The Consciousness Research of Stanislav Grof:
A Cosmic Portal Beyond Individuality

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I. Introduction

Stanislav Grof began his research in Prague, Czechoslovakia, as a psychiatric resident, in the late 1950's. His initial observations seemed to confirm and offer a laboratory proof for many of the basic tenets of Freudian psychoanalytic thought.

At that time his conclusion was politically unsettling because psychoanalysis was repressed in the iron curtain countries. Forty years later the outcome of Grof's continued research is a theoretical framework for understanding human consciousness. His theory has evolved into a wide-ranging description of the relationship between the individual ego and the cosmos. He uses empirical evidence from his clinical studies to boldly challenge accepted Western beliefs about the psyche and its relationship to physical reality.

In the United States the accounts of this research further inspired two psychologists, Abraham Maslow and Anthony Sutich to conclude that there was a spiritual dimension to human existence that transcended the limits of humanistic psychology. After a number of meetings with Grof, they joined with him to found transpersonal psychology, a new orientation toward research and practice. Transpersonal psychology became known as the fourth force in psychology following psychoanalysis, behaviorism and humanistic psychology.

Over the development of his career Grof has steadily moved from the reductionistic stance of psychoanalysis toward holism. He has come to re-evaluate some forms of mental illness as a crisis in spiritual evolution. His view of human development is holotropic: All individuals are moving toward wholeness. Grof's psychology is teleological in the sense first introduced by Carl Jung: Our individual evolution can best be understood in terms of a trajectory that considers both where we have been and where we are going, rather than past history alone. Grof has applied these ideas to develop a new approach to psychotherapy and personal growth that he calls holotropic therapy. Grof's initial work involved the use of the much maligned and controversial drug, LSD. Yet his theories were able to gain some measure of acceptance during a time when psychedelic drug research has been officially repressed.

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Grof's theoretical contributions are firmly grounded in the careful observation and scholarly description of clinical experiences with thousands of patients undergoing psychotherapy during the effects of psychedelic drugs. He holds that the effects of these drugs on consciousness resemble those of an amplifier or catalyst for the unconscious (Grof, 1976, p. 6). With this analogy he introduces the use of psychedelics as tools for the observation of psychological processes. His research attempts to understand the dynamics of the unconscious mind, using LSD as an amplifier of unconscious mental processes. He does not use LSD as a drug that induces hallucinations or delirium[1], but rather as a cartographic tool to reveal and map the human psyche. Grof mirrors the conclusions of shamans across cultures and throughout history in his acceptance of psychedelic experience as not only valid, but also as more useful or deeper than ordinary experience (Yensen, 1988; Yensen, 1989).

Grof was born in 1931 and raised in Prague, Czechoslovakia. He graduated from Charles University with an M.D. degree in 1956. Between 1956 and 1959 he specialized in psychiatry and trained in psychoanalysis between 1962 and 1967. He came to the United States in 1967 on a Foundations' Fund for Research in Psychiatry Fellowship at Johns Hopkins University. He joined the psychedelic research team at Spring Grove State Hospital and in 1969 was appointed Chief of Psychiatric Research at the Maryland Psychiatric Research Center. In 1973 he left his research and academic posts to become scholar-in-residence at the Esalen Institute in Big Sur, California. Dr. Grof has never returned to formal academic research, but continues to teach and write. He currently resides in Mill Valley, California.

II. Grof's Psychoanalytic Roots

Czechoslovakia is a country with a unique and tenuous relationship to the life and work of Sigmund Freud. In 1939 when the German army occupied Czechoslovakia, they confiscated and burned all psychoanalytic texts. Freud's work was denounced as dangerous Jewish-Bolshevik propaganda. In the post-war years psychoanalytic literature slowly returned to the shelves of libraries. In 1948 the Communists took over and again banished psychoanalysis to special sections open only to Marxist critics of capitalist bourgeois propaganda. There was a lone Czech psychoanalyst who survived WW II. His survival and courage guaranteed that a small community of psychoanalysts would form in Prague. This group nurtured Grof's development as a

[1]Psychedelic drugs are often called hallucinogens in Western scientific research and it is important to make clear the profound distinction that Grof makes. He does not regard these compounds as producing any kind of invariant "drug-effect" and he does not see them as producing simple hallucinations or delirium. He uses LSD the way a radiologist uses X-rays, an astronomer a telescope, or a biologist a microscope. The mental terrain exposed in LSD experiences he views as human consciousness, *not a drug effect*.

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psychoanalyst. In fact the former president of the psychoanalytic society of Czechoslovakia analyzed Grof. The underground nature of this group kept the general populous ignorant of psychoanalytic ideas (Grof, 1976, p. 45).

III. Cultural Conditions in Prague and Preliminary Research

Grof's theoretical framework developed through the combination of his unique gifts for observation and the opportunity he had in Prague to pursue repeated LSD sessions within long-term individual psychoanalytically informed psychotherapy. During the cold war, the fortuitous union of the rich intellectual tradition of Prague with socialized medicine in the Communist State created an opportunity. In Prague there existed respect for the autonomy of the individual physician, adequate physical facilities, positive staff attitudes, and sufficient funds to pursue a project that was apparently impossible elsewhere in the world. This project used LSD in an attempt to study the deepest roots of the human condition in a naturalistic way. The foundations of communist dogma were challenged by Grof's conclusions about the nature of mystical experience and its relation to resolving intra-psychic conflict. No doubt this discord between his intellectual and professional evolution and the reigning ideology of the state made Grof reticent to publish his findings during this time.

Grof's research began in 1956 when he joined an interdisciplinary team to conduct a comparative study involving a number of hallucinogenic drugs. The project was headed by M. Vojtêchovsky and was carried out in a number of coordinated research institutes in Prague-Kré. He worked at the Prague Psychiatric Research Institute in the Department for the Study of Psychogenic Disorders from 1960 to 1967. There his first study was with 72 patients who had a range of diagnoses from depressive disorders and psychoneuroses, psychosomatic diseases and character disorders to psychoses. He was using 100-200 micrograms of LSD in two to three drug assisted therapy sessions per patient. This was an initial descriptive research project into the determinants of the LSD reaction. It was a milestone study for Grof's development since it allowed him to understand that LSD's effects on consciousness are specific to the unique personality of the subject and not due to an unspecified toxic psychosis or a simple drug effect. Only three patients actually improved as a result of this study, but a few continued on for up to eight sessions. This convinced Grof that repeated LSD sessions, rather than being simple repetitions of a drug state, allowed for a deeper unfolding of the layers of the unconscious mind (Grof, 1969a pp. 40-1).

IV. Observation of LSD Session Content and Phenomenology

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In Czechoslovakia, Grof was able to conduct 1,600 LSD sessions himself[2] and he had access to his colleagues' reports[3] on an additional 900 sessions. In order to be accepted into the study patients had to meet two criteria: 1) superior intelligence (which made possible clear verbal expression of inner experience) 2) a very poor prognosis with currently accepted forms of therapy. The poor prognosis morally justified the experimental treatment and its attendant risks. These patients received 100 to 400 micrograms of LSD in psychotherapy sessions at seven to fourteen day intervals (Grof, 1969a; Grof, 1976; Grof, 1980; Grof & Halifax, 1977). It is from this group of patients, some of whom received over 100 sessions, that Grof's most important observations are derived.

Grof first classified his massive observations of the subjective phenomenology of LSD experiences into four major experiential domains: A) abstract and aesthetic experiences. B) psychodynamic experiences C) perinatal experiences, and D) transpersonal experiences.

A. Abstract/Aesthetic Experiences

He noticed that the most superficial level of reaction to LSD consisted of abstract/aesthetic experiences that included all the sensory realms. These comprised visual "trails" that could follow moving objects as after-images, visions of unusually colored spots that changed shape and changed color, geometric distortions of objects in the surroundings and architectural patterns resembling temple, mosque or cathedral interiors. Optical illusions in which various objects lost their usual forms and resembled for instance the art of Salvador Dali or Pablo Picasso, Georges Braque or Marcel Duchamp. These altered perceptions could happen with eyes opened or closed. There could be a hypersensitivity to sound and also synesthesias where one sensory modality crossed over into another, for instance, seeing music or tasting colors. These perceptual changes were enhanced by an amplification of fantasy. This was a level of trivial alterations in perception, not anchored in deeper meaning. Grof suggested that these effects had little or no psychodynamic significance and may have been due to simple physiological effects of LSD.

B. Psychodynamic Experiences and Systems of Condensed Experience (COEX)

Psychodynamic experiences had to do with the life history of the subject and pertained to conscious and unconscious memories, wishes and experiences of the individual. This included a range from fairly straightforward reliving of recent or remote events in the person's life all the way to complex re-experiencing of childhood traumas and

[2] Grof defines observation as his presence for at least five hours during an LSD session.
[3] Dytrych and Sobotkiewiczová.

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events. There were more involved experiences such as, enigmatic combinations of fantasy, symbolism resembling that of dreams, defensive distortions or displacements.

Grof described vast individual differences around the nature and extent of psychodynamic experience. In people with relatively uncomplicated early lives, this layer was relatively smaller and resolved or integrated quite quickly. In people with difficult childhood circumstances this layer extended for many sessions and required much skilled psychotherapy intervention for adequate resolution to occur.

Grof contended that psychoanalysis describes the psychological terrain of psychodynamic experiences well enough that he saw his work as a laboratory proof of Freudian theory. However, on closer examination he found that Freudian concepts failed when it came to explaining some of the changes in the personality structure and clinical condition of patients. He felt that a new principle emerged from his observations that could be added to psychoanalytic theory and could explain and even predict clinical changes under the effects of LSD. He developed a concept for understanding the coincident structure of affect and memory. He called this idea systems of condensed experience or COEX systems. Apparently simultaneously, on the other side of the Iron Curtain, Hanscarl Leuner in Germany, conceived an almost identical concept to explain his observations about therapy with LSD (Leuner, 1962). Leuner observed the power of certain memory systems to govern both session content and ideation between sessions. He called these structures transphenomenal dynamic governing systems[4].

Both Grof and Leuner observed in LSD therapy sessions that associative memory is organized and linked into systems that are made up of individual memories with similar feeling tone, affect and thematic content. Once a COEX system was activated in an LSD session, it exerted a governing influence on the content and phenomenology of the experience. A COEX could color the entire consciousness between LSD sessions with its emotional flavor and even change perceptions and symptoms. This passionate emotional charge was a summation of the affect from all similar past life experiences. At their core COEX systems contain vivid and colorful forgotten or repressed memories from infancy and early childhood. The core memories emerged as a series of complete relivings in successful therapy. Once a core memory was fully abreacted and integrated into the patient's conscious awareness the entire COEX would lose its governing power and another COEX would emerge and dominate the session content. By continuing this process psychological conflict was systematically resolved using repeated LSD sessions. This approach to LSD therapy is called psycholytic[5] therapy and was practiced primarily in Europe (Yensen, 1985).

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[4] *transphenominale dynamische Steurungs-systeme (TYDYSTS).*
[5] Literally mind dissolving.

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Each COEX system had its own specific defenses. The individual personality contained a unique number of positively and negatively charged COEX systems. The most significant COEX systems coincided with the most traumatic experiences and usually involved memories of major threats to the integrity of physical or psychological well being. The extent and intensity of COEX systems varied both within and between individuals.

The elegant relationship of different COEX systems to specific defense mechanisms and symptoms was not just alluded to in Grof's writing, he fleshed out his intriguing theoretical constructs with specific clinical vignettes (Grof, 1976, pp. 44-94, Grof, 1970b). His observations are in basic agreement with and confirm Freudian theory about the etiology of psychopathology. Grof's and Leuner's innovations were limited to the concept of an organizing, dynamic, memory-affect system (Grof, 1976 pp. 46-7; Grof, 1980 p. 66). Some Jungians contend that COEXs and TYDYSTS are simply a restatement of Jung's concept of complexes. Grof mentions the similarity and says that COEXs are not identical to complexes, but he does not explain the differences beyond noting that the death-rebirth process has no unique status in Jung's theories (Grof, 1985, pp. 187-193). In Grof's work the perinatal is the critical interface between the personal and transpersonal realms of consciousness.

C. Perinatal: Portal Beyond the Separate Self

Grof continued giving his patients LSD sessions even after the resolution of COEX systems appeared complete. He felt that therapy should continue until there were no negative symptoms manifested in the LSD sessions. His belief was that this would prevent relapse. For this reason he continued working even with patients who had already improved quite remarkably.

He noticed that as he continued therapy with these patients the session content changed markedly. The experience came to be dominated by increasingly intense encounters with death and dying, agony, aging and physical pain. The unique personal character of COEX systems gave way to greater physical and emotional intensity around universal concerns. Grof observed that the LSD sessions now had a deep similarity from one person to the next—as if in some way all the patients were recalling a similar event.

Grof noted that the patients' experiences had qualities that ventured beyond their life experience as individuals. They identified their profound agony with collective rather than individual human consciousness. His subjects would sometimes describe themselves as feeling the suffering of all humanity. Their experiences alternated between this broader scope and intense personal agony around physical pain and the

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certainty that they were truly dying. It seemed that the individual, Freudian ego was dying into the Jungian collective unconscious.

Besides death another universal concern that emerged was birth. Many patients told Grof, after resolving their death agony, that they were convinced this had been a reliving of the trauma of their own biological birth. Grof reexamined the work of Otto Rank, an early psychoanalyst, who enjoyed Freud's initial acceptance and endured his subsequent ridicule for introducing the idea of birth trauma to psychoanalysis (Rank, 1929). Rank's framework emphasized separation from the mother, leaving the warmth and protection of the womb for the cold cruel world, seemed at first to fit the experiences that patients were having both in their sessions and between sessions. Grof first called this the Rankian phase because it was clearly beyond Freudian individual psychology and Rank's descriptions fit the experiences his patients reported. Later Grof realized that Rank's concept of what constituted trauma did not entirely match the observations from the LSD research. He suggested that the fundamental trauma experienced in psychedelic sessions was the agony and vital emergency during *the process of birth*, not just separation from the mother.

The impressive clinical improvement that patients had made in work with the COEX systems often disappeared during the tumultuous Rankian passage. The previously distinct clinical syndromes now converged into a more uniform picture of collective dimensions. Grof formulated his central thesis around this observation. He proposed that the multidimensional death-rebirth domain is a universal basic matrix for all psychopathology (Grof, 1969a; Grof, 1970a; Grof, 1970b; Grof, 1970c).

As Grof observed patients traversing this death-rebirth level of consciousness he was able to differentiate four stages within the overall process. His term for the death-rebirth level of experience is the perinatal[6]. He calls the four stages of the death-rebirth process the Basic Perinatal Matrices (BPMs). The numbering sequence he uses is temporal in the sense that BPM I is about intra-uterine experiences and II through IV occur during the actual birth process (BPM II to IV). However, the sequence revealed itself in the serial LSD sessions in a slightly different order and we shall describe the matrices in the order in which they are most often encountered in clinical work.

1. Basic Perinatal Matrix II

Patients entering the perinatal domain often described feeling caught in a cosmic vortex, whirlpool or spiral, entering a long dark tunnel, or being swallowed by a monster. Common complaints included: "beltline" headaches, ringing in the ears,

[6] Dorland's Medical Dictionary defines perinatal as: "Pertaining to or occurring shortly before or after birth." Friel, J. P. (Ed.). (1974). Dorland's Illustrated Medical Dictionary (25th ed.). Philadelphia: W.B. Saunders.

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difficulty in breathing, nausea, muscular tension, jerks and twitches, palpitations, excessive sweating, hot flashes alternating with chills, aches or pains in different parts of the body. On an emotional level there were reports of overwhelming feelings of guilt and inadequacy, enormous anxiety and a total loss of hope in an experience of complete despair. Patients wished for a passive suicide, to just fall asleep and never awaken. There were complaints of a world totally bereft of meaning, with cardboard or stage set qualities. His patients' conclusion was that life had no meaning, we are born and will die in suffering and what events in-between add up to a bad joke. Grof offers philosophical, artistic and literary parallels: the works of Jean Paul Sartre, Albert Camus, Søren Kierkegaard, Martin Heidegger, Heironymus Bosch, James Ensor, Francisco Goya, and Salvador Dali. There is a trapped quality to the suffering experienced at this level of consciousness. Although there is little release of emotion the agony is profound.

2. Basic Perinatal Matrix III

The difficult struggle increased to titanic and catastrophic proportions. As patients worked through the above dimensions of suffering there came eventually a shift, usually accompanied by a final surrender of all hope. There was a new feeling of involvement in a meaningful passage, running the gauntlet, heading toward the light at the end of the tunnel etc. Patients reported an enormous sexual excitation and were confused by simultaneous experiences of intimate and revolting contact with blood, urine and feces. Sadomasochistic visions abounded amidst sequences of torture and cruelty. Grof's patients reported paradoxical identifications with both the torturer and the victim. Pain intensified until it commingled with, and eventually became, pleasure.

This stage always seemed to culminate in a profound experiential encounter with death. When some patients became cyanotic and exhibited a weak pulse Grof became concerned that they might actually be dying from poisoning. Perhaps LSD had some previously unknown toxicity that accumulated over repeated administrations (Grof, 1972). Other investigators in this field report terminating LSD sessions that entered these frightening dimensions, yet Grof remained courageous and true to his theoretical hypothesis, that working through emerging material would eventually lead to a lasting stable resolution (Di Leo, 1975).

The patient's transference at this stage is complicated through projection of the birth process into the relationship with the therapist. There is a need to surrender all controls, defenses and reference points to the therapist/mother/birth-process in a state of total vulnerability. Crises revolve around paranoia and being able to trust completely enough the motives of the therapist to surrender what feels like life itself to the death rebirth cycle.

3. Basic Perinatal Matrix IV

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The passage from BPM III to BPM IV involves this total surrender and sense of annihilation on all imaginable levels. This is a true ego death and is subjectively indistinguishable from death itself for patients undergoing this process. Following this complete surrender and death there are visions of blinding white light and feelings of enormous expansion. Feelings of narrowly escaping death and associations to life experiences that involved fortuitous escape from mortal danger. Grof reports that patients felt cleansed, purged, redeemed and forgiven for their sins. There are overwhelming feelings of love, humility and solidarity with all of humanity. There is an enhanced appreciation of the beauty of nature and the senses are heightened. The experiential world of the patient is reborn. Renewed appreciation for basic human values of justice, service, love, self-respect and respect for others are reported.

This transition marks the passage from negatively charged complexes to positively charged ones and the entire character of the session content and inter-session ideation changes from a self-reinforcing negative spiral toward a self-reinforcing positive spiral. This occurs because the associative power of these matrices influence the process of perception and interpretation of reality in the inter-session intervals.

The transition from BPM IV to BPM I is a merging of transcendental elements into the expansive release and redemptive feelings that characterize BPM IV.

4. Basic Perinatal Matrix I

At this stage in the psychedelic process the experience of biological birth and spiritual rebirth blend into feelings of cosmic unity. These feelings of oneness with the universe and the sense of a complete release from needs on every level are characteristic for BPM I. The oceanic and symbiotic quality of these experiences led Grof to the supposition of a parallel with an undisturbed intra-uterine existence. Some of Grof's subjects gave anecdotal accounts of blissful, oceanic, intra-uterine memories. The characteristics and consequences of this level encompass the nine qualities delineated for mystical experience by Walter Pahnke[7] (Pahnke, 1963, pp. 3-8): 1) unity, 2) sense of sacredness, 3) transcendence of time and space, 4) objectivity and reality, 5) deeply felt positive mood, 6) professed ineffability, 7) paradoxicality, 8) transciency, and 9) subsequent positive changes in attitude and behavior.

BPM I also includes more rarely negative intra-uterine experiences: noxious stimuli, maternal interference or interruptions of intra-uterine life such as attempted abortions, drug use, physical diseases or emotional upheavals. More seriously disturbed patients reported these types of experiences.

[7] Walter Norman Pahnke, M.D, Ph.D. was Director of the Clinical Sciences Division of the Maryland Psychiatric Research Center during the early part of Dr. Grof's tenure as Director of Psychiatric Research

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5. Perinatal Dynamics

The BPMs have the same governing function on the Rankian level that the COEX systems have on the Freudian level. There were two aspects Grof noted for the perinatal phenomena, biological and spiritual. The biological aspects seemed to relate to the four stages of the birth process. For each of these stages there was a philosophical or spiritual counterpart.

BPM I relates to undisturbed intrauterine existence in the biological dimension and to experiences of cosmic unity in the spiritual/philosophical dimension. BPM II relates to the first clinical stage of delivery, uterine contractions before the cervix is dilated on the biological dimension and experiences of no exit or hell on the spiritual/philosophical dimension. BPM III relates to actual passage through the birth canal on the biological dimension and to experiences of death-rebirth struggle on the spiritual/philosophical dimension. BPM IV relates to the actual moments of separation from the mother's body on the biological level and to experiences of ego death and rebirth on the spiritual/philosophical level.

The Basic Perinatal Matrices are a more global and affectively powerful level of organization than systems of Condensed Experiences, but the two align with each other along similarities in feeling tone. For example an inescapable life situation such as being trapped in an elevator may be part of a COEX that has as its core family fights in which the person as a child felt trapped and helpless. This core memory would then have its deepest anchor or root in BPM II and the experience of hopeless despair, existential questioning and no exit or hell. Grof claims that all COEX systems have a specific root in one of the BPMs, most positive COEX systems resolve into BPM I or IV and most negative COEX systems into BPM II or III.

Grof draws further parallels between the BPMs and Freudian erotogenic zones. BPM I is associated with libidinal satisfaction in all erotogenic zones. BPM II is associated with oral or sexual frustration, retention of feces or urine, unpleasant sensations of cold, pain, thirst or hunger. BPM III is associated with chewing and swallowing of food, oral aggression, destruction of an object, act of defecation or urination, anal and urethral aggression, sexual orgasm, phallic aggression, delivering a child. BPM IV is associated with satiation of thirst or hunger, oral pleasure of sucking, libidinal satisfaction after defecation, urination, parturition and sexual orgasm. He suggests that while sexual difficulties have their deepest roots on the perinatal level, Freudian principles remain valid for understanding biographical material.

Grof maps many conventional psychiatric and psychosomatic syndromes onto the Basic Perinatal Matrices. BPM I is the root of: psychotic symptoms of paranoia, feelings of mystical union or encounters with metaphysical forces of evil; hysterical

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hallucinosis, hypochondriasis and problems with reality testing. BPM II is the root of: major depressive disorders, psychotic symptoms with elements of hellish tortures or meaningless cardboard world, inferiority complexes, hypochondriasis alcoholism and drug addiction. BPM III is the root of: agitated depression, sadomasochism, male homosexuality, urolagnia and corporophilia, obsessive compulsive disorder, psychogenic asthma, tics and stuttering, conversion and anxiety hysteria, frigidity and impotence, chronic fatigue syndrome[8], post-traumatic stress disorder[9], enuresis and encopresis, psychosomatic problems[10] such as migraine headache, psoriasis, peptic ulcers and psychotic symptomatology with sadomasochistic and scatological elements, auto-mutilation and abnormal sexual behavior. BPM IV is the root of: manic symptoms, female homosexuality, exhibitionism and delusions of death-rebirth, messianic, apocalyptic, salvation and redemption or identification with Christ.

D. Transpersonal Experiences

Temporally, the labeling of transpersonal experiences followed the discovery of the BPMs and there is considerable overlap. In fact the BPMs can be considered a kind of transpersonal experience themselves. Experiences outside of the usual ego consciousness first occur as the perinatal level is entered. Subjective elements of collective struggle and identification are hallmarks of the perinatal yet are also transpersonal in nature.

Grof observed that following experiences of final perinatal resolution through ego death and rebirth the subjective quality changed again. The experiential domain of consciousness continued to expand beyond the usual space-time boundaries of the ego or skin encapsulated "I." These experiences he came to label transpersonal. Grof divided transpersonal experiences into two categories: 1) expansions of ego boundaries into objective reality and 2) extensions of ego boundaries beyond the existing framework of consensus reality. Spatial extensions of conscious experience into consensus reality included experiences of identification with plants, the earth, all of life or the universe as a totality. Extensions of consciousness across time boundaries included experiences of: identification with ancestors, sequences with a past incarnation quality, and phylogenetic or evolutionary memories or experiences.

The second broad category of transpersonal experiences involved phenomena that are not part of "objective reality" in the Western philosophical tradition. Experiences that fell within Grof's second category included: pre-cognition, spirit communication, out of the body experiences, telepathic or other paranormal experiences, archetypal and

[8] Grof calls this neurasthenia in the original Freudian sense.
[9] Grof calls this traumatic neuroses.
[10] Grof refers to these as organ neuroses.

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complex mythological sequences, encounters with various deities, intuitive understanding of universal symbols, activation of *chakra* and *kundalini* energy, consciousness of the universal mind, and the supracosmic and metacosmic void.

V. Application of Theory to Practice

Transpersonal experiences, especially in psychedelic sessions, most often did not occur in a pure form. They were mixed in with perinatal and biographical material. For example, an experience of a specific example from a person's life would blend into an intrauterine experience accompanied by visions of demons or deities from some other time and place. The experience was multilevel and the person may have experienced all these levels at once. Grof emphasized that for both theoretical and practical purposes it is extremely important to understand the ways in which different levels of the unconscious (i.e. COEX's, BPM's, and transpersonal) seen in a session are related to: the personality of the subject, his present life situation, his relationship to the therapist, his psychological problems, and many as yet unknown variables in the context within which the session is taking place. This has come to be known as the "set" and "setting" (Yensen, 1985) and Grof saw these factors as having more to do with the nature of actual experience than the psychedelic used, the dosage, or other pharmacological factors.

The elements within a person's unconscious that were brought into conscious representation during a session were those that have the most intense positive or negative charge. Thus the phenomenology of an LSD session reflected the key problems of the subject and exposed the roots and sources of these difficulties on the psychodynamic, perinatal, and transpersonal levels. Most often, these associations were not obvious, but were more like dream material in their symbolism.

Even the most severely disturbed patients were able to traverse this terrain in the psycholytic way of working—conducting many (sometimes several hundred) sessions with low dose LSD. Grof worked with some psychotic patients who were able to leave the hospital and go on with normal life after their work. The determining factor was their ability to eventually go through the death/rebirth experience. Other psychotic patients never were able to reach this point and did not improve. Less disturbed patients seemed to have less ground to cover before they had their death/rebirth experience.

When Grof came to the United States and worked at the Maryland Psychiatric Research Center he saw that high dose LSD sessions conducted within the context of a shorter therapeutic relationship (psychedelic psychotherapy) could sometimes facilitate this death-rebirth experience without the painstaking effort of having so many sessions. He suggested combining these two ways of working into what he called psychodelytic therapy (Grof, 1969b). This approach involved several high-dose sessions with a

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psychedelic drug in an environment previously used for psychedelic therapy. The number of sessions increased and the theoretical framework expanded to include a greater emphasis on personal dynamics, perinatal dynamics (Grof, 1976), ego transcendence, and other transpersonal experiences. The thorough exploration of the personal history of the patient was recognized as an important factor contributing to the probability that a peak experience would occur. Thus the aim of this therapeutic approach became to work through the early childhood traumas that surfaced during individual psychotherapy and the early drug sessions. Later, Grof began to move away from his emphasis on having to work through biographical material and entertained the idea that one could go straight to the transpersonal in order to resolve certain issues at their deepest roots.

Understanding the map of the territory had great impact on the ability of people to surrender to the experiences they had. The intellectual framework had value in that once it was grasped both the patient and the clinician were able to have a positive conceptual framework for their own experience, no matter how difficult. This allowed a much greater toleration of intense discharges of emotion and patience in the face of very painful material. Ideas with this ability to contain experiences are enormously powerful. They are exceptional in their capacity to inspire people. They talk to people about the human condition and put it on a broader stage than the reductionistic one allows. Above all they offer hope in even the most hopeless circumstance.

Grof has created a theoretical and intellectual map that extends from personal history, through birth, and beyond, to other cultures, other times, other periods, identification with the earth, rocks, animals, the universe itself and finally the Godhead. It is these peak, transcendent or mystical experiences that ultimately reorganize the individual psyche into a more coherent and conflict free way of being.

VI. The Development of Holotropic Therapy

During his thirteen years at Esalen Institute, Grof developed a new technique he called Holotropic (from the Greek *holos* meaning whole and *trepain*, meaning moving toward) Breathwork. This form of therapy is a direct outgrowth of Grof's work with psychedelics and is designed to tap the powerful and healing energies available in the psyche without drugs. Grof realized that his theories could be applied to anything that created an altered state of consciousness including meditation, Sufi dancing, chanting, or even intensive breathing. In addition, the official repression of psychedelic research created a need to find other ways to create the amplification or energizing of the unconscious that Grof had found in the psychedelics.

Holotropic Breathwork employs a combination of breathing deeper and slightly faster than normal breathing, listening to evocative music, and supportive bodywork. During the late 70's and early 80's Grof and his wife Christina conducted month-long intensive

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workshops at Esalen Institute. Groups of about thirty people would participate in breathing sessions where half the group would do the breathwork and the other half would be the sitters whose role was to help contain the altered state experience and provide support. These sessions were combined with lectures from Grof about his maps of consciousness. The month long intensive also included lectures from scientists such a Karl Pribram and Fritjof Capra and mythologist Joseph Campbell. Buddhist masters, and shamans from other cultures would also help provide a context congenial to the emerging new paradigm Grof extended to account for participants' unusual experiences. If a participant had a breathwork session and experienced a past life or identified with an animal or the earth, there was a ready explanation. They would have heard from Grof himself or another well-known and respected lecturer accounts that allowed them to give value and credence to an experience they otherwise might think crazy. A decade earlier if such an experience had taken place on an unsupervised psychedelic trip, it would have been considered a drug experience, something to be shrugged off, and not integrated into one's real life. Breathwork experiences, because they have nothing to do with drugs, cannot be denied so easily.

During the years that Grof has developed and taught Holotropic Breathwork, he observed experiences in people altering their consciousness through breathing that were similar to those of psychedelic therapy patients. His conclusion is that the ground of being can be touched in many ways and it must be accessed deeply for healing to occur. During the 1980's and early 1990's his statements in interviews expressed and elaborated a synthesis of scientific observation, mythology, philosophy and clinical practice.

In 1987, Grof reviewed his current beliefs in an interview for a Los Angeles weekly magazine. His ideas at that time had evolved to include:

- Consciousness has a different role to play than what we have assigned to it, and it is not the product of the human brain. It is a property of the universe. The brain is more like a tuner along a wide spectrum or infinite field.

- There is no other way to resolve deep existential crises in one's life than through accessing certain non-ordinary states of consciousness that are intrinsically and powerfully healing.

- There are many routes besides psychedelics that can get you there including spontaneous emergency situations in life.

- There is a maturation process that takes place only in those states that are essentially concerned with completing the emotional experience of birth, and with facing and overcoming the fear of death. People emerging from such an experience

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live more fully and with a spontaneously deepened interest in spiritual understanding and values including ecological preservation.

- The crisis of the world today is a reflection of human collective inner states and can not be improved through outer world manipulations such as political solutions, mechanistic science, or technology.

- These theories are compatible with the both the mystical view of the universe from many ancient spiritual traditions as well as the new physics. They contradict everyday assumptions that the world is objectively real and exclusively materialistic, that space is three-dimensional, that time is linear, and that causality is the principle governing all events (Badiner, 1987).

At the same time that the Grofs were developing Holotropic Therapy, scientists such as Karl Pribram and David Bohm were attempting to explain the basis for consciousness. New work in many fields has begun to challenge existing scientific ideology such that the validity of including subjective experience is more of a possibility (Harman & Clark, 1994). Yet, the criticisms of Grof's work were always that no one could prove that the experiences he observed and reported reflected the true nature of the human psyche. Given the prevailing scientific epistemology, there appears to be no way to arrive at a conclusive proof of Grof's theories. His theories are on the leading edge of a developing philosophy of science, one that integrates objective and subjective data. Perhaps a new scientific epistemology is needed before Grof's work can be validated and accepted more widely in scientific circles (Harman, 1995).

When he first came to the United States, Grof had originally wanted to do research that could prove his theories. The situation he found in North America in 1969, allowed him to speak more freely about his observations, but was restrictive toward research with psychedelic drugs. Scientific protocols that might validate his clinical impressions demanded more respect for his experience and knowledge than U.S. regulators would extend. Grof's work at the Maryland Psychiatric Research Center was always limited to at most a few high dose drug sessions. After he moved to Esalen, his focus changed from doing scientific research to facilitating educational groups. These groups gave participants the opportunity to experience Grof's ideas first-hand and they tended to give validity to their experiences without demanding scientific proof. He left behind the scientific establishment along with many of the assumptions of contemporary science. During this time at Esalen Grof abandoned the scientific mainstream that he had so carefully established himself within. He went on to create his own international network of people who had read his work and felt his intellectual framework gave their own experiences value and validity. The International Transpersonal Association held their first international conference in Danvers, Massachusetts in 1979 and many other meetings since then in Australia, India, Japan, Iceland, Czechoslovakia, and Ireland.

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VII. Creation of Networks for Spiritual Emergency and Holotropic Work

During this era, Stan and Christina Grof coined the term spiritual emergency and created a network of helpers who could be called in case of such a crisis. Spiritual emergency is based on the idea that many non-ordinary states of consciousness that involve changes of perception, emotional changes, or psychosomatic symptoms, are seen by traditional psychiatry as psychotic. These experiences may be a spiritual or transpersonal crisis rather than or in addition to, other categories of psychiatric problems. The Grofs saw such crises as opportunities for healing, and possibly conducive to growth, if appropriately understood and supported. When a spiritual emergency is not differentiated from other psychiatric illnesses and treated, for example, with anti-psychotic medication, this could actually be harmful. The Grofs felt that mental health professionals could be taught to differentiate mental illness from the mystical state and difficulties in spiritual opening and that this distinction had not been recognized by traditional psychiatry. (DSM IV is the first time spiritual emergency is officially recognized and included)

In addition to the spiritual emergency network, the Grofs have created a training organization for thousands of people worldwide to become certified Grof Breathwork practitioners. Acceptance into Grof's program is not predicated on professional credentials. This openness is both strength and a weakness. Applicants are not required to have a formal academic background in human development or therapy. A shortcoming of this approach is that graduates may lack sufficient skills to evaluate a voyager's mental status, ego strength, the presence or absence of psychiatric illness, and the quality of their psychosocial support network before Holotropic Breathwork begins. Because this is such a powerful treatment modality there need to be special precautions for evaluating mental illness. Although people with major mental illness may benefit in the long run, but they may also require extensive support during an acute psychotic phase. The concern is that Holotropic voyagers could be left to their own resources to follow up on work that might be frightening or difficult to integrate. Holotropic Breathwork practitioners come from many backgrounds and many are licensed professionals. Those who are not professionals may or may not have access to appropriate referrals. This is the fate of a new type of professional.

There is strength in this kind of training. It allows large numbers of very motivated people, armed with Grof's theory and their own integrated experiences with difficult emotional material, to open the way for many more people to engage in this evolutionary process. If only licensed professionals were allowed this training, the extent of integration into the culture would probably be much less than it is now. Within this context, breathing deeply is free, democratic, and inherently healing. From Grof's point of view, the number of people who have spiritual emergencies is increasing because of the global crisis and the possibility of planetary suicide. With the accelerating pace of this evolution more and more people are involved in this kind of

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transformation. Therefore, he saw a need to train as many people to deal with this as possible.

VIII. Summary

Grof's theoretical foundation was built within the scientific establishment through his early work in Czechoslovakia (Grof, 1959a; Grof, 1959b; Grof, 1960; Grof, 1961; Grof, 1962; Grof, 1964; Grof, 1967; Grof, 1968; Grof, Bultasova, Horackova, Rysanek, Vitek, & Vojtechovsky, 1960a; Grof, Bultasova, Horackova, Rysanek, Vitek, & Vojtechovsky, 1960b; Grof & Dytrych, 1963; Grof & Dytrych, 1964a; Grof & Dytrych, 1964b; Grof, Kubicka, Dytrych, & Srnec, 1965; Grof, Kubicka, Dytrych, & Srnec, 1966; Grof, Prokupek, & Stuchlik, 1968a; Grof, Vinar, Vana, & Matousek, 1963a; Grof & Vojtechovsky, 1958; Grof & Vojtechovsky, 1960; Grof, Vojtechovsky, & Horackova, 1960c; Grof, Vojtechovsky, & Horackova, 1961a; Grof, Vojtechovsky, Krus, Vitek, Rysanek, Kunz, et al., 1968b; Grof, Vojtechovsky, Kuhn, Rysanek, & Vitek, 1963b; Grof, Vojtechovsky, & Vitek, 1961b; Grof, Vojtechovsky, & Vitek, 1961c; Grof, Vojtechovsky, & Vitek, 1962; Grof, Vojtechovsky, Vitek, & Frankova, 1963c; Grof, Vojtechovsky, Vitek, & Rysanek, 1964a; Grof, Vojtechovsky, Vitek, Rysanek, & Bultasova, 1960d; Grof, Vojtechovsky, & Votava, 1960e; Grof, Vojtechovsky, & Votava, 1960f; Grof, Vojtechovsky, & Votava, 1960g; Grof, Wolf, Dytrych, Srnec, & Kubicka, 1964b) At that time he still felt tied to the Newtonian-Cartesian paradigm, the accepted framework for the current medical model. Yet, even in medical school, he taught himself how to read Sanskrit and was very interested in Eastern religions.

After migrating to the U.S. and firmly establishing himself in the psychiatric research community with positions at Johns Hopkins Medical School and the Maryland Psychiatric Research Center he rather suddenly abandoned institutional scientific research. In 1973 he moved to Esalen Institute in California and became a scholar-in-residence. This transition left to others the task of creating a new epistemology that could include his observations with psychedelics and Holotropic Breathwork. Thus Grof left the arena of proof to further disseminate his theories in a practical way through his training program. Since that time, he has published nine books (Grof & Grof, 1977; Grof, 1976; Grof, 1980; Grof, 1984; Grof, 1985; Grof, 1994; Grof & Bennett, 1993; Grof & Grof, 1980; Grof & Halifax, 1977) and conducted month long residential interdisciplinary workshops for affluent and influential members of the New Age community.

During this time he divorced and remarried. With his new wife Christina he proposed the notion that spontaneous breakthroughs to spiritual dimensions of consciousness often produced symptoms that resembled psychosis. They formed a loose-knit group

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of therapists that sought to address the spiritual without attributing pathology to it. He founded an international organization for transpersonal psychology (International Transpersonal Association). He discovered that through hyperventilation many of the states his patients explored with LSD were available without pharmacological intervention. This evolved into Holotropic Breathwork. He went on with the practical work of creating a world-wide training in Holotropic Breathwork that would form a large pool of experientially sophisticated students who could carry this work forward.

In his latest book, Books of the Dead: Manuals for Living and Dying, Grof has returned to perennial themes (Grof, 1994; journey of the soul in life, death, and rebirth and the ways in which his research has validated many of the claims from the great mystical traditions. Dr. Grof's message to us is that "experiential confrontation and knowledge of the realms…[the sacred scriptures] describe is a matter of extreme relevance, since the degree to which we become familiar and comfortable with them can have far-reaching consequences for the quality of our life, as well as for the way we die." (Grof, 1994, p. 31)

Throughout his career Grof has forged a new empirical research path from Freud, Rank and Jung to the great mysteries of human existence. Along the way he joined with the American human potential movement to form transpersonal psychology. As a bridge between psychology and the great spiritual traditions of the world, transpersonal psychology and specifically Grof's theories have created intellectual and experiential possibilities unknown before his work. If the philosophy of science expands its paradigms to include subjective experience as valid evidence in the description of consciousness, then Grof's theories could form a cornerstone that finally integrates psychology and psychiatry with the mysterious ancient wellspring of the meaning of life.

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