rigorous scientific thinking is unbelievable and has to be the result of a profound emotional repression to which the memory of birth is subjected.

People, who reach in their inner explorations the perinatal level, start experiencing emotions and physical sensations of extreme intensity, often surpassing anything they consider humanly possible. As I mentioned before, these experiences represent a very strange mixture and combination of two critical aspects of human life – birth and death. They involve a sense of a severe, life-threatening confinement and a desperate and determined struggle to free oneself and survive. The intimate connection between birth and death on the perinatal level reflects the fact that birth is a poten-

tially life-threatening event. The child and the mother can actually lose their lives during this process and children might be born severely blue from asphyxiation, or even dead and in need of resuscitation.

As their name indicates, an important core of perinatal experiences is the reliving of various aspects of the biological birth process. It often involves photographic details and occurs even in people who have no intellectual knowledge about their birth. The replay of the original birth situation can be very convincing. We can, for example, discover through direct experience that we had a breech birth, that forceps were used during our delivery, or that we were born with the umbilical cord twisted around the neck. We can feel the anxiety, biological fury, physical pain, and suffocation associated with this terrifying event and even accurately recognize the type of anesthesia used when we were born.

This is often accompanied by various physical manifestations that can be noticed by an external observer. The postures and movements of the body, arms, and legs, as well as the rotations, flexions, and deflections of the head can accurately recreate the mechanics of a particular type of delivery, even in people without elementary obstetric knowledge. Bruises, swellings, and other vascular changes can unexpectedly appear on the skin in the places where the forceps was applied, the wall of the birth canal was pressing on the head, or where the umbilical cord was constricting the throat. The accuracy of all these details can be confirmed if good birth records or reliable personal witnesses are available.

The spectrum of perinatal experiences is not

limited to the elements that can be derived from the biological processes involved in childbirth. The perinatal domain of the psyche also represents an important gateway to the collective unconscious in the Jungian sense. Identification with the infant facing the ordeal of the passage through the birth canal seems to provide access to experiences involving people from other times and cultures, various animals, and even mythological figures. It is as if by connecting with the fetus struggling to be born, one reaches an intimate, almost mystical connection with other sentient beings who are in a similar difficult predicament.

Experiential confrontation with birth and death seems to result automatically in a spiritual opening and discovery of the mystical dimensions of the psyche and of existence. It does not seem to make a difference whether it happens symbolically, as in psychedelic and holotropic sessions and in the course of spontaneous *psychospiritual crises* ("*spiritual emergencies*") or in actual life situations, for example, in delivering women or in the context of *near-death experiences* (Ring 1984). The specific symbolism of these experiences comes from the Jungian *collective unconscious*, not from the individual memory banks. It can thus draw on any spiritual tradition of the world, quite independently from the subject's cultural or religious background and intellectual knowledge.

Perinatal phenomena occur in four distinct experiential patterns characterized by specific emotions, physical feelings, and symbolic images. Each of them is closely related to one of the four consecutive periods of biological delivery. At each of these stages, the baby undergoes a specific and typical set of expe-

riences. In turn, these experiences form distinct matrices or psychospiritual blueprints whose content can manifest in holotropic states of consciousness and that we find echoing in individual and social psychopathology, religion, art, philosophy, politics, and other areas of our life. We can talk about these four dynamic constellations of the deep unconscious that are associated with the trauma of birth as *Basic Perinatal Matrices* (BPMs).

Each perinatal matrix has its specific biological, psychological, archetypal, and spiritual aspects. In addition to having specific content of their own, BPMs also function as organizing principles for experiences from other levels of the unconscious. They have specific connections with related postnatal memories arranged in COEX systems and with the archetypes of the Great Mother Goddess, Terrible Mother Goddess, Hell, and Heaven, as well as racial, collective, and karmic memories, and phylogenetic experiences.

### **5.3 BPM I (Primal union with mother)**

This matrix is can be referred to as the *"amniotic universe"*; it is related to the intrauterine existence before the onset of delivery. The fetus does not have an awareness of boundaries or the ability to differentiate between the inner and outer. This is reflected in the nature of the experiences associated with the reliving of the memory of the prenatal state. During episodes of undisturbed embryonal existence, people can have feelings of vast regions with no boundaries or limits. They can identify with galaxies, interstellar space, or the entire cosmos. A related experience is that of floating in

the sea, identifying with various aquatic animals, such as fish, dolphins, or whales, or even becoming the ocean. This seems to reflect the fact that the fetus is essentially an aquatic creature. One might also have archetypal visions of Mother Nature – nature that is beautiful, safe, and unconditionally nourishing, like a good womb. This can involve visions of luscious orchards, fields of ripe corn, agricultural terraces in the Andes, or unspoiled Polynesian islands. Mythological images from the collective unconscious that often appear in this context portray various celestial realms and paradises.

The persons reliving episodes of intrauterine disturbances, or "bad womb" experiences, have a sense of dark and ominous threat and often feel that they are being poisoned. They might see images that portray polluted waters and toxic dumps, reflecting the fact that many prenatal disturbances are caused by toxic changes in the body of the pregnant mother. Sequences of this kind can be associated with visions of frightening demonic entities. Those who relive more violent interferences with prenatal existence, such as imminent miscarriage or attempted abortion, usually experience some form of universal threat or bloody apocalyptic visions of the end of the world. This again reflects the intimate interconnections between events in one's biological history and Jungian archetypes.

The following account of a high dose psychedelic session can be used as a typical example of a BPM I experience, opening at times into the transpersonal realm.

*All that I was experiencing was an intense sense of malaise resembling a flu. I could not believe that a high dose of LSD that in my previous ses-*

sions had produced dramatic changes – to the point that on occasions I was afraid that my sanity or even my life was at stake – could evoke such a minimal response. I decided to close my eyes and observe carefully what was happening. At this point, the experience seemed to deepen, and I realized that what with my eyes open appeared to be an adult experience of a viral disease now changed into a realistic situation of a fetus suffering some strange toxic insults during its intra-uterine existence.

I was greatly reduced in size, and my head was disproportionately larger than the rest of my body and extremities. I was suspended in a liquid milieu and some harmful chemicals were being channeled into my body through the umbilical area. Using some unknown receptors, I was detecting these influences as noxious and hostile to my organism. While this was happening, I was aware that these toxic “attacks” had something to do with the condition and activity of the maternal organism. Occasionally, I could distinguish influences that appeared to be due to ingestion of alcohol, inappropriate food, or smoking and others that I perceived as chemical mediators of my mother’s emotions – anxieties, nervousness, anger, conflicting feelings about pregnancy, and even sexual arousal.

Then the feelings of sickness and indigestion disappeared, and I was experiencing an ever-increasing state of ecstasy. This was accompanied by a clearing and brightening of my visual field. It was as if multiple layers of thick, dirty cobwebs were being magically torn and dissolved, or a poor-quality movie projection or television broadcast were being brought into focus by an invisible cosmic technician. The scenery opened up, and an incredible amount of light and energy

was enveloping me and was streaming in subtle vibrations through my whole being.

On one level, I was a fetus experiencing the ultimate perfection and bliss of a good womb and could also switch to the experience of a newborn fusing with a nourishing and life-giving breast of my mother. On another level, I was witnessing the spectacle of the macrocosm with countless pulsating and vibrating galaxies and, at the same time, I could actually become it and be identical with it. These radiant and breathtaking cosmic vistas were intermingled with experiences of the equally miraculous microcosm from the dance of atoms and molecules to the origins of life and the biochemical world of individual cells. For the first time, I was experiencing the universe for what it really is – an unfathomable mystery, a divine play of energy. Everything in this universe appeared to be conscious and alive.

For some time, I was oscillating between the state of a distressed, sickened fetus and blissful and serene intrauterine existence. At times, the noxious influences took the form of insidious demons or malevolent creatures from the world of fairy tales. During the undisturbed episodes of fetal existence, I experienced feelings of basic identity and oneness with the universe. It was the Tao, the Beyond that is Within, the Tat tvam asi (Thou art That) of the Upanishads. I lost my sense of individuality; my ego dissolved, and I became all of existence.

Sometimes this experience was intangible and contentless, sometimes it was accompanied by many beautiful visions – archetypal images of Paradise, the ultimate cornucopia, golden age, or virginal nature. I became a dolphin playing in the ocean, a fish swimming in crystal-clear waters, a butterfly floating in mountain mead-

*ows, and a seagull gliding by the sea. I was the ocean, animals, plants, and the clouds – sometimes all these at the same time.*

*Nothing concrete happened later in the afternoon and in the evening hours. I spent most of this time feeling one with nature and the universe, bathed in golden light that was slowly decreasing in intensity.*

## **5.4 BPM II (Cosmic engulfment and no exit or hell)**

Individuals reliving the onset of biological birth typically feel that they are being sucked into a gigantic whirlpool or swallowed by some mythic beast. They might also experience that the entire world or cosmos is being engulfed. This can be associated with images of devouring archetypal monsters, such as leviathans, dragons, giant snakes, tarantulas, and octopuses. The sense of overwhelming vital threat can lead to intense anxiety and general mistrust bordering on paranoia. Another experiential variety involves the theme of descending into the depths of the underworld, the realm of death, or hell. As Joseph Campbell so eloquently described, this is a universal motif in the mythologies of the hero's journey (Campbell 1956).

A fully developed first stage of biological birth is characterized by a situation where the uterine contractions periodically constrict the fetus and the cervix is not yet open. Each contraction causes compression of the uterine arteries, and the fetus is threatened by lack of oxygen. Reliving this stage is one of the worst experiences a human being can have. One feels caught in a monstrous claustrophobic nightmare, exposed to agonizing emotional and

physical pain, and has a sense of utter helplessness and hopelessness. Feelings of loneliness, guilt, the absurdity of life, and existential despair reach metaphysical proportions. A person in this predicament often becomes convinced that this situation will never end and that there is absolutely no way out.

Reliving this stage of birth is typically accompanied by sequences that involve people, animals, and even mythological beings in a similar painful and hopeless predicament. One experiences identification with prisoners in dungeons and inmates of concentration camps or insane asylums, and senses the pain of animals caught in traps. He or she may even feel the intolerable tortures of sinners in hell and the agony of Jesus on the cross or of Sisyphus rolling his boulder up the mountain in the deepest pit of Hades. It is only natural that someone facing this aspect of the psyche would feel a great reluctance to confront it. Going deeper into this experience seems like accepting eternal damnation. However, this state of darkness and abysmal despair is known from the spiritual literature as the Dark Night of the Soul, a stage of spiritual opening that can have an immensely purging and liberating effect.

The most characteristic features of BPM II in its extreme form can be illustrated by the following account.

*The atmosphere seemed increasingly ominous and fraught with hidden danger. It seemed that the entire room started to turn and I felt drawn into the very center of a threatening whirlpool. I had to think about Edgar Allan Poe's chilling description of a similar situation in "A Descent into the Maelstrom". As the objects in the room seemed to be flying around me in a rotating*

motion, another image from literature emerged in my mind – the cyclone that in Frank Baum’s “Wonderful Wizard of Oz” sweeps Dorothy away from the monotony of her life in Kansas and sends her on a strange journey of adventure. There was no doubt in my mind that my experience also had something to do with entering the rabbit hole in “Alice in Wonderland”, and I awaited with great trepidation what world I would find on the other side of the looking glass. The entire universe seemed to be closing in on me and there was nothing I could do to stop this apocalyptic engulfment.

*As I was sinking deeper and deeper into the labyrinth of my own unconscious, I felt an onslaught of anxiety, turning to panic. Everything became dark, oppressive, and terrifying. It was as if the weight of the whole world was encroaching on me exerting incredible hydraulic pressure that threatened to crack my skull and reduce my body to a tiny compact ball. A rapid fugue of memories from my past cascaded through my brain showing me the utter futility and meaninglessness of my life and existence in general. We are born naked, frightened, and in agony and we will leave the world the same way. The existentialist was right! Everything is impermanent, life is nothing else but waiting for Godot! Vanity of vanities, all is vanity!*

*The discomfort I felt turned to pain and the pain increased to agony. The torture intensified to the point where every cell in my body felt like it was being bored open with a diabolic dentist’s drill. Visions of infernal landscapes and devils torturing their victims suddenly brought to me the awareness that I was in Hell. I thought of Dante’s “Divine Comedy”: “Abandon all hope ye who enter!” There seemed to be no way out of this diabolical situation; I was forever doomed without the slightest*

*hope for redemption.*

### **5.5 BPM III (The death-rebirth struggle)**

Many aspects of this rich and colorful experience can be understood from its association with the second clinical stage of delivery, the propulsion through the birth canal after the cervix opens and the head descends. Beside the elements that are easily comprehensible as natural derivatives of the birth situation, such as sequences of titanic struggle involving strong pressures and energies or scenes of bloody violence and torture, there are others that require special explanation. Here belongs particularly sexual imagery, satanic scenes, and the encounter with fire; all these motifs are typically associated with this matrix.

There seems to be a mechanism in the human organism that transforms extreme suffering, particularly when it is associated with suffocation, into a strange form of sexual arousal. This explains why a large variety of sexual experiences and visions often occur in connection with the reliving of birth. One can feel a combination of sexual excitement with pain, aggression, or fear, experience various sadomasochistic sequences, rapes, and situations of sexual abuse, or see pornographic images. The fact that, in the final stages of birth, the fetus can encounter various forms of biological material – blood, mucus, urine, and even feces – seems to account for the fact that these elements also play a role in death-rebirth sequences.

Another category of motifs associated with BPM III includes archetypal elements from the collective unconscious, particularly those

related to heroic figures and deities representing death and rebirth. At this stage, many people have visions of Jesus, his suffering and humiliation, the Way of the Cross, and the Crucifixion, or even actually experience full identification with his suffering. Others connect with such mythological themes and figures as the Egyptian divine couple Isis and Osiris, the Greek deities Dionysus, Attis, and Adonis, the Sumerian goddess Inanna and her descent into the underworld, the Aztec god Quetzalcoatl, or the Mayan Hero Twins from the Popol Vuh.

The frequent appearance of motifs related to various satanic rituals and the Witches' Sabbath seems to be related to the fact that reliving this stage of birth involves the same strange combination of emotions, sensations, and elements that characterizes the archetypal scenes of the Black Mass and of Walpurgis' Night: sexual arousal, aggression, pain, sacrifice, and encounters with ordinarily repulsive biological material – all associated with a peculiar sense of sacredness or numinosity.

Just before the experience of (re)birth, people often encounter the motif of fire. This is a somewhat puzzling symbol. Its connection with biological birth is not as direct and obvious as are many of the other symbolic elements. One can experience fire either in its ordinary form or in the archetypal variety of purifying flames. At this stage of the process, the person can have the feeling that his or her body is on fire, have visions of burning cities and forests, or identify with immolation victims. In the archetypal version, the burning seems to have a purgatorial quality. It seems to radically destroy whatever is corrupted and prepare the individual for spiritual rebirth.

Many of the symbolic themes associated with BPM III are described in the following account.

*Although I never really clearly saw the birth canal, I felt its crushing pressure on my head and all over, and I knew with every cell of my body that I was involved in a birth process. The tension was reaching dimensions that I had not imagined were humanly possible. I felt unrelenting pressure on my forehead, temples, and occiput, as if I were caught in the steel jaws of a vise. The tensions in my body also had a brutally mechanical quality. I imagined myself passing through a monstrous meat grinder or a giant press full of cogs and cylinders. The image of Charlie Chaplin victimized by the world of technology in Modern Times briefly flashed through my mind.*

*Incredible amounts of energy seemed to be flowing through my entire body, condensing and releasing in explosive discharges. I felt an amazing mixture of feelings; I was suffocated, frightened, and helpless, but also furious and strangely sexually aroused. Another important aspect of my experience was a sense of utter confusion. While I felt like an infant involved in a vicious struggle for survival and realized that what was about to happen was my birth, I was also experiencing myself as my delivering mother. I knew intellectually that being a man I could never have an experience of delivering, yet I felt that I was somehow crossing that barrier and that the impossible was becoming reality.*

*There was no question that I was connecting with something primordial – an ancient feminine archetype, that of the delivering mother. My body image included a large pregnant belly and female genitals with all the nuances of biological sensations. I felt frustrated by not being able to surrender to this elemental process – to*

*give birth and be born, to let go and to let the baby out. An enormous reservoir of murderous aggression emerged from the underworld of my psyche. It was as if an abscess of evil had suddenly been punctured by the cut of a cosmic surgeon. A werewolf or a berserk was taking me over; Dr. Jekyll was turning into Mr. Hyde. There were many images of the murderer and the victim as being one and the same person, just as earlier I could not distinguish between the child who was being born and the delivering mother.*

*I was a merciless tyrant, a dictator exposing his subordinates to unimaginable cruelties, and also a revolutionary, leading the furious mob to overthrow the tyrant. I became the mobster who murders in cold blood and the policeman who kills the criminal in the name of law. At one point, I experienced the horrors of the Nazi concentration camps. When I opened my eyes, I saw myself as an SS officer. I had a profound sense that he, the Nazi, and I, the Jew, were the same person. I could feel the Hitler and the Stalin in me and felt fully responsible for the atrocities in human history. I saw clearly that humanity's problem is not the existence of vicious dictators, but this Hidden Killer that we all find within our own psyche, if we look deep enough.*

*Then the nature of the experience changed and reached mythological proportions. Instead of the evil of human history, I now sensed the atmosphere of witchcraft and the presence of demonic elements. My teeth were transformed into long fangs filled with some mysterious poison, and I found myself flying on large bat wings through the night like an ominous vampire. This changed soon into wild, intoxicating scenes of a Witches' Sabbath. In this strange, sensuous ritual, all the usually forbidden and repressed impulses seemed*

*to surface and found their full expression. I was aware of participating in some mysterious sacrificial ceremony celebrating the Dark God.*

*As the demonic quality gradually disappeared from my experience, I felt tremendously erotic and was engaged in endless sequences of the most fantastic orgies and sexual fantasies, in which I played all the roles. All through these experiences, I simultaneously continued being also the child struggling through the birth canal and the mother delivering it. It became very clear to me that sex, birth, and death were deeply connected and that satanic forces had important links with the propulsion through the birth canal. I struggled and fought in many different roles and against many different enemies. Sometimes I wondered if there would ever be an end to my awful predicament.*

*Then a new element entered my experience. My entire body was covered with some biological filth, which was slimy and slippery. I could not tell if it was the amniotic fluid, urine, mucus, blood, or vaginal secretions. The same stuff seemed to be in my mouth and even in my lungs. I was choking, gagging, making faces, and spitting, trying to get it out of my system and off my skin. At the same time, I was getting a message that I did not have to fight. The process had its own rhythm and all I had to do was surrender to it. I remembered many situations from my life, where I felt the need to fight and struggle and, in retrospect, that too felt unnecessary. It was as if I had been somehow programmed by my birth to see life as much more complicated and dangerous than it actually is. It seemed to me that this experience could open my eyes in this regard and make my life much easier and more playful than before.*

## 5.6 BPM IV (The death-rebirth experience)

This matrix is related to the third stage of delivery, to the final emergence from the birth canal and the severing of the umbilical cord. Here the fetus completes the preceding difficult process of propulsion through the birth canal and achieves explosive liberation as it emerges into light. Reliving of this stage of birth often involves various specific concrete and realistic memories, such as the experience of anesthesia, the pressures of the forceps, and the sensations associated with various obstetric maneuvers or postnatal interventions.

To understand why the reliving of biological birth is experienced as death and rebirth, one has to realize that what happens is more than just a replay of the original event. Because the fetus is completely confined during the birth process and has no way of expressing the extreme emotions and sensations involved, the memory of this event remains psychologically undigested and unassimilated. The way we in later life experience ourselves and the world is heavily tainted by this constant reminder of the vulnerability, inadequacy, and weakness that we experienced at birth. In a sense, we were born anatomically but have not caught up with this fact emotionally. The "dying" and the agony during the struggle for rebirth reflect the actual pain and vital threat of the biological birth process. However, the ego death that precedes rebirth is related to the extinction of our old concepts of who we are and what the world is like, which were forged by the traumatic imprint of birth.

As we are purging these old programs by letting them emerge into consciousness, they are

becoming irrelevant and are, in a sense, dying. As frightening as this process is, it is actually very healing and transforming. Approaching the moment of the ego death might feel like the end of the world. Paradoxically, when only a small step separates us from an experience of radical liberation, we have a sense of all-pervading anxiety and impending catastrophe of enormous proportions. It feels as if we are losing all that we are; at the same time, we have no idea of what is on the other side, or even if there is anything there at all. This fear drives many people to resist the process at this stage; as a result, they can remain psychologically stuck in this problematic experiential territory.

When the individual overcomes the metaphysical fear encountered at this important juncture and decides to let things happen, he or she experiences total annihilation on all levels. It involves a sense of physical destruction, emotional disaster, intellectual and philosophical defeat, ultimate moral failure, and even spiritual damnation. During this experience, all reference points – everything that is important and meaningful in the individual's life – seem to be mercilessly destroyed. Immediately following the experience of total annihilation – hitting "cosmic bottom" – one is overwhelmed by visions of light that has a supernatural radiance and beauty and is usually perceived as divine.

The survivor of what seemed like the ultimate apocalyptic destruction experiences only seconds later visions of divine light, radiant celestial beings, paradisaean landscapes, fantastic displays of rainbows, and peacock designs. He or she feels redeemed and blessed by salvation, reclaiming his or her divine nature and cosmic status. At this time, one is frequently

overcome by a surge of positive emotions toward oneself, other people, nature, and existence in general. This kind of healing and life-changing experience occurs when birth was not too debilitating or confounded by heavy anesthesia. If the latter was the case, the individual has to do psychological work on the specific traumatic issues involved.

The following account of a death-rebirth experience describes a typical sequence characteristic of BPM IV.

*However, the worst was yet to come. All of a sudden, I seemed to be losing all my connections to reality, as if some imaginary rug was pulled from under my feet. Everything was collapsing and I felt that my entire world was shattered to pieces. It was like puncturing a monstrous metaphysical balloon of my existence; a gigantic bubble of ludicrous self-deception had burst open and exposed the lie of my life. Everything that I ever believed in, everything that I did or pursued, everything that seemed to give my life meaning suddenly appeared utterly false. These were all pitiful crutches without any substance with which I tried to patch up the intolerable reality of existence. They were now blasted and blown away like the frail feathered seeds of a dandelion, exposing a frightening abyss of ultimate truth – the meaningless chaos of the existential Emptiness.*

*In the next moment, I was facing a terrifying giant figure of a dark goddess whom I identified as the Indian Kali. My face was being pushed by an irresistible force toward her gaping vagina that was full of what seemed to be menstrual blood or repulsive afterbirth. I sensed that what was demanded of me was absolute surrender to the forces of existence and to the feminine principle represented by the goddess. I had no choice but*

*to kiss and lick her bleeding vulva in utmost submission and humility. At this moment, which was the ultimate and final end of any feeling of male supremacy and machismo I had ever harbored, I connected with the memory of the moment of my biological birth. My head was emerging from the birth canal with my mouth in close contact with the bleeding vagina of my mother.*

*Filled with indescribable horror, I saw a gigantic figure of a deity towering over me in a threatening pose. I somehow instinctively recognized that this was Bhairava, the Hindu god Shiva in his destructive aspect. I felt the thunderous impact of his enormous foot that crushed me, shattered me to smithereens, and smeared me like an insignificant piece of excrement all over what I felt was the bottom of the cosmos. Just as I experienced total annihilation, there appeared divine light of supernatural radiance and beauty whose rays exploded into thousands of exquisite peacock designs. From this brilliant golden light emerged a figure of a Great Mother Goddess who seemed to embody love and protection of all ages. She spread her arms and reached toward me, enveloping me into her essence. I merged with this incredible energy field, feeling purged, healed, and nourished. What seemed to be some divine nectar and ambrosia, some archetypal essence of milk and honey, was pouring through me in absolute abundance.*

*Then the figure of the goddess gradually disappeared, absorbed by an even more brilliant light. It was abstract, yet endowed with definite personal characteristics, conscious, and radiating infinite intelligence. It became clear to me that what I was experiencing was the merging with and absorption into the Universal Self, or Brahman, as I have read about it in books of Indian philosophy.*

*This experience subsided after about ten minutes of clock-time; however, it transcended any concept of time and felt like eternity. The flow of the healing and nourishing energy and the visions of golden glow with peacock designs lasted through the night. The resulting sense of wellbeing stayed with me for many days. The memory of the experience has remained vivid for years and has profoundly changed my entire life philosophy.*

## **5.7 The transpersonal domain of the psyche**

The second major domain that has to be added to mainstream psychiatry's cartography of the human psyche when we work with holotropic states is now known under the name "*transpersonal*", meaning literally "beyond the personal" or "transcending the personal". The experiences that originate on this level involve transcendence of the usual boundaries of the individual (his or her body and ego) and of the usual limitations of three-dimensional space and linear time that restrict our perception of the world in the ordinary state of consciousness. The transpersonal experiences are best defined by describing first the everyday experience of ourselves and the world – how we have to experience ourselves and the environment to pass for "normal" according to the standards of our culture and of traditional psychiatry.

In the ordinary or "normal" state of consciousness, we experience ourselves as Newtonian objects existing within the boundaries of our skin. The American writer and philosopher Alan Watts referred to this experience of oneself as identifying with the "*skin-encapsulated ego*". Our perception of the environment is restricted by the physiological limitations of

our sensory organs and by physical characteristics of the environment. For example, we cannot see objects from which we are separated by a solid wall, ships that are beyond the horizon, or the other side of the moon. If we are in Prague, we cannot hear what our friends are talking about in San Francisco. We cannot feel the softness of the lambskin unless the surface of our body is in direct contact with it. In addition, we can experience vividly and with all our senses only the events that are happening in the present moment. We can recall the past and anticipate future events or fantasize about them; however, these are very different experiences from the immediate and direct experience of the present moment. In transpersonal states of consciousness none of these limitations are absolute; any of them can be transcended.

Transpersonal experiences can be divided into three large categories. The first of these involves primarily transcendence of the usual spatial barriers, or the limitations of the "*skin-encapsulated ego*". Here belong experiences of merging with another person into a state that can be called "*dual unity*", assuming the identity of another person, identifying with the consciousness of an entire group of people (e.g. all mothers of the world, the entire population of India, or all the inmates of concentration camps), or even experiencing an extension of consciousness that seems to encompass all of humanity. Experiences of this kind have been repeatedly described in the spiritual literature of the world.

In a similar way, one can transcend the limits of the specifically human experience and identify with the consciousness of various animals,

plants, or even with a form of consciousness that seems to be associated with inorganic objects and processes. In the extremes, it is possible to experience consciousness of the entire biosphere, of our planet, or the entire material universe. Incredible and absurd as it might seem to a Westerner committed to materialistic philosophy and to the Cartesian-Newtonian paradigm, these experiences suggest that everything that we can experience in our everyday state of consciousness as an object, has in the holotropic states of consciousness a corresponding subjective representation. It is as if everything in the universe has its objective and subjective aspect, the way it is described in the great spiritual philosophies of the East. For example, in Hinduism all that exists is seen as a manifestation of Brahman and in Taoism as a transformation of the Tao.

The second category of transpersonal experiences is characterized primarily by overcoming of temporal rather than spatial boundaries, by transcendence of linear time. We have already talked about the possibility of vivid reliving of important memories from infancy and of the trauma of birth. This historical regression can continue farther and involve authentic fetal and embryonal memories from different periods of intrauterine life. It is not even unusual to experience, on the level of cellular consciousness, full identification with the sperm and the ovum at the time of conception. But the historical regression does not stop even here; it is possible to have experiences from the lives of one's human or animal ancestors, and those that seem to be coming from the racial and collective unconscious as described by C. G. Jung. Quite frequently, the experiences that seem to be happening in other cultures and

historical periods are associated with a sense of personal remembering (*déjà vu*); people then talk about reliving of memories from past lives, from previous incarnations.

In the transpersonal experiences described so far, the content reflected various phenomena existing in space-time. They involved elements of the everyday familiar reality – other people, animals, plants, materials, and events from the past. What is surprising about these experiences is not their content, but the fact that we can witness or fully identify with something that is not ordinarily accessible to our experience. We know that there are pregnant whales in the world, but we should not be able to have an authentic experience of being one. The fact that there once was the French revolution is readily acceptable, but we should not be able to have a vivid experience of being there and lying wounded on the barricades of Paris. We know that there are many things happening in the world in places where we are not present, but it is usually considered impossible to actually experience or observe something that is happening in remote locations and historical periods (without the mediation of the television and a satellite). We may also be surprised to find consciousness associated with lower animals, plants, and with inorganic object and processes.

The third category of transpersonal experiences is even stranger; here consciousness seems to extend into realms and dimensions that the Western industrial culture does not even consider to be "real". Here belong numerous encounters or even identification with deities and demons of various cultures and other archetypal figures, visits to mythological land-

scapes, and communication with discarnate beings, spirit guides, suprahuman entities, extraterrestrials, and inhabitants of parallel universes. Additional examples in this category are visions and intuitive understanding of universal symbols, such as the cross, the Nile cross or ankh, the swastika, the pentacle, the six-pointed star, or the yin-yang sign.

In its farther reaches, individual consciousness can identify with cosmic consciousness or the Universal Mind known under many different names – Brahman, Buddha, the Cosmic Christ, Keter, Allah, the Tao, the Great Spirit, and many others. The ultimate of all experiences appears to be identification with the Supracosmic and Metacosmic Void, the mysterious and primordial emptiness and nothingness that is conscious of itself and is the ultimate cradle of all existence. It has no concrete content, yet it contains all there is in a germinal and potential form.

Transpersonal experiences have many strange characteristics that shatter the most fundamental metaphysical assumptions of the Newtonian-Cartesian paradigm and of the materialistic world view. Researchers who have studied and/or personally experienced these fascinating phenomena realize that the attempts of mainstream science to dismiss them as irrelevant products of human fantasy and imagination or as hallucinations – erratic products of pathological processes in the brain – are naive and inadequate. Any unbiased study of the transpersonal domain of the psyche has to come to the conclusion that these observations represent a critical challenge not only for psychiatry and psychology, but for the entire philosophy of Western science.

Although transpersonal experiences occur in the process of deep individual self-exploration, it is not possible to interpret them simply as intrapsychic phenomena in the conventional sense. On the one hand, they appear on the same experiential continuum as the biographical and perinatal experiences and are thus coming from within the individual psyche. On the other hand, they seem to be tapping directly, without the mediation of the senses, into sources of information that are clearly far beyond the conventional reach of the individual. Somewhere on the perinatal level of the psyche, a strange flip seems to occur and what was up to that point deep intrapsychic probing becomes experiencing of the universe at large through extrasensory means. Some people have compared this to an “experiential Möbius strip”, since it is impossible any more to say what is inside and what is outside.

These observations indicate that we can obtain information about the universe in two radically different ways: besides the conventional possibility of learning through sensory perception and analysis and synthesis of the data, we can also find out about various aspects of the world by direct identification with them in a holotropic state of consciousness. Each of us thus appears to be a microcosm containing in a holographic way the information about the macrocosm. In the mystical traditions, this was expressed by such phrases as: “as above so below” or “as without, so within”.

The reports of subjects who have experienced episodes of embryonal existence, the moment of conception, and elements of cellular, tissue, and organ consciousness abound in medically accurate insights into the anatomical, physi-

ological, and biochemical aspects of the processes involved. Similarly, ancestral, racial and collective memories and past incarnation experiences provide quite frequently very specific details about architecture, costumes, weapons, art forms, social structure, and religious and ritual practices of the culture and historical period involved, or even concrete historical events.

People who have phylogenetic experiences or experience identification with existing life forms not only find them unusually authentic and convincing, but often acquire in the process extraordinary insights concerning animal psychology, ethology, specific habits, or unusual reproductive cycles. In some instances, this is accompanied by archaic muscular innervations not characteristic for humans, or even such complex behaviors as enactment of a courtship dance of a particular animal species.

The philosophical and scientific challenge associated with the already described observations, as formidable as it is all by itself, is further augmented by the fact that transpersonal experiences correctly reflecting the material world often appear on the same continuum as and intimately interwoven with others that contain elements which the Western industrial world does not consider to be real. Here belong, for example, experiences involving deities and demons from various cultures, mythological realms such as heavens and paradises, and legendary or fairy-tale sequences.

For example, one can have an experience of Shiva's heaven, of the paradise of the Aztec rain god Tlaloc, of the Sumerian underworld, or of one of the Buddhist hot hells. It is also possible to communicate with Jesus, have a shat-

tering encounter with the Hindu goddess Kali, or identify with the dancing Shiva. Even these episodes can impart accurate new information about religious symbolism and mythical motifs that were previously unknown to the person involved. Observations of this kind confirm C. G. Jung's idea that beside the Freudian *individual unconscious* we can also gain access to the *collective unconscious* that contains the cultural heritage of all humanity.

It is not an easy task to convey in a few sentences conclusions from daily observations from over fifty years of research of holotropic states of consciousness and make this statement believable. It is not realistic to expect that a few sentences would be able to override the deeply culturally ingrained world-view in those of the readers who are not familiar with the transpersonal dimension and who cannot relate what I say to their own personal experiences. Although I myself had many experiences of holotropic states and the opportunity to observe them closely in thousands of other people, it took me years to fully absorb the impact of this cognitive shock.

Because of space considerations, I cannot present detailed case histories that could help to illustrate the nature of transpersonal experiences and the insights which they make available. I have to refer those readers who would like to explore this area further to my books *The Adventure of Self-Discovery* and *Psychology of the Future* (Grof 1978, 2000), where I discuss in detail various types of transpersonal experiences and give many illustrative examples of situations where they provided unusual new information about different aspects of the universe. The same books also describe

the method of *holotropic breathwork*, which opens the access to the perinatal and transpersonal realms for anybody who is interested in personal verification of the above observations. Comparable information focusing specifically on psychedelic sessions can be found in my book *LSD Psychotherapy* that has now been available for many years in a new edition (Grof 1994).

The existence and nature of transpersonal experiences violates some of the most basic assumptions of mechanistic science. They imply such seemingly absurd notions as relativity and arbitrary nature of all physical boundaries, non-local connections in the universe, communication through unknown means and channels, memory without a material substrate, non-linearity of time, or consciousness associated with all living organisms, and even inorganic matter. Many transpersonal experiences involve events from the microcosm and the macrocosm, realms that cannot normally be reached by unaided human senses, or from historical periods that precede the origin of the solar system, formation of planet earth, appearance of living organisms, development of the nervous system, and emergence of homo sapiens.

The research of holotropic states thus reveals an astonishing paradox concerning the nature of human beings. It clearly shows that, in a mysterious and yet unexplained way, each of us harbors the information about the entire universe and all of existence, has potential experiential access to all of its parts, and in a sense is the whole cosmic network, as much as he or she is just an infinitesimal part of it, a separate and insignificant biological entity. The new

cartography reflects this fact and portrays the individual human psyche as being essentially commensurate with the entire cosmos and the totality of existence. As absurd and implausible as this idea might seem to a traditionally trained scientist and to our commonsense, it can be relatively easily reconciled with new revolutionary developments in various scientific disciplines usually referred to as the new or emerging paradigm.

I firmly believe that the expanded cartography, which I have outlined above, is of critical importance for any serious approach to such phenomena as shamanism, rites of passage, mysticism, religion, mythology, parapsychology, near-death experiences, and psychedelic states. This new model of the psyche is not just a matter of academic interest. As I will try to show in the remaining pages of this article, it has deep and revolutionary implications for the understanding of emotional and psychosomatic disorders and offers new and revolutionary therapeutic possibilities.

## **6 The nature and architecture of emotional and psychosomatic disorders**

Traditional psychiatry uses the medical model and the disease concept not only for disorders of a clearly organic nature, but also for emotional and psychosomatic disorders for which no biological cause has been found. Psychiatrists use quite loosely the term "*mental disease*" and try to assign various emotional disorders to specific diagnostic categories comparable to those of somatic medicine. Generally, the time of the onset of symptoms is seen as

the beginning of the “disease” and the intensity of the symptoms is used as the measure of the seriousness of the pathological process. Alleviation of the symptoms is considered “clinical improvement” and their intensification is seen as “worsening of the clinical condition”.

The observations from the study of holotropic states suggest that thinking in terms of disease, diagnosis, and allopathic therapy is not appropriate for most psychiatric problems that are not clearly organic in nature, including some of the conditions currently labeled as psychoses. We have all experienced the vicissitudes and challenges of embryological development, birth, infancy and childhood. This has left traumatic imprints in the unconscious of all of us, although we certainly differ as to their intensity, extensity, and also availability of these memories for conscious experience. Every person also carries a variety of more or less latent emotional and bioenergetic blockages, which interfere with full physiological and psychological functioning.

The manifestation of emotional and psychosomatic symptoms is the beginning of a healing process through which the organism is trying to free itself from these traumatic imprints and simplify its functioning. The only way this can happen is by emergence of the traumatic material into consciousness and its full experience and emotional and motor expression. If the trauma that is being processed is of major proportions, such as a difficult birth that lasted many hours and seriously threatened biological survival, the emotions and behavioral expressions can be extremely dramatic. Under these circumstances, it might seem more plausible to conclude that these manifestations are the

result of some exotic yet unknown pathology rather than realize that they represent a potentially beneficial process. However, properly understood and supported, even such extreme symptoms can be conducive to healing, spiritual opening, personality transformation, and consciousness evolution.

The emergence of symptoms thus represents not only a problem, but also a therapeutic opportunity; this insight is the basis of most experiential psychotherapies. Symptoms manifest in the area where the defense system is at its weakest, making it possible for the healing process to begin. According to my experience, this is true not only for neuroses and psychosomatic disorders, but also for many conditions traditionally labeled functional psychoses. It is interesting to mention in this context that the Chinese pictogram for “crisis” is composed of two simpler ones, one meaning “danger” and the other “opportunity”. The idea that the symptoms are not manifestations of disease, but are expressions of a healing process and should be supported is the basic tenet of a therapeutic system called homeopathy (Vithoulkas 1990).

In traditional psychotherapy, emotional and psychosomatic symptoms that are not of organic, but psychogenic origin, are seen as resulting from postnatal biographical traumas, especially those that occurred in infancy and childhood. Therapeutic work using holotropic states reveals that they have additional deeper roots on the perinatal and transpersonal levels. Thus, for example, somebody suffering from psychogenic asthma can discover that the biographical material underlying this disorder consists of memories of suffocation during

a near-drowning accident in childhood and an episode of diphtheria in infancy. On a deeper level, the same problem is also connected with choking in the birth canal and its deepest root can be a past life experience of being strangled or hanged. To resolve this symptom, it is necessary to work through all the layers of unconscious problems with which it is associated. New insights concerning this multi-level dynamic structure of the major forms of emotional and psychosomatic disorders were described in detail elsewhere (Grof 1985, 2000).

## **7 Therapeutic mechanisms and the process of healing**

The work with holotropic states has thus shown that emotional and psychosomatic problems are much more complex than is usually assumed and that their roots reach incomparably deeper into the psyche. However, it also revealed the existence of deeper and more effective therapeutic mechanisms. Traditional schools of psychotherapy recognize only therapeutic mechanisms related to post-natal biographical material and the individual unconscious, for example, lifting of psychological repression and remembering events from infancy and childhood or reconstructing them from free associations to dreams and neurotic symptoms, emotional and intellectual insights into one's life history, and analysis of transference.

The new observations show that these approaches fail to recognize and appreciate the extraordinary healing potential of the deeper dynamics of the psyche. Thus, for example, the reliving of birth and the *experience of ego death*

*and psychospiritual rebirth* can have far-reaching therapeutic impact on a broad spectrum of emotional disorders. Effective therapeutic mechanisms are also associated with various forms of transpersonal phenomena, such as past life experiences, encounter with archetypal figures and motifs, and identification with various animals. Of particular importance in this respect are ecstatic feelings of oneness with other people, nature, the universe, and God. If they are allowed to run their full course and are properly integrated, they represent a healing mechanism of extraordinary power.

These observations show that the conceptual framework of psychotherapy has to be extended as vastly as the cartography of the unconscious. Freud once used a metaphor of the iceberg to describe the human psyche. What was generally thought to be the totality of the psyche was just like the tip of the iceberg showing above the water surface. The bulk of this iceberg hidden under water corresponded to the unconscious realms revealed by psychoanalysis. In view of the discoveries of modern consciousness research, we can paraphrase this simile and say that all that Freudian psychoanalysis has discovered about the human psyche represents at best the exposed part of the iceberg, while vast domains of the unconscious resisted Freud's efforts and remained hidden even for him. Mythologist Joseph Campbell, using his incisive Irish humor, put it very succinctly: *"Freud was fishing, while sitting on a whale."*

## 8 Strategy of psychotherapy and Self-exploration

Modern psychotherapy is plagued by an astonishing lack of agreement among its different schools about the most fundamental questions concerning the functioning and the main motivating forces of the human psyche, the cause, nature, and dynamics of symptoms, and the strategy and technique of psychotherapy. This does not apply only to the schools based on entirely different philosophical assumptions, such as *behaviorism*, *psychoanalysis*, and *existential therapy*, but also to the various branches of *depth psychology* that evolved historically from the same source, the original work of Sigmund Freud – the Adlerian, Rankian, Jungian, Kleinian, Reichian, and Lacanian schools, ego psychology, and many others.

The world of modern psychotherapy resembles a large busy market place, in which it is difficult to orient oneself. Each of the many schools offers a different explanation for the same emotional and psychosomatic disorder and uses a different therapeutic technique. Each of these approaches is presented as the scientific way to understand and treat these problems. It is difficult to envision a similar degree of disagreement in one of the hard sciences. Yet in psychology, we have somehow learned to live with this situation and do not usually even question it or consider it strange.

There are no convincing statistical studies showing that one form of psychotherapy is superior to others. The differences seem to be within the schools rather than between them. Psychotherapy is generally as good as the therapist; good therapists of all schools tend to get better results and bad therapists are less

successful without regard to their orientation. Clearly, the results of psychotherapy have very little to do with the theoretical concepts of a particular school and with what the therapists think they are doing – the content and the timing of interpretations, analysis of transference, strategic use of silence, and so on.

It seems that the factors, which play a critical role in psychotherapy, are very different from those that are usually discussed in professional books. They are also very difficult to describe in scientific terms, as exemplified by such descriptions as “the quality of human encounter between the therapist and the client” or “the client’s feeling of being unconditionally accepted by another human being, often for the first time in his or her life”. Under these circumstances, if we opt as beginning professionals for a certain school of psychotherapy, for example Freudian, Reichian, Jungian, or Sullivanian, it is because we are attracted to it for very personal reasons. It is a purely subjective choice reflecting our own personality structure and it has very little to do with the objective value and scientific accuracy of that particular approach.

The work with holotropic states suggests a very interesting alternative: if the experts can not reach agreement, why not to trust one’s own healing intelligence, one’s own inner healer. This approach was first suggested by C. G. Jung. He was aware of the fact that it is impossible to reach intellectual understanding of how the psyche functions and why the symptoms develop and derive from it a technique that makes it possible to correct the psychological functioning of other people. According to Jung, the psyche is not a product of the brain; it is

a cosmic principle (*anima mundi*) that permeates all of existence and our individual psyche partakes in this cosmic matrix.

The intellect is just a partial function of the psyche, which makes it possible for us to orient ourselves in practical situations and solve everyday problems; it is incapable to fathom and manipulate the psyche. Jung saw the task of the therapist in helping to establish a dynamic interaction between the client's conscious ego and the Self, a higher aspect of the client's personality; this interaction takes the form of a dialectic exchange using the language of symbols. The healing then comes from the collective unconscious and it is guided by an inner intelligence whose immense wisdom surpasses the knowledge of any individual therapist or therapeutic school. This is the essence of what Jung called the "*individuation process*".

Therapeutic work with holotropic states, as exemplified by psychedelic therapy or holotropic breathwork, generally supports Jung's understanding of the therapeutic process. However, it is much more effective than the therapeutic techniques, which were available to Jung, such as the analysis of dreams and the method of active imagination. Holotropic states tend to activate the spontaneous healing potential of the psyche and of the body and initiate a transformative process guided by deep inner intelligence. In this process, unconscious material with strong emotional charge and relevance will automatically emerge into consciousness and become available for full experience and integration.

The task of the therapist, is to offer a method that induces a holotropic state of consciousness (e.g. a psychedelic substance or faster

breathing and evocative music), create a safe environment, and support unconditionally and with full trust the spontaneous unfolding of the process. This trust has to extend even to situations where the therapist does not understand intellectually what is happening. Healing and resolution can often occur in ways that transcend rational understanding. In this form of therapy, the therapist thus is not the doer, the agent who is instrumental in the healing process, but a sympathetic supporter and co-adventurer. This attitude is in consonance with the original meaning of the Greek word "*therapeutes*", which means attendant or assistant in the healing process.

## 9 The role of spirituality in human life

Traditional psychology and psychiatry are dominated by materialistic philosophy and have no recognition for spirituality of any form. From the point of view of Western science, the material world represents the only reality and any form of spiritual belief is seen as reflecting lack of education, primitive superstition, magical thinking, or regression to infantile patterns of functioning. Direct experiences of spiritual realities are then relegated to the world of gross psychopathology, serious mental disorders. Western psychiatry makes no distinction between a mystical experience and a psychotic experience and sees both as manifestations of mental disease. In its rejection of religion, it does not differentiate primitive folk beliefs or fundamentalists' literal interpretations of scriptures from sophisticated mystical traditions and Eastern spiritual philosophies based on centuries of systematic introspective explo-

ration of the psyche. It pathologizes spirituality of any kind and together with it the entire spiritual history of humanity.

The observations from the study of holotropic states confirm an important insight of C. G. Jung. According to him, the experiences originating in deeper levels of the psyche (in my own terminology *perinatal* and *transpersonal experiences*) have a certain quality that he called (after Rudolph Otto) "*numinosity*". They are associated with the feeling that one is encountering a dimension which is sacred, holy, and radically different from everyday life, and which belongs to a superior order of reality. The term "*numinous*" is relatively neutral and thus preferable to others, such as religious, mystical, magical, holy, or sacred, which have often been used incorrectly and are easily misleading.

To prevent confusion and misunderstandings that in the past have compromised many similar discussions, it is critical to make a clear distinction between spirituality and religion. Spirituality is based on direct experiences of other realities. It does not necessarily require a special place, or a special person mediating contact with the divine, although mystics can certainly benefit from spiritual guidance and a community of fellow seekers. Spirituality involves a special relationship between the individual and the cosmos and is in its essence a personal and private affair. At the cradle of all great religions were visionary (perinatal and/or transpersonal) experiences of their founders, prophets, saints, and even ordinary followers. All major spiritual scriptures – the *Vedas*, the Buddhist *Pali Canon*, the *Bible*, the *Koran*, the *Book of Mormon*, and many others are based on revelations in holotropic states of conscious-

ness.

By comparison, the basis of organized religion is institutionalized group activity that takes place in a designated location (temple, church), and involves a system of appointed officials. Ideally, religions should provide for their members access to and support for direct spiritual experiences. However, it often happens that an organized religion sooner or later completely loses the connection with its spiritual source and becomes a secular institution exploiting the human spiritual needs without satisfying them. Instead, it creates a hierarchical system focusing on the pursuit of power, control, politics, money, and other possessions. Under these circumstances, religious hierarchy tends to actively discourage and suppress direct spiritual experiences in its members, because they foster independence and cannot be effectively controlled. When this happens, genuine spiritual life continues only in the mystical branches and monastic orders.

From the scientific point of view, the main question is the ontological status of transpersonal experiences. While mainstream psychiatry and psychology see them as indications of pathology, transpersonal psychology considers them important phenomena *sui generis* that have great heuristic and therapeutic value and deserve to be seriously studied. While much of what is found in mainstream religions and their theologies is certainly in serious conflict with science, this is not true in regard to spirituality based on direct transpersonal experiences. The findings of modern consciousness research show actually remarkable convergence with many revolutionary developments in Western science referred to as the emerg-

ing paradigm. As Ken Wilber has noted, there cannot possibly be a conflict between genuine science and authentic religion. If there seems to be a conflict, we are very likely dealing with “bogus science” and “bogus religion”, where either side has a serious misunderstanding of the other’s position and very likely represents a false or fake version of its own discipline (Wilber 1982).

## 10 The nature of reality

As we have seen, the observations from the research of holotropic states represent a serious challenge to contemporary psychiatry and psychology and require a drastic revision of our thinking in these fields. However, many of them are of such a fundamental nature that they transcend the narrow frame of these disciplines and challenge the most basic metaphysical assumptions of Western science and its Newtonian-Cartesian paradigm. They seriously undermine the belief that consciousness is a product of neurophysiological processes in the brains and thus an epiphenomenon of matter; they strongly suggest that it is a primary attribute of all existence.

The scope of this article does not allow me to offer a comprehensive discussion of this important subject and illustrate it by clinical examples. I have done it in my books *Beyond the Brain: Birth, Death, and Transcendence in Psychology* (Grof 1985) and *The Cosmic Game: Explorations of the Frontiers of Human Consciousness* (Grof 1998) and can thus refer the interested readers to these publications. I will mention here as *pars pro toto* a set of astonishing observations from thanatology, a relatively

young science studying death and dying; most readers will probably be familiar with these paradigm-breaking findings.

It has now been established beyond any reasonable doubt that consciousness of individuals experiencing clinical death or involved in near-death situations can detach from their bodies and is able to perceive the environment without the mediation of senses. It is capable to observe from the ceiling the resuscitation procedures performed on the body in the operation room, watch from the bird’s eye view the site of the accident, or perceive events in adjacent rooms and various remote locations (Moody 1975, Ring 1982, Sabom 1982). This occurs even in people who are congenitally blind for organic reasons. When their consciousness leaves their bodies, they are not only able to see, but what they see at this time can be later verified by individuals with intact vision. Ring and Cooper, who conducted extensive studies of such individuals call such experiences “veridical” and refer to the capacity of disembodied consciousness to see the environment as “mindsight” (Ring and Cooper 1999).

When confronted with the challenging observations from modern consciousness research, we have only two choices. The first one is to reject the new observations simply because they are incompatible with the traditional scientific belief system. This involves a presumptuous assumption that we already know what the universe is like and can tell with certainty what is possible and what is not possible. With this kind of approach, there cannot be any great surprises, but there is also very little real progress. In this context, everybody who brings

critically challenging data is accused of being a bad scientist, a fraud, or a mentally deranged person.

This is an approach that characterizes pseudoscience or scientific fundamentalism and has very little to do with genuine science. There exist many historical examples of such an approach: people who refused to look into Galileo Galilei's telescope, because they "knew" there could not possibly be craters on the moon; those who fought against the atomic theory of chemistry and defended the concept of a non-existing royal substance called phlogiston; those who called Einstein a psychotic when he proposed his special theory of relativity, and many others.

The second reaction to these challenging new observations is characteristic of true science. It is excitement about the occurrence of anomalies and intense research interest in them combined with healthy critical skepticism. Major scientific progress has always occurred when the leading paradigm was unable to account for some significant findings and its adequacy was seriously questioned. In the history of science, paradigms come, dominate the field for some time, and then are replaced by new ones (Kuhn 1962). If instead of doubting, rejecting, and ridiculing the new observations from consciousness research, we would accept their challenge, conduct our own study, and subject them to rigorous scrutiny, we might be able to move psychiatry and psychology to a new level. It is hard to imagine that Western academic circles will continue indefinitely ignoring, censoring, and misinterpreting all the extraordinary evidence that has in the past been amassed in the study of various forms of holotropic

states of consciousness. Sooner or later, they will have to face the challenge of the new data and accept their far-reaching theoretical and practical implications. I firmly believe that in not too distant future the old materialistic world view will be replaced by a new comprehensive vision of reality, which will integrate modern science with spirituality and Western pragmatism with ancient wisdom. I have no doubt that it will include as an important element the new revolutionary understanding of consciousness, human nature, and the nature of reality that has emerged from the study of holotropic states.

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