

Ken Wilber's Spectrum Psychology: Observations from Clinical Consciousness Research

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**In his article Stanislav Grof
evaluates the pioneering spectrum
of consciousness theory of Ken Wilber
and discusses its impact on
the development of transpersonal
psychology.**

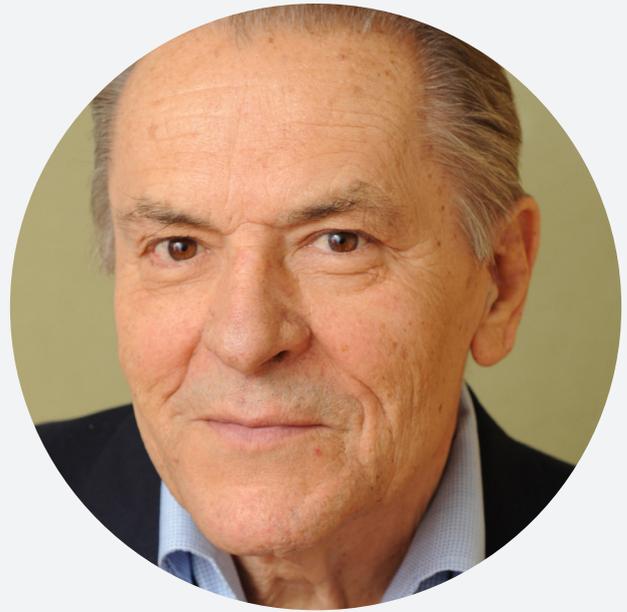
1 Introduction

When addressing the work of a theoretician whose pioneering work reaches the scope and quality achieved by Ken Wilber, even a critical essay has to begin with compliments and words of appreciation. In a series of books beginning with his *Spectrum of Consciousness* (Wilber 1977), Ken has produced an extraordinary work of highly creative synthesis of data drawn from a vast variety of areas and disciplines, ranging from psychology, anthropology, sociology, mythology, and comparative religion, through linguistics, philosophy, and history, to cosmology, quantum-relativistic physics, biology, evolutionary theory, and systems theory. His knowledge of the literature is truly encyclopedic, his analytical mind systematic and incisive, and the clarity of his logic remarkable. The impressive scope, comprehensive nature, and intellectual rigor of Ken's work have helped to make it a widely acclaimed and highly influential theory of transpersonal psychology.

However, for a theory of such importance, it is not sufficient to integrate material from many different ancient and modern sources into a system that shows inner logical cohesion. While logical consistency certainly is a valuable prerequisite, a viable theory has to have an additional property that is equally, if not more important. It is generally accepted among scientists that a system of propositions is an acceptable theory if, and only if, its conclusions are in agreement with observable facts (Frank 1957). Since speculations concerning consciousness, the human psyche, and spiritual experiences represent the cornerstone of Ken's conceptual framework, it is essential to test their theoretical adequacy and practical relevance against clinical data.

Ken himself does not have any clinical experience and the primary sources of his data have been his extensive reading and the experiences from his personal spiritual practice. He draws most of his clinical data from various schools, which use verbal methods of psychotherapy and conceptual frameworks limited to postnatal biography. For this reason, evaluating his ideas in the light of experiences and observations from modern consciousness research and from transpersonal therapy seems particularly important and necessary.

My own background and approach have been almost a polar opposite to Ken's and might thus serve as a useful complement to his theoretical work. For almost four decades, my primary interest has been clinical work exploring the healing and heuristic potential of non-ordinary states of consciousness (NOSC). Whatever theoretical writing I have done over the years has been based primarily on the reports of the people I have worked with. An additional important source of



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Stanislav Grof M.D. (1931) is a psychiatrist and a pioneering researcher into the use of non-ordinary states of consciousness for purposes of exploring, healing, and obtaining insights into the human psyche. He is one of the founders of transpersonal psychology. In 2007 Stanislav Grof received the VISION 97 award granted by the Foundation of Dagmar and Václav Havel in Prague.

information and inspiration have been my own experiences of non-ordinary states induced by psychedelics and various non-drug means. The choice of professional literature I have studied has been strongly determined by the observations from my clinical work and the need to put them into a larger conceptual framework.

The observations and data on which this paper is based come from two major sources – approximately two decades of clinical psychedelic research with LSD and other psychoactive substances, and another twenty years of work with holotropic breathwork, a powerful non-drug therapeutic method that I have developed jointly with my wife, Christina. It combines faster breathing, evocative music, and a specific form of energetic release work. The subjects in the psychedelic research projects were psychiatric patients with various emotional and psychosomatic disorders, alcoholics, drug addicts, terminal cancer patients, and “normal” volunteers – mental health professionals, scientists, artists, clergy, and

students. The breathwork sessions have been conducted in the context of a long-term training program of professionals and of experiential workshops with a broad cross-section of the general population. In addition to material from psychedelic and holotropic breathwork sessions, I am also drawing in this paper on my observations from work with individuals undergoing spontaneous mystical experiences and episodes of psychospiritual crises (“spiritual emergencies”) (Grof and Grof 1990).

Over the years, Ken and I have exchanged some ideas, which involved both compliments and critical comments about our respective theories. During this time, the thinking of both of us has undergone certain changes and developments, as can be expected in an area as rich and complex as mapping the human psyche and exploring the dimensions of consciousness. I first addressed the similarities and differences between Ken’s spectrum psychology and my own observations and theoretical constructs more than a decade ago. In my book, *Beyond the Brain: Birth, Death, and Transcendence in Psychotherapy* (Grof 1985), I dedicated a special section to Ken’s spectrum psychology, where I briefly described where my own findings agreed and disagreed with Ken’s theories.

In my critical comments, I addressed what I saw as logical inconsistencies in Ken’s conceptual system (omission of the pre- and perinatal period and misrepresentation of the problem of death) and the lack of correspondence between his conjectures and the facts of clinical observation (concerning the dynamics of spiritual development, the nature of psychopathology, and the strategy of psychotherapy). In what follows, I will elaborate on the comments I made at the time and focus on a few additional areas. I will also reflect on Ken’s extensive written reply to my criticism that has appeared in the notes to his recent book *Sex, Ecology, Spirituality: The Spirit of Evolution* (Wilber 1995).

2 Omission of the Pre- and Perinatal Domain in Spectrum Psychology

My main reservation about Ken’s comprehensive and detailed theoretical system concerns what I perceive as his surprising conceptual blind spot in relation to the role and significance of *prenatal existence* and *biological birth* for the theory and practice of psychiatry, psychology, and psychotherapy. The discovery of the psychological and psychospiritual importance of these two periods of human development belongs to the most important contributions of experiential psycho-

therapy and modern consciousness research to psychology. The observations in this area have been so impressive and consistent that they have inspired the development of pre- and perinatal psychology, including regular international meetings and rapidly growing body of literature. These observations have been so convincing that they have profoundly influenced the actual birthing practices and postnatal care of many open-minded obstetricians and pediatricians. In view of these facts, I found it very surprising that Ken, with his meticulous and comprehensive approach, has completely ignored the vast amount of data from both modern and ancient sources suggesting the paramount psychological significance of prenatal experiences and of the trauma of birth, as well as their relationship to spirituality. This bias is evident in his writings focusing on cosmology, human evolution, developmental psychology, psychopathology, and psychotherapy.

Ken’s description of the *evolution of consciousness* of an individual begins with the pleromatic stage (the undifferentiated consciousness of the newborn), and continues through the uroboric, typhonic, verbal-membership, and mental-egoic levels to the centauric stage. He refers to this progression, from the newborn infant to the adult with fully integrated functioning of the ego, persona, shadow, and body, as *the outward arc*. According to Ken, at the evolutionary stage of centaur begins the truly spiritual development, or *the inward arc*, that takes the individual to the lower and higher regions of the subtle and causal realms and finally to the boundless radiance of Formless Consciousness and the ultimate unity with the Absolute (Wilber 1980).

In his account of *cosmogenesis* or *consciousness involution*, Ken closely follows the highly culture-specific archetypal map from the *Tibetan Book of the Dead, Bardo Thödol* (Evans-Wentz 1960), rather than creating a more general and universal description that would be applicable in any cultural and historical context. His account of cosmogenesis thus begins with the ultimate consciousness, the immaculate and luminous Dharmakaya, proceeds through the specific visions of the Tibetan bardo realms, and ends-like the *Bardo Thödol* – with the moment of conception when the individual who has missed all chances for spiritual liberation is facing another incarnation. This is perfectly logical and understandable for the Tibetan text, which describes the experiences in the intermediate state between death and the next incarnation. However, it results in a major logical gap in Ken’s system that allegedly portrays the entire cosmic cycle of involution and evolution of consciousness.

By ending the process of the involution of consciousness at the moment of conception and beginning the account of

consciousness evolution with the undifferentiated pleromatic experience of the newborn, Ken leaves out the entire embryonal development between conception and the moment of birth. I find this to be an astonishing omission for a system that is otherwise worked out with meticulous sense for detail and has received much acclaim for its logical cohesion and clarity of thinking. Even if the fetus had no conscious awareness during these periods and the pre- and perinatal events were not recorded in the brain (a position taken, increasingly implausibly, by academic psychiatry), this omission would leave a strange gap in Ken's cosmic cycle. After all, we are talking here about a period of nine months of embryonal life during which the fetus undergoes a complex process of development from the fertilized ovum to a fully formed and differentiated organism. This is then followed by many hours or even a few days of a potentially life-threatening process of biological birth in which the fetus experiences a radical transformation from an aquatic organism to an air-breathing one.

However, there exists important clinical and experimental evidence indicating that the fetus might be conscious during these nine months, that pre- and perinatal events play a critical role in the individual's psychological history, and that the memories of these early experiences are available for conscious recall and reliving. The memory of birth represents an important reservoir of difficult emotions and physical sensations that can contribute later in life to the development of various forms of emotional and psychosomatic disorders. Reliving and integrating pre- and perinatal traumas can have very beneficial effects; it can result in healing and profound psychospiritual transformation. Therapists working with powerful forms of experiential psychotherapies, such as primal therapy, psychedelic work, rebirthing, and holotropic breathwork, or with individuals in psychospiritual crises, see these phenomena daily in their practices. Reliving of such events often is photographically accurate and occurs even in people who have no intellectual knowledge about their birth. The fact that it is often possible to verify various details of these experiences leaves little doubt that they represent authentic memories (Grof 1988).

In addition, episodes of this kind are often accompanied by various specific 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. Many details of such experiences can be confirmed if good birth records or reliable personal witnesses are available. In his recent book, Ken calls

this evidence "controversial" (Wilber 1994, 585), which the practitioners of experiential therapies would certainly contest.

The fact that the psychological importance of prenatal and perinatal events has not been accepted by mainstream psychiatry reflects the rigidity of deeply ingrained beliefs rather than the ambiguity of clinical observations. The most important of these is the conviction that the brain of the newborn is not capable of registering the traumatic impact of birth because the neurons in its cortex are not fully myelinated. This is not a well-substantiated scientific fact, but a very problematic assumption that is in conflict not only with observations from experiential therapy, but also rich experimental data concerning prenatal sensitivity of the fetus and its capacity to learn (Chamberlain 1988; Tomatis 1991). In any case, it is hard to imagine that hours of dramatic and often life-threatening experiences during biological birth would be psychologically less important than the immediately following pleromatic experiences of the newborn which receive much of Ken's attention and have an important role in his scheme. We will return to this problem later in the section discussing Ken's ideas about psychopathology.

Besides leaving out the entire pre- and perinatal periods from his cosmic cycle of the involution and evolution of consciousness and ignoring the extensive evidence from modern experiential psychotherapies indicating the great psychological significance of these periods, Ken also fails to acknowledge the pioneering work of Otto Rank (Rank 1928), who emphasized the paramount importance of the intrauterine experience and of the trauma of birth. Rank is the only major figure in the history of depth psychology whom Ken treats in this way. Without any explanation, he neither incorporates Rank's work concerning the birth trauma into his scheme of spectrum psychology, nor subjects it to critical analysis.

In addition to ignoring all the clinical and experimental data concerning the prenatal and perinatal periods, Ken shows the same selective bias in regard to spiritual sources. Since in the discussion of cosmogenesis he draws so exclusively on Tibetan sources, it is particularly striking that he does not pay any attention to Tibetan texts that discuss in detail the challenges of prenatal development and birth (Sgam.po.pa 1971, 63–66). In Vajrayana, the intrauterine state is actually described as one of the six intermediate states or bardos (Evans-Wentz 1960, 102). And the Buddha himself made specific references to the trauma of birth as a major source of human suffering.

Ken responded to my critical comments concerning his omission of the pre- and perinatal period in the copious notes to his *Sex, Ecology, Spirituality: The Spirit of Evolution* (Wilber 1995, 585–8, 741–63). We have had some exchange about this issue over the years, but this was the first time that he formulated his reaction in written form. He expresses his amazement about the amount of difficulties that various people perceived in regard to the task of “integration of the Grof and Wilber models”. According to him, such integration is actually a relatively simple matter. He points out that it was actually this lack of perceived difficulty, together with complications in his personal life, that prevented him from making the necessary adjustments in his theory at least ten years earlier.

Opening the discussion on this subject, Ken makes a vague reference to a “large body of theory and (controversial) evidence for the intrauterine state and the birth process (and birth trauma)” [Ken’s parentheses]. And then, “having simply allowed that some of this evidence could indeed be genuine”, he creates for this entire domain a new category in his developmental scheme – fulcrum 0 (F–0) preceding the fulcrum of the pleromatic stage (F–1) and the six subsequent ones (Wilber 1995, 585–88). At this point, I will not argue with Ken whether the evidence for the psychological importance of the birth trauma deserves to be considered controversial. I have addressed this problem earlier and will return to it in another context. Instead, I will briefly describe and discuss his proposal. He suggests that the new fulcrum shows the same general features as any other fulcrum, namely:

1. An initial state of undifferentiation or indissociation (in this case the prenatal state);
2. A period of intense and often difficult differentiation (the birth process/trauma itself);
3. A period of postdifferentiation and (post-uterine) consolidation and integration, in preparation for the next round of differentiation/ integration (F–1).

The extensive and complex experiential patterns associated with the consecutive stages of biological birth that I call basic perinatal matrices (BPMs) would thus simply become three subphases of fulcrum 0, with BPM II and BPM III both subsumed into a single subphase (subphase 2). BPM I would thus be subphase 1 of F–0, reflecting the oceanic indissociation experience of the fetus, both in its undisturbed and disturbed aspects. BPM II would be the beginning of subphase 2, or the differentiation process, that involves “cosmic engulfment” and “no-exit hellish pressure”. BPM III would be the lat-

er stage of subphase 2, with the beginning of the expulsion from the womb, “volcanic” ecstasy, sadomasochistic pleasure/pain, experience of dismemberment, etc. And, finally, BPM IV would be subphase 3, the postpartum neonatal state, during which the child must integrate its new sense of separation from the mother. At the same time, this is the beginning of the pleromatic F–1, during which the infant with its new self-sense still cannot distinguish its own self-boundaries from those of the physical world around it.

As much as I appreciate Ken’s acknowledgment of the existence of the perinatal level of the unconscious and its inclusion in his developmental scheme, I feel that the *ad hoc* addition of another fulcrum (F–0) and the fusion of two perinatal matrices into one of its subphases does not do justice to the importance of this domain. Although it might render an impressive graphic scheme that pleases the eye and satisfies the need for logical order, it fails to grasp the real parameters of the perinatal experience. The easy solution that Ken offers is in fundamental conflict with the facts of observation. First of all, the second and third matrix are related to two phases of birth that are in many respects radically different from each other, both physiologically and experientially. For this reason, lumping them together into one subphase of F–0 makes little sense.

In addition, the urgency and extreme intensity of birth experiences and their association with a serious threat to body integrity and to survival of the organism put them into a completely different category than the stages of postnatal development. A radical transition, from an aquatic form of life whose needs are being continually satisfied by the placental circulation to the extreme emotional and physical stress of the birth struggle and then to a radically new existence as an air-breathing organism, is an event of paramount significance that reaches all the way to the cellular level. Even a relatively normal birth without complications is certainly a process of an entirely different order than learning to speak or developing an ego. This is clearly evident from the amount of time it takes in experiential therapy to bring the perinatal material into consciousness and integrate it. And a difficult birth and poor postnatal circumstances can constitute a profound trauma that colors the entire life history of the individual.

Much of what has been said above is related primarily to prenatal and perinatal events occurring in the context of the early psychobiological evolution of the individual. It seems that much of Ken’s initial hesitation to include these stages in his scheme was based on his uncertainty whether the events from this time are consciously experienced by the fetus and/or recorded in the memory banks. However, this is

only one aspect of the problem. Perinatal matrices are not defined as stages of the psychobiological evolution of the fetus, but as experiential patterns that occur in self-exploration of adults involving NOSC. They are thus primarily related to psychospiritual evolution and only secondarily serve as indirect evidence for the importance of the early psychobiological events. In other words, they are much more than simple records of the original fetal experience. Besides containing distinct fetal elements, they also function as an important interface with the archetypal and historical domains of the collective unconscious and with species consciousness. For this reason, they cannot be simply reduced to a fetal fulcrum. I will return to this point later in this paper.

3 The Psychological Importance of Biological Death

Another major difference between my own observations and Ken's model involves the psychological importance of *biological death*, both in connection with the perinatal level and independently from it. In his early writings, Sigmund Freud expressed the opinion that the problem of death is irrelevant for psychology, since our unconscious does not know linear time and thus does not recognize and acknowledge our mortality and impermanence. However, later clinical observations related to the phenomena that seemed to challenge his concept of the "pleasure principle" led him to the conclusion that it is impossible to have a viable psychological system without including the phenomenon of death as an essential element (Freud 1955).

This realization represented an important turning point in Freud's theoretical speculations. To account for psychopathological disorders that seemed to defy the "pleasure principle" (such as sadomasochism, automutilation, and violent suicide), he formulated in the last two decades of his life a psychology that was significantly different from his early writings. In his final version of psychoanalysis, he described the psyche as a system reflecting the conflict between two opposing forces, the sexual instinct, Libido or Eros, and the death instinct, *Destruo* or *Thanatos* (Freud 1964).

According to a statistical survey conducted by Brun (1953), ninety-four per cent of psychoanalysts refused to follow Freud in this final stage of his thinking. The observations from NOSC clearly show that Freud was essentially correct in his assessment of the importance of death for psychology, even though they do not specifically support his understanding of *Thanatos*. These new findings show that what Freud refers to as *Thanatos* is not a biological instinct, but a psy-

chological force reflecting the individual's encounters with life-threatening events from postnatal biography and, particularly, from the perinatal period. These connections make the element of biological death essential for the understanding of the disorders that defy Freud's "pleasure principle" and a variety of other psychological phenomena (Grof 1985).

In addition, the psychological representation of death has deeper sources in the archetypal domain of the collective unconscious in the form of eschatological deities and motifs and also plays an important role in karmic experiences. Freud saw *Thanatos* as a biological instinct and did not recognize the deep psychological connection between death and the trauma of birth. He also refused to accept Jung's concept of the collective unconscious and its archetypal dynamics. And, as a materialist, he wanted to anchor psychology deeply in biology and was not ready to give serious attention to the karmic dimension of the psyche. However, in his general awareness of the psychological importance of death and in his (unfortunately superficial and fleeting) recognition of the possible significance of birth, Freud was far ahead of his followers, whose writings Ken uses as his main sources.

Ken does not simply ignore Freud's later writings like the majority of his followers. He actually keeps the term *Thanatos*, but changes the meaning of this concept in a way that dilutes and trivializes Freud's insights. For Freud, *Thanatos* was a brutal force that operates throughout our life and finally reduces us back to the inorganic state. For Ken, *Thanatos* is a relatively meek evolutionary mechanism associated with the transformation of consciousness from one level to the next. It is instrumental in the process of abandoning one developmental stage and moving to the next one (Wilber 1980). This involves generally a long and slow transition that is part of natural evolution, a kind of psychological equivalent of the first and second teething. The problems that might occur during these developmental transitions have a different degree of relevance than acute emergency situations that threaten the individual's survival or body integrity.

In an extensive critique of the way various theorists use the term *Thanatos* and of the resulting confusion (Wilber 1983), Ken emphasizes the importance of distinguishing between biological death and the "ego-death", or "death" and "Death". However, he himself entirely misses the psychological importance of the experiences associated with life-threatening events and makes no distinction between "dying" to a developmental level and the experiences associated with biological death. He equates dying with abandoning the exclusive identification with a particular structure of consciousness, which makes it possible to transcend that structure and

move to the next level. This mechanism would thus apply to such extended and gradual processes as learning to speak and developing an ego.

The situation is further confounded by the fact that, in another context, Ken also sees Thanatos as the force that drives the involution of consciousness and thus cosmogenesis (Wilber 1980). In the outward and inward arc of consciousness evolution, Thanatos is, according to Ken, the principle that dissolves the structures associated with various forms and levels of what he calls the *Atman project*. It is the principle that is responsible for abandoning substitute selves and substitute gratifications and mediates the movement toward the Absolute. However, in the context of cosmogenesis, Ken equates Thanatos with the force that drives consciousness away from the reunion with the Dharmakaya and into incarnation. Here it thus allegedly prevents the only true gratification there is, which is the union with the Absolute, and drives consciousness in the direction of unsatisfactory substitute gratifications that characterize the *Atman project*.

The experiences of encounter with biological death receive no attention at all in Ken's spectrum psychology. This is in sharp contrast with clinical observations from deep experiential self-exploration and psychotherapy (primal therapy, rebirthing, holotropic breathwork, psychedelic therapy, and work with people in psychospiritual crises). In all these situations, memories of life-threatening events such as serious diseases, accidents, and operations in postnatal life, the process of biological birth, and crises of intrauterine life represent a category of special psychological significance. In NOSC, additional profound encounters with death occur in the context of transpersonal experiences, such as karmic and phylogenetic memories and archetypal sequences. This material clearly supports the view that it is essential to distinguish the process of transition from one developmental stage to another from the life-threatening events that endanger the very survival of the organism.

Learning to speak and thus "dying" to the typhonic stage of development or developing an ego and thus "dying" to the verbal-membership stage does not stand comparison with situations that threaten the survival or integrity of the organism, such as near drowning, a serious operation, a car accident, a difficult birth, or an imminent miscarriage. Equally powerful and compelling can be experiences of death in a previous incarnation, identification with an animal attacked and killed by a predator, or annihilation by a wrathful deity. Life-threatening experiences are of a different logical type and are in a meta-position in relation to the mechanisms involved in evolutionary processes on various developmental

levels that Ken describes as Thanatos. They endanger the existence of the organism as a separate biological entity without regard to the level of its development. Thus, a critical survival threat can occur during embryonal existence, at any stage of the birth process, or at any postnatal age, without regard to the level of consciousness evolution.

In my 1985 critique of Ken's views, I expressed my opinion that any model of human nature that lacks a genuine appreciation of the paramount significance of birth and death is bound to be incomplete and unsatisfactory. The inclusion of the perinatal level of the unconscious and of the phenomenon of biological death and acknowledgment of their relevance would give Ken's model more logical consistency and greater pragmatic power. However, since he lacks genuine understanding of the perinatal dynamics and does not appreciate the psychological significance of the experience of death, his model cannot account for important clinical data, and his description of the therapeutic implications of his model will remain the least useful and convincing part of his work for clinicians dealing with the practical problems associated with various emotional and psychosomatic disorders.

4 The Spectrum of Psychopathology

Ken's interpretation of psychopathology is another area, which is in fundamental disagreement with the observations from experiential therapies, psychedelic research, and work with individuals in psychospiritual crises. This is related to the fact that he uses as his sources schools of depth psychology (particularly classical psychoanalysis and ego psychology) whose members use verbal methods of psychotherapy, are conceptually limited to biographical models of the psyche, and do not have even an elementary understanding of the perinatal and transpersonal domains. Modern revisions of classical psychoanalysis that Ken heavily relies on have refined the understanding of postnatal dynamics and object relationships, but share Freud's narrow biographical focus.

Ken basically uncritically accepts the dynamic classifications of emotional and psychosomatic disorders developed by the pioneers of classical psychoanalysis beginning with Sigmund Freud and Karl Abraham (Fenichel 1945) and later modified and refined by representatives of ego psychology, such as Otto Kernberg, Margaret Mahler, and Heinz Kohut (Blanck and Blanck 1974). The common denominator for the theories of all these authors is that they do not see biological birth – whether it has a normal or pathological course – as an event that has psychological relevance. They thus accept the per-

spective of academic psychiatrists who do not consider birth to be a psychotraumatic experience and fail to see that it has any implications for psychopathology, unless it causes irreversible damage to the brain cells. As I have suggested earlier, there is a general belief in official academic circles that the newborn child lacks consciousness and that the neonatal cortex is incapable of registering the birth process and store the information about it, because it is not fully myelinated.

Ken has essentially accepted this position and incorporated it into the main body of his work. At the time when he did most of his theoretical writing about psychology and psychopathology, his theoretical speculations about psychological development and its vicissitudes had their starting point in the pleromatic stage of the newborn. Even today, he does not have an adequate understanding of the perinatal dynamics, its deep connection with the transpersonal realm, and its role in psychopathology, as well as spiritual development. For this reason, he has not been able to notice this deficit in his sources. And although he has a deep and extensive knowledge of the transpersonal realms, he sees them as being essentially irrelevant for the development of the common forms of psychopathology.

Ken's conclusions are in sharp conflict with the experience of the practitioners of various experiential approaches, such as rebirthing, psychedelic therapy, and holotropic breathwork, who witness dramatic reliving of the birth process daily in their work. However, one does not have to have such first-hand clinical experience to be able to see the logical inconsistency in current academic thinking concerning the psychological impact of birth. The representatives of all the schools of dynamic psychotherapy attribute a critical psychological role to the early mother-child relation and to the subtleties of nursing. A good example is Harry Stack Sullivan who claims that the nursing infant is able to distinguish between the "good nipple" (the breast of a loving mother that gives milk), the "evil nipple" (the breast of a rejecting or nervous mother that gives milk), and the "wrong nipple" (a thumb or big toe that does not give milk at all). He sees such experiences as instrumental in the future development of emotional and personality disorders (Sullivan 1955).

And yet the same dynamic psychologists who attribute to the infant such sensitivity and discrimination deny that it can be in any way influenced by the experience of biological birth. We are asked to believe that it is possible for the infant not to experience and/or register in memory many hours or even several days of a highly taxing and life-threatening situation and then immediately after birth become a "connoisseur of female nipples" capable of differentiating nuances in the

experience of nursing. This is hardly an example of rigorous logical thinking or a well-grounded scientific conclusion. It is much more likely a result of psychological repression and denial of this extremely painful and frightening event, rationalized by the use of scientific language.

The justification of this position by references to incomplete myelination of the cerebral cortex of the neonate can hardly be taken seriously in view of the fact that the capacity of memory exists in many lower organisms that do not have a cerebral cortex at all, including unicellular life forms that possess primitive "protoplasmatic memory". The image of the newborn as an unconscious being who is incapable of registering and remembering the process of biological birth is also in sharp conflict with extensive research data showing extraordinary sensitivity of the fetus already during intrauterine life (Verny 1987). Ken, who is usually extremely astute, sharp, and discriminating, does not notice these extraordinary discrepancies and takes all the psychodynamic schools at their face value.

According to psychoanalysis and ego psychology, psychogenic disorders can be adequately understood in terms of postnatal biographical events and related psychodynamic processes. Different psychopathological syndromes are explained as resulting from problems in specific stages of postnatal libidinal development and from the difficulties in the evolution of the ego and of the object relationships. Psychoses thus allegedly have their origin in early infancy while neurotic or psychosomatic disorders are anchored in later childhood. Accepting this way of thinking, Ken sees psychoses (autistic psychoses, symbiotic infantile psychoses, most adult schizophrenia, and depressive psychoses) as results of regression to early developmental stages of postnatal development, and thus as fully pre-personal and pre-rational disturbances. He then associates various psychoneuroses with later fulcrums of postnatal development. By contrast, difficulties of spiritual development are for him transpersonal and post-rational disorders.

As I have already indicated, in the recent modification of his model Ken makes some concessions to perinatal dynamics by creating for it a new fulcrum (F-0) and briefly outlining his ideas about the implications of this revision for psychopathology (Wilber 1995, 585-6). According to him, the new fulcrum (F-0) would participate in the development of psychopathology in a way similar to all the other fulcrums. Developmental malformations of its specific subphases (disruption at the dissociation, differentiation, or integration subphase) would result in specific pathologies.

A fixation at the fusion/indissociation subphase might thus predispose a person to “somatic mystical” fusion with the world; a disruption at the differentiation subphase might create a predisposition to the “hellish no exit” vital shock, intense sadomasochistic activity, and involitional depression; and fixation at the integration stage might lead to delusional messianic complexes. Similarly, the formations and malformations at this F-0 would “incline (but not cause)” subsequent development to tilt in the same direction. Thus a profound “no exit” malformation of the differentiation subphase might, for example, create a strong disposition to depression, withdrawal, and inhibitions. Ken offers here a comparison with the formation of a pearl, where a grain of sand influences the shape of subsequent layers.

However, even with this modification, Ken does not begin to account in his theory for actual clinical observations. In experiential psychotherapies using NOSC, people working on various forms of depression, psychoneuroses, and psychosomatic disorders typically discover that these disorders have a multilevel dynamic structure. In addition to their connections with traumatic events in infancy and childhood, as expected by traditional academic thinking, these disorders have important roots in the perinatal domain and also beyond that in the transpersonal realm (Grof 1985). Therapeutic work on psychoneuroses and psychosomatic disorders, guided not by the therapist but by the spontaneous healing mechanisms activated by NOSC, will thus typically take the clients beyond postnatal biography to the perinatal and transpersonal domains.

Under these circumstances, the therapeutic process does not follow a linear trajectory. If it is not restricted by the strait-jacket of the therapist’s professional convictions, it will freely move between the biographical, perinatal, and transpersonal levels, often even within the same session. For this reason, effective work with emotional and psychosomatic disorders requires a therapist who uses a framework that is open to all the bands of the spectrum. The idea of breaking the therapeutic process into stages during which he or she is seen by different therapists, each of whom is a specialist in fulcrum-specific treatment modality, is thus highly unrealistic. In addition, since both the perinatal and transpersonal experiences have the quality that C. G. Jung called “numinosity”, it is impossible to draw a clear line between therapy and spiritual evolution. With an open approach, the process that initially began as “therapy” will often automatically change into a spiritual and philosophical quest.

The integral link between psychopathology and the perinatal, as well as transpersonal, domains is even more obvious in

psychotic conditions. While in psychoneuroses and psychosomatic disorders the perinatal and transpersonal roots are not immediately obvious and have to be discovered in experiential therapy, in psychoses they often represent a manifest aspect of their phenomenology. Without this recognition, the phenomenology of psychotic experiences and their relationship to mystical states will continue to present a serious challenge for Ken’s conceptual system. In discussing the relationship between schizophrenia and mysticism in his book *The Atman Project* (Wilber 1980, 152), he describes his position as being “somewhere between” the approach of traditional psychiatry for which both schizophrenia and mysticism as purely pathological and the attitude taken by researchers like R. D. Laing and Norman O. Brown, who see both as examples of ultra-health.

Ken accepts the position of Anton Boisen, R. D. Laing, Julian Silverman, and others who observed that, under favorable circumstances, the psychotic episode can actually result in healing and become a growth experience: by regression in the service of the ego, the psychotic patient returns to “a deep structure (bodyself or otherwise) that was ‘traumatized’ during its construction in infancy or childhood... and then, as it were, re-builds the personality, ground up, from that point... After re-contacting or ‘re-living’ that deep complex or deep structure disturbance, then the upper layers of consciousness spontaneously reshuffle or rebuild themselves around the newly refurbished deep structure” (Wilber 1980, 157). According to Ken, this process of regressive healing and transformation remains restricted to the fulcrum of postnatal biography.

However, the psychotic process is not limited to material from infancy and childhood. It also frequently includes the theme of death and rebirth and the specific symbolism characteristic of perinatal matrices. Should we believe that for some mysterious reasons the process of this reparative regression has to stop short of the split caused by the trauma of biological birth, Ken’s new fulcrum 0? It certainly does not stop there in deep experiential work using NOSC. There this regression proceeds to the perinatal level where the process often connects to the transpersonal domain. John Perry’s observations from many years of clinical work with psychotic patients clearly demonstrate that similar mechanisms operate also in the psychotic process. They show that the reparative regression and restructuring of personality typically includes the motif of death and rebirth as an essential element and reaches deep into the archetypal level to the Self or the “central archetype” (Perry 1953, 1974). John Perry’s pioneering work that C. G. Jung welcomed as “a messenger of a time when the psyche of the mental patient will receive the

interest that it deserves” (Jung’s foreword to John Perry’s book *The Self in Psychotic Process*, Perry 1953) has unfortunately not been mentioned in Ken’s discussion of schizophrenia and mysticism.

This brings us to the problem of the participation of transpersonal elements in the experiences of psychotic patients. While emphasizing that a sharp distinction between pre- and trans- is all-important for this matter, Ken admits that the disruption of the egoic syntax opens the individual not only to “mythic thinking and magical references”, but somehow also to “invasion” of material from transegoic realms that can lead to valid spiritual revelations. He suggests that the disruption of the editing and filtering functions of egoic translation leaves the individual open and unprotected from both the lower and the higher levels of consciousness. As the egoic translations begin to fail and the self is drawn into pre-egoic realms, it “is also open to invasion (castration) from the transegoic realms” [Ken’s parentheses]. He emphasizes that he personally does not see any other way to account for the phenomenology of the schizophrenic break than to assume that a dual process is set in motion: the individual begins to regress to the lower levels of consciousness while, at the same time, he is invaded by the higher (Wilber 1980, 152).

This peculiar mixture of regressive phenomena and transpersonal elements in psychotic (and mystical) experiences cannot be easily accounted for without understanding that the perinatal realm of the psyche is not just a repository of memories of biological birth, but also a natural experiential interface with the transpersonal domain. Without this realization, the fact that genuine spiritual insights can sometimes be channeled through psychotic personalities and experiences will have to remain for Ken’s system “a mystery” – a fact that he himself admits. Similarly unexplained remains in his theory the observation that “true mystics occasionally reactivate regressive complexes on their way to mature unity states”. In spite of the fact that Ken acknowledges frequent mysterious invasion of transpersonal insights in psychotic patients, mysticism remains for him miles apart from psychosis. It represents for him a purely transegoic progression, whereas psychosis is primarily characterized by a regression to early infancy in the service of the ego.

This is clear from Ken’s interpretive comments to Erich Fromm’s description of the psychotic experience that, at least partially, allows interpretation in perinatal terms: “He can be possessed by the passion to return to the womb, to mother earth, to death [pleromatic incest]. If this aim is all-consuming and unchecked, the result is suicide or insanity [plero-

matic castration]. A less dangerous and pathological form of a regressive search for unity is the aim of remaining tied to the mother’s breast [maternal incest], or to mother’s hand, or to the father’s command [paternal incest]. Another form of regressive orientation lies in destructiveness, in the aim of overcoming separateness by the passion to destroy everything and everybody [what we call ‘substitute sacrifices’]” (Wilber 1980, 153) [Ken’s parentheses].

The lack of recognition of the perinatal and transpersonal elements in the dynamics of unusual experiences leads Ken to simplistic interpretations that sometimes border on the bizarre and absurd. A salient example is his approach to the experiences of ritual satanic cult abuse, a complex and baffling phenomenon that in the last decades has reached epidemic proportions in the United States. Ken believes that these experiences are nothing but distorted childhood memories and gives as an example a hypothetical situation where the source of the experiences of satanic cult abuse is the infant’s observation of his or her mother carving the Thanksgiving turkey (Wilber 1994, 303). Any serious researcher of the UFO phenomena and of alien abduction experiences would also be surprised to find out that Ken believes that a similar misinterpretation of childhood memories could adequately account for the rich spectrum of fascinating and puzzling observations in their field. I feel that personal experience of working with clients suffering from problems of this kind would give Ken more respect for the extraordinary nature of these phenomena and the depth of the issues involved.

Ken actually uses his understanding of psychoses as F–1 pathologies as a theoretical justification for pharmacological and physiological treatments as primary therapeutic interventions in these disorders: “Most forms of severe or process psychoses do not respond well (or at all) to psychoanalytic therapy, psychotherapy, analytic psychology, family therapy, etc. – despite repeated and pioneering efforts in this area. These disturbances seem to occur on such primitive level of organization (sensori-perceptual and physiological) that only intervention at an equally primitive level is effective – namely, pharmacological or physiological (which does not rule out psychotherapy as an adjunct treatment)” (Wilber 1986, 127).

Ken does not mention here the possibility of successful psychotherapeutic work with many people who by traditional psychiatry are or would be diagnosed as psychotic. While the earlier psychotherapeutic interventions based on the psychoanalytic model were severely limited by the therapists’ tendency to interpret all psychotic phenomena in terms of postnatal development, strategies using larger cartographies of the psyche and supporting the experiences of the clients

rather than discouraging or suppressing them are actually very promising (Perry 1974; Grof and Grof 1990).

The manifest content of many psychoses, as well as the material emerging during experiential work with them, shows preponderance of perinatal and transpersonal themes, such as experiences of diabolical torture, eternal damnation, hell, and no exit, identification with Jesus Christ, sequences of death and rebirth or destruction and recreation of the world, satanic and demonic elements, messianic ideas, encounters with archetypal beings, or past incarnation experiences. These are in no way occasional mysterious “infusions” or “transfusions” of archetypal material, but essential and integral parts of the psychotic process.

This is evident in the already mentioned work of John Perry who conducted systematic psychotherapy with people undergoing acute psychotic episodes untruncated by tranquilizing medication. He was able to show that the major themes and motifs emerging in their experiences were identical with those that played an important role in royal dramas performed in New Year’s festivals of a large number of ancient cultures at a particular period of their history, the “archaic era of incarnated myth” (Perry 1974). This was a period when these cultures saw their kings as incarnate deities, as it was the case with the Egyptian pharaohs, Peruvian Incas, the Roman emperors, kings of Israel, Japanese rulers, and many others. Perry’s work clearly reveals the important role that archetypal dynamics play in such episodes and shows their meaningful connection to the evolution of consciousness. The essential role of archetypal elements and the collective unconscious in many psychotic episodes has also been demonstrated by many other Jungians and Jung himself.

The two categories of theories of functional psychoses entertained by mainstream psychiatry and by the psychoanalytically oriented systems of psychotherapy fail to provide a believable explanation for these disorders. The advocates of biological schools of psychiatry propose that the nature and content of psychotic experiences can be understood as resulting from the interaction between a yet unknown organic process and the brain. Such an explanation might account for disorganization of mental functioning seen in schizophrenia simplex or hebephrenic schizophrenia and similar disorders. However, the idea that a yet unknown pathological process could by itself produce in the brain the often elaborate and comprehensive systems of “hallucinations” and “delusions”, including perinatal and transpersonal experiences, is highly implausible. As Jungian psychology, as well as the work with psychedelic substances and powerful experiential psychotherapies have clearly shown, these experiences belong to

deep dynamics of the human psyche. Although they are not ordinarily available for conscious experience they can easily be made conscious with the use of various ancient, aboriginal, and modern techniques.

Representatives of many psychologically oriented schools believe that the dynamics of functional psychoses can be understood in psychological terms. The approaches that are acceptable in academic circles use for this purpose models limited to postnatal biography and the individual unconscious. The theorists in psychotherapeutic schools that Ken draws upon are trying to explain the psychotic process as a regression to early stages of the development of the libido and of the ego. However, psychodynamic explanations limited to postnatal biography cannot possibly account for the nature and intensity of emotions and the rich and intricate content of many psychotic experiences. There is a long way from the mind of a lonely or hungry infant to elaborate experiences of the sacred marriage (*hieros gamos*), identification with the death and resurrection of Christ, or a shattering vision of the Apocalypse and of the Last Judgment.

A comprehensive approach to functional psychoses, mysticism, and their mutual interrelations requires a vastly expanded cartography of the psyche that includes the perinatal and the transpersonal domains. As the work with NOSC clearly shows, the current academic understanding of psychoses and their relationship to mysticism is superficial and needs a radical revision. However, Ken’s conceptual framework in its present form does not offer a viable alternative. With his linear understanding of the pre/trans fallacy, he sees psychotic states as essentially regressive and mystical states as progressive. This is in clear conflict with clinical observations that show a much more complex and intimate relationship between many psychotic episodes and mystical states. David Lukoff (1985) speaks in this regard about at least four possible combinations: mystical states, mystical states with psychotic features, psychotic states with mystical features, and psychotic states. In my experience, the problem of the mystical versus the psychotic is often a problem of coping with and integrating perinatal and transpersonal experiences.

The success of this integration seems to depend more on the history and personality structure of the individual than on the nature of the experiences themselves. In one place, Ken himself interprets schizophrenic break with religious content as a result of influx of material from the subtle level meeting the “false self” of an individual whose personality structure was developmentally compromised (Wilber 1980, 157). Traumatic experiences of the early stages of postnatal development that in various psychodynamic schools are

seen as the causes and sources of psychotic phenomena can certainly play an important role as factors interfering with the ability to cope with perinatal and transpersonal experiences, as well as the capacity for successful integration and adequate grounding of such experiences. However, early childhood traumas cannot possibly create the often rich and intricate content of psychotic experiences, which is clearly transbiographical in nature. To account for it, we have to consider such concepts as the transpersonal domain of the psyche, the archetypal and historical realms of Jung's collective unconscious, the Universal Mind (*anima mundi*), or cosmic consciousness.

This has its parallel in the differences in the capacity of various people to integrate such experiences in psychedelic sessions. The administration of psychedelic substances can account for the emergence of unconscious material from the depth of the psyche, but not for the specific content of the resulting experiences. The complex and intricate experiential sequences in psychedelic sessions cannot be explained simply as toxic artifacts of the interaction between the psychedelic substances and the neurophysiological processes in the brain. However, while the content of the experiences by far transcends the biography of the individual, biographical factors can play a very important role in the final outcome of this process. Depending on the history of the individual and on the set and setting of the session, these experiences can lead to personality disintegration and long-term psychopathology, or to powerful spiritual opening and personality transformation. Such observations show that postnatal events are not the causes and sources of psychotic experiences, but important contributing factors.

My observations of persons in non-ordinary states suggest that prenatal, natal, and early postnatal experiences encountered in regressive work have a distinctly numinous quality and freely merge with the elements from the archetypal and mystical realms. The memories of intrauterine life are not just episodes of primitive failure to perceive differences, as Ken suggests (Wilber 1995, 587), but are associated with profound mystical insights that reveal fundamental unity behind the world of separation. Similarly, the "no exit" stage of birth typically coincides with archetypal images of hell, the struggle in the birth canal is often accompanied by identification with archetypal figures representing death and rebirth, and the moment of birth and reunion with mother can take the form of divine epiphany, of an encounter with the Great Mother Goddess, or of mystical marriage. The presence of transpersonal elements on this level seems to be an integral part of this process, rather than a mysterious "infusion" of material from a remote part of the developmental spectrum.

When this understanding is applied to clinical work, the distinction between mystical states with an evolutionary potential and various psychotic states with mystical features does not depend exclusively on the nature and content of the experiences themselves and their association with radically different fulcrums of consciousness evolution. It is also important to take into consideration the overall context, the person's experiential style, and his or her ability to integrate the experiences into everyday life. In addition, the belief system of the surrounding culture and of the professionals treating the individuals involved should not be underestimated as factors that play a paramount role in shaping the nature of this process and its outcome. The therapeutic implications of this approach to mysticism and psychosis have been discussed in detail in publications specifically focused on the problem of spontaneous psychospiritual crises, or "spiritual emergencies" (Grof and Grof 1989, 1990).

5 The "Back-Door" and "Front-Door Entry" into the Spiritual Realms

In his last book, Ken also addresses the problem of our disagreement concerning the "chronological order of the unconscious disclosures". He points out that in my theoretical system the dividing line between the personal and transpersonal appears to be on the level of the perinatal matrices, whereas in his map it is at the level of the centaur. This naturally constitutes a problem, since on his linear spectrum, these two domains are far apart. Ken's explanation for this discrepancy is that the observations on which my cartography is based come from regressive work. This process takes individuals from ordinary ego to Freudian childhood traumas and from there to the birth trauma and the intrauterine state. Ken suggests that at this point, "they may cease identifying with the physical body-mind altogether and thus fall into transpersonal, supra-individual states" (Wilber 1995, 587).

He emphasizes that his own map is based primarily on "broad-scale growth and development patterns" and thus runs in the other direction; however, he points out that it covers essentially the same general territory. It reflects the order in which "these domains enter awareness as a stable adaptation and not as a temporary experience". According to Ken, the work with NOSC forces its way to the transpersonal domain through the "backdoor", whereas he describes spiritual evolution that leads there through the "front door" and is conducive to stable developmental patterns.

The importance of distinguishing between temporary experiences and permanent structures was emphasized a long

time ago by William James (James 1961) and again by Ralph Metzner who discussed the difference between transcendence and transformation (Metzner 1980). While I certainly agree that it is important to distinguish between transient experiences involving various levels of consciousness, on the one hand, and reaching a certain evolutionary level as a stable personality structure, on the other, I have certain reservations concerning Ken's position and his formulations.

Ken's description of the mechanism through which the regressive process reaches the transpersonal domain via the perinatal process (through the "backdoor") is far from plausible or satisfactory. As I will show later on, the transpersonal realms that open up when an individual regresses to the prenatal state involve much more than a simple loss of connection with the physical body-mind. Such experiential identification with the fetus appears to be a genuine mystical state of a very specific kind that is often accompanied with rich archetypal imagery and profound insights of cosmic relevance. Episodes of undisturbed intrauterine existence can open up into culture-specific archetypal images of paradises or celestial realms, experiential identification with aquatic animals, or complex astronomical vistas. Experiences of intrauterine disturbances coincide with encounters with insidious demons and authentic identification with aquatic life forms in polluted waters.

Moreover, Ken's argument about entering the transpersonal, supra-individual space by ceasing to identify with the physical body-mind is further weakened by the fact that the encounter with rich archetypal imagery is not limited to the prenatal state, but occurs in connection with all the perinatal matrices, including those that deeply and painfully engage the body. The no-exit stage of birth (BPM II) is often associated with images of hell and archetypal figures representing eternal damnation, such as Sisyphus or Tantalus, as well as identification with victims of various eras drawn from the collective unconscious, and with corresponding past-life experiences. Typical experiential concomitants of the struggle through the birth canal are archetypal images of deities representing death and rebirth and scenes of revolutions appearing as collective or past-life memories. Similarly, the reliving of birth is accompanied by culture-specific images of the Great Mother Goddess and scenes of divine epiphany or sacred marriage (Grof 1975, 1987, 1992). These observations suggest an intimate and organic *a priori* association between the perinatal and transpersonal levels.

I would like to mention in this context the work of Christopher Bache, professor of religion and philosophy at the State University in Youngstown, Ohio, who has very creatively fur-

ther elaborated and clarified the concept of perinatal dynamics and made an important contribution to the understanding of the relationship between the personal and transpersonal dimensions of this domain (Bache 1995). Having analyzed many accounts of non-ordinary experiences with perinatal features, he concludes that the perinatal matrices, as I have described them, reflect an operational mode of consciousness in which the personal and transpersonal blend, sharing organizational patterns and structures.

By identifying with intense experiences of the fetus, the individual connects by resonance to the larger field of species consciousness that can be described in terms of Sheldrake's *morphogenetic fields*, of C. G. Jung's *collective unconscious*, or of the *Oversoul*. This involves experiences of wars, revolutions, and atrocities, as well as triumphs of humanity associated with emotions of unimaginable intensity. It is thus conceivable – and subjects frequently report this as their insights – that by experiencing the agonies and ecstasies on a collective scale that represent an integral part of the perinatal process, the individual heals not just himself or herself, but contributes to the healing of humankind itself in the sense of the Buddhist archetype of the Bodhisattva or the Christian archetype of Christ.

There are other important observations which support the notion that the perinatal domain represents an important interface with the spiritual domain. The perinatal experiences are a strange amalgam of three aspects of human life – birth, sex, and death – all three of which are known to be potential gateways to transcendence. Birth and death represent the beginning and the end of individual life and are thus natural frontiers with the transpersonal domain not only in experiential work, but also in everyday life. Delivering women and people in near-death situations often have profound transcendental experiences. Meditation with dying individuals and personal confrontation with death in cemeteries and burning grounds have been used in certain forms of spiritual practice as powerful catalysts of mystical opening. The transindividual nature of sex is evident from its critical role in species preservation and its potential as a gateway into the spiritual realm is best illustrated by the practice of *maithuna*, ritual sexual union used in left-handed Tantra (*Vamamarga*) (Mookerjee and Khanna 1977).

We can now return to the problem of entering the spiritual domain through the "back door" and the "front door". Many prominent figures in the spiritual history of humanity whom Ken uses as examples for his developmental stages, from shamans to saints, sages, and founders of the great religions, such as the Buddha, Jesus, Mohammed, Ramakrishna, St. An-

thony, St. Teresa, St. John of the Cross, and others, all experienced powerful visionary states that initiated and catalyzed their spiritual development. These experiences typically involved perinatal sequences that were strikingly similar to those that can be regularly observed in psychedelic and holotropic sessions. Christopher Bache has clearly demonstrated this in his studies of St. John of the Cross (Bache 1991) and St. Teresa of Avila (Bache 1985). The reports from powerful experiential sessions often read like passages from the *Vedas*, *Upanishads*, the *Pali canon*, the ancient books of the dead, the texts of Christian mystics, and other spiritual scriptures.

The above examples show that spiritual opening typically involves powerful NOSC, often with prominent perinatal features. These, of course, might or might not be followed by a good integration and stabilization on a new developmental level. It is certainly possible to have powerful mystical experiences that do not result in spiritual evolution. On the other hand, it is also questionable how much spiritual development can occur without powerful experiences of NOSC. Ken emphasizes that he is writing in his work about “broad-scale growth and development patterns”, about a process through which “these domains enter awareness as a stable adaptation and not as a temporary experience”.

However, he does not describe the mechanism that would be involved in such an evolution and transformation. If there is one, it would certainly not apply to most of the prominent figures he uses as examples. It is not clear what Ken’s entry into the spiritual realm through the “front door” would actually look like. If it is something resembling William James’ “educational variety” of spiritual development, where one would gradually open to the mystical dimension over a long period of time, in the way in which one learns to speak or develops an ego, it does not seem to be the mechanism driving the spiritual evolution of humanity. As the above examples illustrate, the spiritual opening of most famous mystics involved dramatic episodes of NOSC.

During my work with psychedelics and holotropic breathwork, I have been aware of the difference between mystical experiences and consciousness evolution. I have written in different places about the personality changes following spiritual experiences and paid great attention to the circumstances that are conducive to permanent beneficial changes and factors that facilitate good integration. I have not yet attempted to offer a comprehensive theoretical framework dealing with the problems of consciousness evolution that would summarize my observations over the years. However, these observations leave no doubt in my mind that under

good circumstances powerful “regressive” experiences can be harnessed in such a way that they actually result in permanent changes of the developmental structure.

At the core of our controversy is a disagreement concerning the nature of “regressive” experiences and the role that they play in spiritual opening. Ken criticizes the position of the people that he calls “peak theorists” who believe that the entire spectrum of consciousness is always available, fully formed but submerged. According to him, transpersonal experience might involve the “reentering” or “re-experiencing” of a prepersonal occasion, such as pleromatic indissociation, perinatal patterns, archaic images, phylogenetic heritage, or animal/plant identification. However, this for Ken does not mean that the transpersonal elements reside in these archaic structures. It is transpersonal awareness that is instrumental in this process, not the archaic structures themselves. In his opinion, not a single prepersonal structure can in and of itself generate intrinsic transpersonal awareness. It can become the object of transpersonal awareness, and thus be “reentered” and “reworked”. It can then become a type of vehicle that is used, but never its source. Ken insists that in these cases the concept of the pre/trans fallacy, however occasionally paradoxical, thus remains firmly in place.

The critical issue here is that “regressive” experiences, not only perinatal and prenatal, but also ancestral, racial, karmic, phylogenetic, and even those that reach farther back into the history of the cosmos often seem to form an integral part of spiritual opening. Whether we interpret this fact as the transpersonal awareness re-entering these archaic structures, as Ken prefers to describe it, or as manifestation of transpersonal potential inherent within them seems less relevant. Since, according to perennial philosophy and Ken’s own system, all of creation and the entire evolution in nature and in the cosmos is, in the last analysis, created by involution of Absolute Consciousness, I do not see any need to treat these elements as inherently different from the spiritual realm. The fact that superior creative intelligence guides the creative process and manifests on all its levels certainly leaves such a possibility open.

In any case, Ken severely misunderstands the nature of perinatal experiences if he sees them as nothing but a replay of the actual experience of the fetus. His main objection is that regression to the pre- and perinatal state cannot convey any revelations about existence, because “the fetus in the womb is not aware of the whole world of intersubjective morals, art, logic, poetry, history, and economics” (Wilber 1995, 755). I do not see, however, how this makes any difference, since in discussing perinatal experiences, we are not talking about

the fetus, but about an adult who is reliving the experiences of the fetus. This regression is experienced by an individual with differentiated personality and intellectual faculties that include and integrate the development through all the post-natal fulcrums. This vast amount of information is not lost during the regressive experience and forms an integral part of it. It certainly is conceivable that the NOSC facilitates an entirely new creative integration of all structures with the transpersonal domain, thus facilitating the unfolding of still new structures. Similar mechanisms have played an important role not only in religious revelations, but also in many scientific discoveries and artistic inspirations (Harman 1984).

Besides including the intellectual and emotional repertoire of the adult individual, regressive experiences also mediate direct extrasensory access not only to what Ken calls “intersubjective space” but also to information about various aspects of space-time and about the archetypal realms of the collective unconscious. I have made over the years numerous observations in this regard and reported them with many illustrative case histories (Grof 1985, 1987, 1992). In addition, the processes involved are characterized by multiple holographic enfolding and unfolding of space and time and escape any efforts of the intellect to arrange and categorize them into a neat linear system. Ken clearly does not understand the nature and complexity of the experiences involved, as can be illustrated by the example of the oak and acorn that he uses to criticize Richard Tarnas’ application of the dynamics of perinatal matrices to the intellectual development of Western civilization (Wilber 1995, 755).

To ridicule the idea that regression to the womb could convey genuine mystical insights, Ken uses the image of an oak and the acorn from which it came. He argues that the regression to the fetal state cannot any more mediate a true mystical union with the world than an oak can unify its leaves and branches or become one with the forest by identifying with the original acorn. According to him, the “original union”, whether conceived as the actual womb or as the pre-historical *participation mystique* of primitive cultures is not a union, but an undifferentiation.

This certainly is a logical conclusion we would be inclined to draw on the basis of external observation of these conditions when they occur in the context of linear individual and historical development. However, our only source of information about the subjective aspect of the original situations comes from regressive work. For this reason, all we will ever be able to say about them apart from what we learn from experiential work, will be educated fantasies and guesses, no matter how plausible they might appear to our logical mind.

Yet we have ample knowledge about the regressive return to these situations and we know that it is not a simple replay or unearthing of the memories of the original state as understood by materialistic science. The experiences involved represent extremely complex, multidimensional, and even paradoxical phenomena that transcend attempts to fit them neatly into linear schemes. Neither Richard Tarnas nor myself have ever thought, said, or written that the perinatal experiences are nothing but a mechanical replay of the original birth situation, yet this is exactly the way Ken consistently misinterprets these experiences.

To more adequately portray the nature of perinatal experiences and the insights that they mediate, the oak of Ken’s simile would have to regress to the original acorn and, while experiencing its oak/acorn identity, become simultaneously aware of its entire (acorn and oak) environmental context involving the cosmos, nature, the sun, the air, the soil, and the rain. This would also be associated with a sense of its embeddedness in the forest and its descent from a line of preceding oak trees and acorns, as well as its entire development from the acorn to its present form. And an important aspect of such an experience would be its connection with the archetypes of Mother Nature or Mother Earth and with the creative divine energy that underlies all of the above forms.

If the nature of regressive experiences in NOSC is correctly understood, it does not seem surprising that they represent an important mechanism of spiritual opening and of spiritual evolution. Besides ample evidence from modern consciousness research, this notion can be supported by many examples from the spiritual history of humanity. The experience of psychospiritual death and rebirth, or “second birth”, that is closely associated with the conscious reliving of biological birth, is an essential component in the ritual and spiritual life of many cultures. It plays an important role not only in shamanism, aboriginal rites of passage, and the ancient mysteries of death and rebirth, but also in Christianity (as indicated by the conversation between Jesus and Nicodemus about the importance of second birth, “birth from water and spirit”), Hinduism (becoming a *dvija* or twice-born), and other great religions. Some spiritual texts also indicate that – in spite of the obvious differences – there are certain significant similarities between the mystical state and the child’s perception of the world (“you have to become like children to enter the kingdom of God”).

There are other important aspects of spiritual development for which regression to earlier stages of evolution is absolutely essential. The most important of these are the

concepts of reincarnation and karma, ideas that seem to be surprisingly neglected in Ken's discussions of spirituality in spite of their paramount cultural significance. The concept of reincarnation and karma represents a cornerstone of Hinduism, Buddhism, Jainism, Sikhism, Zoroastrianism, and Taoism. Various forms of belief in previous existences can be found in such historically, geographically, and culturally diverse groups as the Neoplatonists and Gnostics, various African tribes, American Indians, Pre-Columbian cultures, the Polynesian kahunas, and the practitioners of the Brazilian umbanda. Since such beliefs are based on experiences of events in other historical periods, they involve as a necessary prerequisite temporal regression of consciousness to earlier stages of human evolution.

Conscious re-experiencing of episodes from human history and from the evolution of the species, of the earth, or of the entire universe has been an important part of many mystical experiences resulting in spiritual opening and growth. The psychospiritual alchemical process has been described as *opus contra naturam*, working against nature, since it involves the discovery of the spiritual dimensions of existence by retracing not only one's own psychological history, but the entire history of creation and bringing its various stages to full conscious awareness (Fabricius 1976). Retracing the ancestral lineage and returning to the origins is an important part of the rites of passage of many aboriginal tribes. These observations suggest that spiritual evolution typically does not follow a direct linear trajectory from the centaur to the subtle and causal levels, but involves a combined regressive and progressive movement of consciousness with good subsequent integration of the experiences involved.

Deep experiential regression can lead to full conscious manifestation of the spiritual dimension of various stages of evolution, a dimension that was implicit and latent in them, but not consciously experienced at the time of the original unfolding of the evolutionary process in linear time. In this way, what was lost in involution, or cosmogenesis, is regained in regressive revisiting of its previous stages. A new creative synthesis of the historical and transcendental is then integrated into the present. Thus, the distinction between pre- and trans- has a paradoxical nature; they are neither identical, nor are they completely different from each other. The spiritual opening often follows a spiral trajectory during which consciousness enfolds into itself reaching back into the past and then again unfolds into the new present. Michael Washburn argues, correctly I believe, along similar lines in his book *The Ego and the Dynamic Ground* (Washburn 1988) when he emphasizes the "spiral concept of ego transcendence" versus Ken's "ladder concept of ego transcendence".

The problem of entry into the spiritual realm through the "back door" or the "front door" is closely related to the question whether children can have transpersonal experiences and whether true spirituality can exist in cultures that are at what Ken refers to as the "magical" or "mythical" stages of development. If reaching the centauric level were a necessary prerequisite for the entry into the spiritual realm on the individual and collective level, transpersonal experiences should not be possible in children. The ritual and religious life of shamanic cultures and ancient civilizations at the mythical stage of development would then be interpreted as prepersonal activity that lacks a genuine spiritual dimension.

However, actual observations have shown that transpersonal experiences, both spontaneous and evoked, are fairly common in children. Ian Stevenson's meticulous study of spontaneous past life experiences in children involving more than three thousand cases is just the most salient example (Stevenson 1966, 1984, 1987). We have ourselves observed several clearly transpersonal experiences, including sequences of death and rebirth, in ten and twelve year olds who have participated in sessions of holotropic breathwork. Shamanic literature, as well as the personal experiences of many anthropologists with shamans, leaves little doubt that they regularly have spiritual experiences not only of the subtle realms, but also of the causal realms. For many shamans, the entry into the spiritual domain is mediated by the "shamanic illness", a spontaneous visionary episode with distinct perinatal features. It would also be difficult to deny that the Eleusinian mysteries of death and rebirth, conducted in ancient Greece regularly for a period of almost two thousand years, as well as other mystery religions in the Mediterranean area, were authentic spiritual activities (Wasson, Hofmann and Ruck 1978).

Although Ken himself admits the possibility of transpersonal experiences in children and shamans, he again considers them, like the transpersonal experiences of psychotics, as "invasions" alien to the corresponding fulcrums of his developmental scheme rather than natural and regular occurrences. As Roger Walsh pointed out in his study of shamanism, according to Ken's scheme, the shamans who have consistently subtle experiences would have to be shortcutting two major developmental stages, one of them actually being the rational one (Walsh 1991).

6 Spectrum Psychology, Archetypal Dynamics, and Transit Astrology

In conclusion, I would like to bring up another major point of disagreement between Ken Wilber and myself, namely the relevance of astrology, particularly transit astrology, for depth psychology and consciousness research. After almost four decades of research into NOSC, I have come to the conclusion that psychiatry, psychology, and psychotherapy could profoundly benefit, both theoretically and practically, from a creative synthesis of transpersonal psychology and archetypal astrology. Numerous observations made in cooperation with Richard Tarnas, who has been a great teacher for me in this regard, have convinced me that transit astrology is a tool (and the only tool I know) that predicts with extraordinary accuracy both the timing and content of spontaneous and evoked episodes of NOSC, such as mystical experiences, spiritual emergencies, psychotic breakdowns, and psychedelic or holotropic sessions.

In the early years of my professional career, astrology would have been the last discipline I would have possibly taken seriously into account. It has been a major irony of my professional life that after years of unsuccessful search among psychological tests of Western academic psychology for tools that would predict the nature and content of psychedelic experiences and other types of NOSC, I found the answer in transit astrology, a field that is even more controversial than psychedelic research itself.

Ken considers our respective perspectives on the value of astrology to constitute one of the “genuine disagreements” between us and has stated that he would probably never share my enthusiasm in this regard. I can easily understand the resistance against astrology that exists in academic circles, since scientists with conventional educational backgrounds, committed to the Newtonian-Cartesian paradigm and materialistic philosophy, cannot accept astrology without undergoing a major conceptual cataclysm. However, Ken’s unswerving resistance comes as somewhat of a surprise, since he has been able to accept many claims of perennial philosophy that are certainly not less extraordinary and challenging than those of astrology.

Introduction of the astrological perspective would help to clarify some of the points of disagreement between Ken and myself, such as the importance of perinatal dynamics, the relationship between psychotic and mystical experiences, the question whether the centaur or the perinatal domain of the unconscious represents the interface with the spiritual dimension, and the problem of the integration and stabilization of perinatal and transpersonal experiences. It would take

a separate paper to explain the basic principles of the relationship between archetypal astrology, transpersonal psychology, and consciousness research. A convincing argument would require bringing in the remarkable evidence of a clinical, as well as historical and cultural, nature illustrating these correlations that Richard Tarnas has accumulated over the years.

I have had the pleasure of teaching with him a graduate course at the California Institute of Integral Studies (CIIS) on this subject and have been repeatedly impressed, even astonished, by the accuracy of astrological correlations for a wide variety of fields. The results of his meticulous research with hundreds of convincing examples will be presented in his comprehensive scholarly study entitled *Cosmos and Psyche: Intimations of a New World View* (Tarnas 2007), the astrological sequel to his book *The Passion of the Western Mind* (Tarnas 1991). I believe that this book will be a major contribution to both transpersonal psychology and astrology.

Forty years of research into NOSC have convinced me of the limitations and relativity of all models and theoretical constructs. As Thomas Kuhn showed in his groundbreaking work *The Structure of Scientific Revolutions* (Kuhn 1970), the entire history of Western science could easily be written as a history of human errors rather than major triumphs. None of the theories considered definitive at any given time have survived later discoveries, except the most recent ones that are still waiting for it to happen. Reality is clearly much more complex than any of the theories that we make about it.

Whatever transpersonal psychologists have discovered and described during the first quarter of a century of the existence of their young discipline will necessarily be complemented, revised, and modified. The future will show how the upcoming generations of professionals will view the issues explored in this paper in the light of their own experiences and findings. They will very likely scrutinize the statements on both sides and change or adjust them to accommodate new observations and theories. I therefore feel very strongly that instead of engaging in the battle of models as if they were and ever could be definitive and all-inclusive, it is wise to do the best we can to improve them and bring them into consonance, but leave the field wide open for surprises and new discoveries.

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