

Psychology of the Future:
Lessons from Modern Consciousness Research

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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 collected during more than forty-five years of research of non-ordinary states of consciousness. I will focus specifically on the findings that represent a serious theoretical challenge for academic psychology and psychiatry and suggest the revisions that would be necessary to understand them.

Holotropic States of Consciousness.

My primary interest is to focus on experiences that represent a useful source of data about the human psyche and the nature of reality, particularly those that reveal the existence of the spiritual dimensions of existence. I would also like to explore the healing, transformative, and evolutionary potential of these experiences. 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 be included in the category of '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; they do not know who and where they are and what date it is. 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 book. 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 like 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.'

Extraordinary changes in sensory perception represent a very important and characteristic aspect of holotropic states. Our visual perception of the external world is usually drastically transformed and when we close our eyes, we can be flooded with images drawn from our personal history and from the 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 passeth all understanding' to episodes of abysmal terror, murderous anger, utter despair, consuming guilt, and other forms of unimaginable emotional 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 beings, 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.

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 psychedelic plants for these purposes. The most famous examples of these are different varieties of hemp, the Mexican cactus peyote and *Psilocybe* mushrooms, the African shrub eboga, and the Amazonian jungle liana *Banisteriopsis caapi*, the source 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 Cabalah. 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 an important part (WASSON, HOFMANN, and RUCK 1978).

Among the modern means of inducing holotropic states of consciousness are psychedelic substances 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 isolation, which involves significant reduction of meaningful sensory stimuli. In its extreme form the individual is deprived of sensory input by 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 non-ordinary 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 hof 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 psycho-pharmacological treatment. Christina and I refer to these states as spiritual emergencies or psychospiritual crises. 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.

Holotropic States in the History of Psychiatry.

It is worth mentioning that the history of depth psychology and psychotherapy is 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, and 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 macrotraumas, such as the trauma of birth.

As a consequence of this development, psychotherapy in the first half of this 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. 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 bodywork 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 stay in the ordinary state of consciousness. The most radical innovations in the therapeutic field were approaches which are so powerful that they profoundly change the state of consciousness, such as psychedelic therapy, holotropic breathwork, primal therapy, rebirthing, 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 and 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 religion and healing art of humanity, the roots of which 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 that undoubtedly 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 involves non-ordinary states of consciousness -- either for the client, for the healer, or 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 state (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 field work 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.

Implications of Modern Consciousness Research for Psychiatry.

If we study systematically the experiences and observations associated with holotropic states, this leads inevitably to a radical revision of our basic ideas about consciousness and the human psyche and to entirely new psychiatry, psychology, and psychotherapy. The changes we would have to make in our thinking fall into several large categories:

The nature of the human psyche and the dimensions of consciousness.

Traditional academic psychiatry and psychology uses a model which is limited to biology, postnatal biography, and the Freudian individual unconscious. This model has to be vastly expanded and a new cartography of the psyche has to be created to describe all the phenomena occurring in holotropic states.

The nature and architecture of emotional and psychosomatic disorders (or what is traditionally called psychogenic psychopathology).

Traditional psychiatry uses an explanatory model limited to biology and biographical traumas in infancy, childhood, and later life. The new understanding has to include additional realms of the psyche as potential sources of emotional problems. These are transbiographical and trans-personal in nature.

Therapeutic mechanisms and the process of healing.

Traditional psychotherapy knows only therapeutic mechanisms operating on the level of biographical material -- remembering of forgotten events, lifting of repression, reconstruction of the past from dreams, reliving of traumatic memories, analysis of transference, etc. The work with holotropic states reveals many important additional mechanisms of healing and personality transformation operating in realms that lie beyond biography.

Strategy of psychotherapy and self-exploration.

The goal in traditional psychotherapies is to reach an intellectual understanding as to how the psyche functions and why symptoms develop and then derive from this understanding

a strategy how to "fix" the patients. A serious problem with this strategy is the amazing lack of agreement among psychologists and psychiatrists about these fundamental issues, resulting in an astonishing number of competing schools of psychotherapy. The work with holotropic states shows us a surprising alternative and a way out of this confusion, which I will discuss later.

The role of spirituality in human life.

Western materialistic science has no place for any form of spirituality and considers it incompatible with the scientific world-view. Modern consciousness research shows that spirituality is a natural and legitimate dimension of the human psyche and of the universal scheme of things. In this context, it is important to distinguish spirituality from religion.

The nature of reality.

The necessary revisions which I have discussed up to this point were related to the theory and practice of psychiatry, psychology, and psychotherapy. However, the work with holotropic states brings challenges of a much more fundamental nature. Many of the experiences and observations that occur during this work are so extraordinary that they can not be understood in the context of the Newtonian-Cartesian materialistic paradigm and undermine the most basic metaphysical assumptions of the entire edifice of Western science.

The Nature of the Human Psyche and the Dimensions of Consciousness.

The phenomena observed in modern consciousness research cannot be explained by a model limited to postnatal biography and to the Freudian individual unconscious. The dimensions of the human psyche are infinitely larger than academic psychology would like us to believe. 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 accounts for 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 Void. These are experiences that have been described throughout ages in the religious, mystical, and occult literature.

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 dynamic psychotherapy 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; rather, 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, one 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 are characteristic for children (e.g., the sucking reflex and the reflex of Babinski).

The second difference between the work on the biographical material in S, as compared with verbal psychotherapies, 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 actually 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 stored in the unconscious in the form of complex dynamic constellations, not as a mosaic of isolated

imprints. I have coined for them the name COEX systems, which is short for systems of condensed experience. A COEX system 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 contellations 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 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 non-ordinary 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 conceivable 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).

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 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 non-ordinary 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 tutor who had been intermittently hospitalized and treated in our department in Prague without success prior to his psychedelic therapy.

At the time we began with the experiential sessions, 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 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 *Totaleinsatzung*. At that time, two SS officers forced him 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 male 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. On several occasions, the accomplices whom he recruited actually bound him with ropes, locked him into a cellar without food and water, and tortured him by flagellation and strangulation according to his wish. One of these men hit him on his head, bound him with a string, and left him lying in a forest after stealing 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 a strange-looking bulky backpack of his companion. 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 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 amazing characteristic of holotropic states that played an important role in charting the experiential territories and that also is 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 and are most psychodynamically relevant at the 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. In the above example, this "inner radar" often surprises the therapist by detecting emotionally strongly charged memories of physical traumas and brings them to the surface for 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 have been recognized and honored by ancient and pre-industrial cultures of all ages. In the Western world they have been - I believe erroneously - attributed to pathology of unknown origin and considered to be meaningless and erratic products of cerebral dysfunction.

The Perinatal Level of the Unconscious

The domain of the psyche that lies immediately beyond the recollective-biographical realm seems to have 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, that means its neurons are not fully protected by myelin sheaths. 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 in itself, 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 the early relationship

between the mother and the child. Such blatant logical contradiction appearing in rigorous scientific thinking is incomprehensible and has to be the result of a profound emotional repression to which the memory of birth is subjected.

People who reach this level in their inner explorations 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 potentially 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 a forceps was 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, 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. 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 whether it occurs 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.

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 experiences. In turn, these experiences form distinct matrices or psychospiritual blueprints that later manifest in non-ordinary 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 experiential elements from other levels of the unconscious, namely for biographical material and for some transpersonal phenomena. Individual matrices thus have fixed connections with certain categories of postnatal experiences arranged in COEX systems. They have also associations with the archetypes of the Terrible Mother Goddess, the Great Mother Goddess, Hell, or Heaven, as well as racial, collective, and karmic memories, and phylogenetic experiences. I should also mention theoretically and practically important links between BPMs and specific aspects of physiological activities in the Freudian erogenous zones and to specific categories of emotional and psychosomatic disorders. All these interrelations are shown on the synoptic paradigm on pages (OOO-OOO).

BPM I. (Primal Union with Mother).

This matrix is related to the intrauterine existence before the onset of delivery. Prenatal life can be referred to as "the amniotic universe." 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 a water creature. One might also have archetypal visions of Mother Nature — safe, beautiful, and unconditionally nourishing like a good womb, such as 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, probably 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 an 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 sessions 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 intrauterine existence.

I was greatly reduced in size, and my head was considerably bigger than the rest of the 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 focused and rectified by an invisible cosmic technician. The scenery opened up, and an incredible amount of light and energy was enveloping me and streaming in subtle vibrations through my whole being. On one level, I was still a fetus experiencing the ultimate perfection and bliss of a good womb or a newborn fusing with a nourishing and life-giving breast. On another level, I became the entire universe; I was witnessing the spectacle of the macrocosm with countless pulsating and vibrating galaxies and was it at the same time. 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.

For some time, I was oscillating between the state of a distressed, sickened fetus and a 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 meadows, and a seagull gliding by the sea. I was the ocean, animals, plants, 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.

BPM II. (Cosmic Engulfment and No Exit or Hell).

Individuals reliving the very 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 Christ 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. 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 were 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.

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 the 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. This involves particularly a strong sexual arousal of a particular kind 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 excitement. 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 arousal and 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.

These experiences are often accompanied by specific 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, or the Mayan Hero Twins of 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 give birth, yet I felt that I was somehow crossing that barrier and that the impossible was becoming a 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, the dictator exposing the 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 harbor within our own psyches, 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 were experienced and acted out. I was aware of participating in some mysterious sacrificial ceremony celebrating the Dark God.

As the demonic quality gradually disappeared from my experience, I still 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 and birth 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 misery.

Then a new element entered my experience. My entire body was covered by 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.

BPM IV. (The Death-Rebirth Experience).

This matrix is related to the third stage of delivery, to the final expulsion from the birth canal and the severing of the umbilical cord. Here one completes the preceding difficult process of propulsion through the birth canal and achieves explosive liberation as he or she emerges

into light. Such a person often relives various specific aspects of this stage of birth as concrete and realistic memories. These can include 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. Much of our later self-definition and our attitudes toward the world are heavily contaminated 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 the death 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, while 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 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—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 often 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 apocalypse experiences only seconds later fantastic displays of rainbows, peacock designs, and celestial scenes. 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 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 Void.

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 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. 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 vulva in utmost submission and humility. At this moment, which was the ultimate and final end of any feeling of male supremacy 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.

I was flooded with the divine light of supernatural radiance and beauty whose rays were 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 poured 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 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 Brahma, as I have read about it in books of Indian philosophy. This experience subsided after about ten minutes of clocktime; 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.

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 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 Newtonian-Cartesian 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. We cannot see objects we are separated from 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 an immediate and direct experience of the present moment. In transpersonal states of consciousness, however, 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 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 Cartesian-Newtonian science, these experiences suggest that everything we can experience in the everyday state of consciousness as an object, has in the non-ordinary 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 (e.g. in Hinduism all that exists is seen as a manifestation of Brahma, or 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 here and it is possible to have experiences from the lives of one's human or animal ancestors, or even 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; people then talk about reliving of

memories from past lives, from previous incarnations.

In the transpersonal experiences described so far, the content reflects various phenomena existing in space-time. They involve elements of the everyday familiar reality- other people, animals, plants, materials, and events from the past. What is surprising here is not the content of these experiences, 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 experience something that is happening in remote locations (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 nature.

However, 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 consider to be "real". Here belong numerous visions of archetypal beings and mythological landscapes, encounters or even identification with deities and demons of various cultures, 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 the 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 Moebius 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: beside 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 non-ordinary 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, physiological, 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 experienced phylogenetic experiences or identification with existing life forms not only found them unusually authentic and convincing, but often acquired in the process extraordinary insights concerning animal psychology, ethology, specific habits, or unusual reproductive cycles. In some instances, this was accompanied by archaic muscular innervations not characteristic for humans, or even such complex behaviors as enactment of a courtship dance.

The philosophical challenge associated with the already described observations, as

formidable as it is all by itself, is further augmented by the fact that the 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 shattering 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 in the course of over thirty-five years of research of non-ordinary 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 personal experience. Although I myself had many experiences of non-ordinary states of consciousness and the opportunity to observe closely a number 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 book **The Adventure of Self-Discovery** (Grof 1978) where I discuss in detail the 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 book also describes 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 about psychedelic sessions can be found in my book **LSD Psychotherapy** that has recently been published 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 non-ordinary states thus reveals an amazing paradox concerning the nature of human beings. It clearly shows that, in a mysterious and yet unexplained way, each of us contains 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, including psychoses, and offers new and revolutionary therapeutic possibilities.

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" or "emotional disease" and try to assign various disorders to specific diagnostic categories comparable to those of general 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. To exist in a material form, to have experienced the embryological development, birth, infancy and childhood has left traumatic imprints in all of us, although we certainly differ as to their intensity, extensity, and also availability of this traumatic material for conscious experience. Every person is carrying 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 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 that it is a result of some exotic pathology than to recognize that it is a potentially beneficial development. However, when properly understood and supported, this process 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 in relation to neuroses and psychosomatic disorders, but also to certain conditions traditionally considered psychotic (psychospiritual crises or "spiritual emergencies"). It is interesting to mention in this context that the Chinese pictogram for "crisis" is composed of two others, one meaning "danger" and the other "opportunity." The idea that the symptoms are not manifestations of the disease, but are expressions of a healing process and should be supported is also found in a therapeutic system called homeopathy.

In traditional psychotherapy, emotional and psychosomatic symptoms that are not organic in nature, but psychogenic in 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 actually have a multidimensional structure with additional roots on the perinatal and transpersonal levels. Thus, for example, somebody suffering from

psychogenic asthma can discover that the underlying biographical material 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 allow oneself to experience all the layers of problems associated with it. New insights concerning this multilevel dynamic structure of the major forms of emotional and psychosomatic disorders were described in detail elsewhere (GROF 1985).

Therapeutic Mechanisms and the Process of Healing.

The work with holotropic states has thus discovered 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 psychotherapy treatments of psychogenic disorders recognize only therapeutic mechanisms related to various manipulations of biographical material, for example: lifting of psychological repression and remembering or reconstructing events from infancy and childhood; emotional and intellectual insights into one's life history; or transference neurosis and analysis of transference.

The new observations show that these approaches fail to recognize and appreciate the amazing healing potential of the deeper dynamics of the psyche. Thus, for example, the reliving of birth and the experience of ego death and spiritual rebirth can have far-reaching therapeutic impact on a broad spectrum of psychological disorders. Similar beneficial results are often associated with various forms of transpersonal phenomena, such as past life experiences and identification with various animals or archetypal figures and energies. Of particular importance in this sense are ecstatic feelings of cosmic unity, which -- if properly integrated -- provide 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 likened the human psyche to an iceberg, of which only the one tenth visible above the water surface represented the conscious mind, while the submerged nine tenths were the unconscious realms studied by psychoanalysis. In light of modern consciousness research (and ancient wisdom of perennial philosophy), we can correct 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 additional domains remained hidden under water. In the words of JOSEPH CAMPBELL,

FREUD was fishing, while sitting on a whale.

Strategy of Psychotherapy and Self-Exploration.

Modern psychotherapy is plagued by an amazing lack of agreement among its different schools about the most fundamental questions concerning the functioning of the human psyche, 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 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 different explanations for the same emotional and psychosomatic problems and a different therapeutic technique. In each case this will be accompanied with the assurance that this is the scientific way to treat this condition, or "method of choice". 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. Psychotherapy is generally as good as the therapist; good therapists of all schools tend to get good results and bad therapists of all orientations have bad results. 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 -- strategic use of silence, the content and the timing of interpretations, analysis of transference, etc.

According to some researchers, the important factors might be of a completely different nature, such as the quality of human encounter between the therapist and the client, the client's feeling of being understood or unconditionally accepted, or even such an immeasurable dimension as love. Under these circumstances, if we opt as professionals for a certain school of psychotherapy, for example Freudian, Reichian, 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 radical 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 an intellectual understanding of how the psyche functions and why the symptoms developed and derive from it a technique by which we can control and correct the mental functioning of a client. According to him, the intellect is just a small fraction of the psyche, while the psyche itself has cosmic dimensions (*anima mundi*). JUNG saw the task of the therapist in helping to establish a dynamic interaction between the client's conscious ego and what he called the Self; this 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 that surpasses that of any individual therapist or therapeutic school.

Therapeutic work with holotropic states, as exemplified by psychedelic therapy or holotropic breathwork, supports in general JUNG'S understanding of the therapeutic process. However, it involves mechanisms, which are much more powerful than those available by the methods Jung was using, such as the analysis of dreams and 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 simply 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 corresponds with the original meaning of the Greek word *therapeutes*, which means attendant or assistant in the healing process.

The Role of Spirituality in Human Life

Traditional psychology and psychiatry are dominated by materialistic philosophy and have no recognition of spirituality in 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. 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 exploration 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 thus 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 are 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 consciousness.

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 mediators. Ideally, religions should provide for its members access to and support for direct spiritual experiences. However, it often happens that a religion 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 here 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 emerging paradigm. As KEN WILBER (1982) 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.

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 philosophical assumptions of Western science and its Newtonian-Cartesian paradigm. They seriously undermine the belief that our consciousness is an accidental product of the neurophysiological processes in our brains and strongly suggest that it is a primary attribute of all existence. In this context, I cannot offer a comprehensive discussion of this important subject. I have already done it in my book **Beyond the Brain: Birth, Death, and Transcendence in Psychology** (GROF 1985) and can thus refer the interested readers to this publication.

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 an arrogant 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 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 be craters on the moon; those who fought against the atomic theory of chemistry and defended the concept of a non-existing substance flogiston; those who called Einstein a psychotic when he proposed his special theory of relativity, and many others.

The second reaction to challenging new observations is characteristic of true science. It is excitement about and intense interest in such anomalies combined with healthy critical skepticism. Major scientific progress has always occurred when the leading paradigm was seriously failed to account for some significant findings and was seriously questioned. In the history of science, paradigms come, dominate the field for some time, and then are replaced by new ones. If instead of rejecting and ridiculing the new observations, we would consider them an exciting opportunity and conduct our own study to test them, we might very likely find that the reports were accurate.

It is hard to imagine that Western academic science will continue indefinitely to censor all the extraordinary evidence that has in the past been accumulated in the study of various forms of holotropic states, as well as ignore the influx of new data. Sooner or later it will have to face this challenge and accept all the far-reaching theoretical and practical consequences. When that happens, we will realize that the nature of human beings is very different from what is being taught at Western universities and what the industrial civilization believes it to be. It will also become clear to us that materialistic science has an incomplete and inadequate image of reality and that its ideas about the nature of consciousness and the relationship between consciousness and matter (particularly the brain) have to be radically revised. It is my firm belief that we are rapidly approaching a point when transpersonal psychology and the work with non-ordinary states of consciousness will become integral parts of a new scientific paradigm of the future.

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