



the Transpersonal Vision

The healing potential
of nonordinary states
of consciousness

Stanislav
Grof, M.D.

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1

Nonordinary States of Consciousness

The observations we will explore on *The Transpersonal Vision* arise from research into what academic psychiatry calls “altered” or “nonordinary” states of consciousness. Within this arena, I have focused primarily on experiences that can yield specific new information about the human psyche, and on those that have a healing, transformative, and evolutionary potential. For this purpose, the term “nonordinary states of consciousness” is too general, for it includes a wide range of conditions that do not conform to these parameters.

Consciousness can be profoundly changed by a variety of pathological processes: cerebral traumas, intoxications with poisonous chemicals, infections, or degenerative and circulatory processes in the brain. Such conditions can result in profound mental changes that would be included in the broad category of “nonordinary states of consciousness.” These conditions cause “trivial deliria” or “organic psychoses” – states associated with general disorientation, impairment of intellect, and subsequent amnesia. Although important clinically, these processes are not particularly interesting to consciousness researchers.

Contemporary psychiatry does not have a specific term for the large and important subgroup of nonordinary states of consciousness on which *The Transpersonal Vision* is based. I believe that, because of their unique characteristics, these states deserve to be distinguished from the rest and placed in a special

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category. I coined the name “holotropic” to describe them. This composite word literally means “oriented toward wholeness” or “moving in the direction of wholeness” (from the Greek *holos*, or “whole,” and *trepein*, or “moving toward or in the direction of something”). Thus, “holotropic” suggests that in our everyday state of consciousness, we are fragmented and identify with only a small fraction of who we really are.

In holotropic states, consciousness is changed qualitatively in a very profound and fundamental way, but it is not grossly impaired as in organic psychoses (such as intoxication, infection, etc.). We experience invasion by other dimensions of existence, which can be very intense and even overwhelming. At the same time, however, we typically remain fully oriented and do not completely lose touch with everyday reality. Holotropic states are characterized by a specific transformation of consciousness associated with dramatic perceptual changes in all sensory areas, extreme 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.

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 union and identification with other people, nature, the universe, and God. We might uncover what seem to be memories from other incarnations; encounter powerful archetypal figures; communicate with discarnate beings; and visit numerous mythological landscapes. Our consciousness might separate from the body and yet retain its capacity to perceive both the immediate environment and remote locations.

Ancient and aboriginal cultures have spent much time and energy developing powerful mind-altering techniques that can induce holotropic states. These “technologies of the sacred” use various combinations of chanting, breathing, drumming, rhythmic dancing, fasting, social and sensory isolation, extreme physical pain, and other elements. Many cultures have attained holotropic states through the use of psychedelic plants. The most famous examples of these are several varieties of hemp, psychoactive mushrooms, the Mexican cactus peyote, South American and Caribbean snuffs, the African shrub eboga, and the Amazonian jungle liana *Banisteriopsis caapi* – the source of yagé or ayahuasca.

Other important triggers of holotropic experiences are various forms of systematic spiritual practice involving meditation, concentration, breathing, and movement exercises. These are typically used in different systems of yoga,

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Vipassana or Zen Buddhism, Tibetan Vajrayana, Taoism, Christian mysticism, Sufism, and kabbala. Mind-altering techniques were also used in the ancient mysteries of death and rebirth, such as the Egyptian temple initiations of Isis and Osiris, 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.

Among modern means of inducing holotropic states of consciousness are pure active principles isolated from psychedelic plants (mescaline, psilocybin, tryptamine derivatives, harmaline, ibogaine, cannabinoids, and others); substances synthesized in the laboratory (LSD, amphetamine entheogens, and ketamine); 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 powerful method that can facilitate profound holotropic states by very simple means: conscious breathing, evocative music, and focused bodywork.

Very effective laboratory techniques for altering consciousness also exist. One of these is sensory isolation, which involves significant reduction of meaningful sensory stimuli. In its extreme form, it deprives the individual of sensory input through submersion in a dark, 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 nonordinary states of consciousness characterized by certain specific frequencies of brain waves. We could also mention here the techniques of sleep and dream deprivation, and lucid dreaming.

It is important to emphasize that episodes of holotropic states of varying duration can also occur spontaneously, without any specific identifiable cause, and often against the will of the people involved. Since modern psychiatry does not differentiate between mystical or spiritual states and mental diseases, people experiencing these states are often labeled psychotic, are hospitalized, and receive routine suppressive psychopharmacological treatment. My wife, Christina, and I refer to these states as “psychospiritual crises” or “spiritual emergencies.” We believe that, properly supported and treated, they can result in emotional and psychosomatic healing, positive personality transformation, and consciousness evolution.

Western psychiatry and psychology see holotropic states (with the exception of dreams that are not recurrent or frightening) basically as pathological phenomena,

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rather than as potential sources of healing or of valuable information about the human psyche. Traditional clinicians tend to use indiscriminately pathological labels and suppressive medication whenever these states occur spontaneously. Michael Harner – an anthropologist of good academic standing, who also underwent a shamanic initiation during his field work in the Amazonian jungle and who 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 “cognicentric” (a more accurate word might be “pragmacentric”), meaning that it recognizes only experiences and observations occurring in the ordinary state of consciousness

Psychiatry's lack of interest in and disregard for holotropic states has resulted in a culturally insensitive approach and a tendency to pathologize all activities that cannot be understood in the narrow context of the monistic materialistic paradigm – including the ritual and spiritual life of ancient and preindustrial cultures and the entire spiritual history of humanity.

If we systematically study the experiences and observations associated with holotropic states, we are led inevitably to a radical revision of our basic ideas about consciousness and the human psyche. This results in an entirely new approach to psychiatry, psychology, and psychotherapy. The changes we would have to make in our thinking fall into six large categories, as outlined below.

THE NATURE AND DIMENSIONS OF THE HUMAN PSYCHE

Traditional academic psychiatry and psychology use a model that is limited to biology, postnatal biography, and the Freudian individual unconscious. To account for all the phenomena occurring in holotropic states, we must drastically revise our understanding of the dimensions of the human psyche. In addition to the biographical level, the new, extended cartography of the psyche includes two more domains: perinatal (related to the trauma of birth) and transpersonal (ancestral, racial, and collective memories; karmic experiences; and archetypal dynamics).

THE ARCHITECTURE OF EMOTIONAL AND PSYCHOSOMATIC DISORDERS

To explain various disorders that do not have an organic basis (“psychogenic psychopathology”), traditional psychiatry uses a model that is limited to biographical traumas in infancy, childhood, and later life. The new understanding

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suggests that the roots of such disorders reach much deeper, to include significant contributions from the perinatal and transpersonal domains (as described above).

EFFECTIVE THERAPEUTIC MECHANISMS

Traditional psychotherapy knows only therapeutic mechanisms operating on the level of biographical material, such as remembering of forgotten events, lifting of repression, reconstruction of the past from dreams, reliving of traumatic memories, or analysis of transference. Holotropic research reveals many other important mechanisms of healing and personality transformation that become available when our consciousness reaches the perinatal and transpersonal levels.

STRATEGY OF PSYCHOTHERAPY AND SELF-EXPLORATION

Traditional psychotherapies strive to reach an intellectual understanding as to how the psyche functions and why symptoms develop; and then derive from this understanding a strategy for "fixing" the patient. A serious problem with this strategy is the striking 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 radical alternative: mobilization of deep, inner intelligence that guides the process of healing and transformation.

THE NATURE OF SPIRITUALITY

Western materialistic science has no place for any form of spirituality – and in fact 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

To this point, I have limited my critique 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 cannot be understood in the context of the monistic materialistic approach to reality. Thus, they undermine the most basic metaphysical assumptions of Western science.

A New Cartography of the Human Psyche

The study of holotropic states points to an indisputable conclusion: the dimensions of the human psyche are infinitely larger than academic psychology would like us to believe. To account for the experiences and observations arising from research into holotropic states, I suggest a new cartography or model of the psyche. In addition to the usual biographical level, this model contains 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, animals, and plants; visions of archetypal and mythological beings and realms; ancestral, racial, and karmic experiences; and identification with the Universal Mind or the Void. These experiences have been described throughout the ages in 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 official professional literature. As a matter of fact, it is what traditional psychiatry, psychology, and psychotherapy are all about. However, a few important differences arise when we explore this domain through approaches using holotropic states, rather than through verbal psychotherapy. First, one does not just remember emotionally significant events or reconstruct them indirectly from dreams, slips of tongue, or transference distortions. One experiences the original emotions, physical sensations, and even sensory perceptions in full age regression. That means that during the reliving of an important trauma from infancy or childhood, one actually has the body image, the naive perception of the world, the sensations, and the emotions corresponding to the age one was at that time.

The second contrast we see between holotropic states and verbal psychotherapies when working on biographical material is that in addition to confronting the usual psychotraumas, people in holotropic states 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 associated with suffocation, such as diphtheria, whooping cough, or aspiration of a foreign object.

This material emerges quite spontaneously and without any programming. As

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it surfaces, people realize that these physical traumas have played a significant role in the psychogenesis of their emotional and psychosomatic problems, such as asthma, migraine headaches, a variety of psychosomatic pains, phobias, sadomasochistic tendencies, or depression and suicidal tendencies. Reliving of such traumatic memories and their integration can 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 insults.

SYSTEMS OF CONDENSED EXPERIENCE (COEX SYSTEMS)

Further 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, not as a mosaic of isolated imprints, but in the form of complex dynamic constellations. I 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 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 contain variations on this basic theme that occurred at different periods of life (see diagram on p. 9).

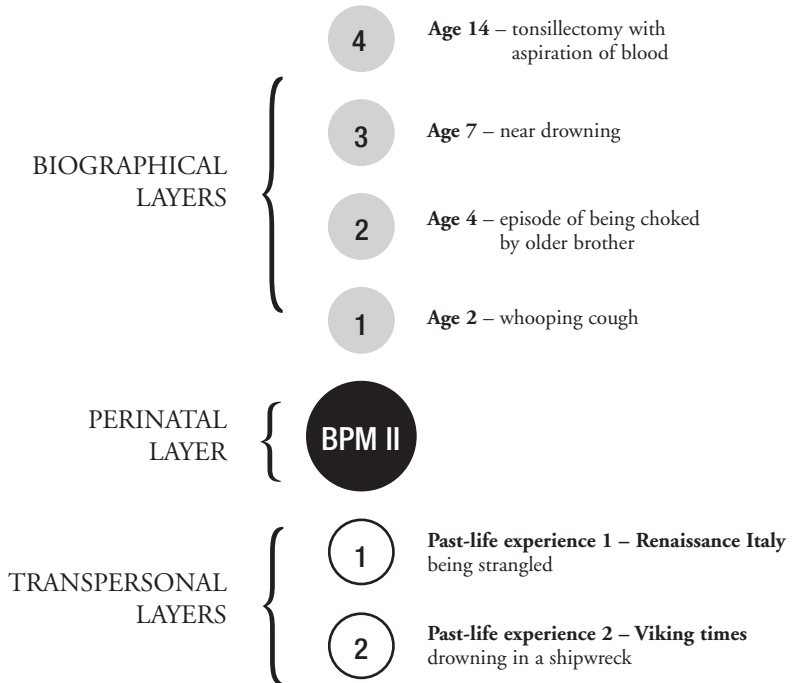
The nature of the central theme varies considerably from one COEX to another. The layers of a particular system can, for example, contain all the major memories of humiliating, degrading, and shaming experiences that have damaged our self-esteem. In another COEX system, the common denominator can be anxiety experienced in various shocking and terrifying situations, or claustrophobic and suffocating feelings evoked by oppressive and confining circumstances. Rejection and emotional deprivation that damage 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 list of characteristic examples. Particularly important are COEX systems that contain memories of encounters with situations endangering life, health, and integrity of the body.

When I first described the COEX systems in the early stages of my psychedelic research, I thought that they governed the dynamics of the biographical level of the unconscious. As my experience with holotropic states became richer and more extensive, I realized that the roots of the COEX systems reach much deeper. Each of the COEX constellations seems to be anchored in a particular aspect of the birth trauma. But a typical COEX reaches even further. Its deepest roots

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lie in various forms of transpersonal phenomena, such as past-life experiences, Jungian archetypes, and conscious identification with various animals. Today, I see the COEX systems as general organizing principles of the human psyche. The concept of COEX systems resembles, to some extent, Jung's ideas about psychological complexes and Hanskarl Leuner's transphenomenal dynamic system, but has many features that differentiate it from both these concepts.

A HYPOTHETICAL COEX SYSTEM DIAGRAM



Example of a powerful COEX system underlying psychogenic asthma

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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. A dynamic interplay exists 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.

THE “INNER RADAR” OF HOLOTROPIC STATES

Before continuing our discussion of the new, extended cartography of the human psyche, it is important to briefly mention a very important and extraordinary characteristic of holotropic states – one that played an important role in charting the experiential territories of the psyche, and that is also invaluable for the process of psychotherapy. Holotropic states tend to engage something like an “inner radar,” which automatically brings into consciousness the contents of the unconscious that have the strongest emotional charge and that are most psychodynamically relevant at the time.

This represents a great advantage compared to verbal psychotherapy, where the client presents a broad array of information of various kinds and the therapist has to decide what is important, what is irrelevant, and where the client is blocking. Since there is no general agreement about basic theoretical issues among different schools, such assessments will always reflect the personal bias of the therapist, as well as the specific views of his or her school.

The holotropic states save the therapist such difficult decisions and eliminate much of the subjectivity and professional idiosyncrasy of the verbal approaches. This automatic selection of relevant material also spontaneously extends beyond the biographical level and directs the process of self-exploration to the perinatal and transpersonal levels of the psyche. These are transbiographical domains not recognized or acknowledged in academic psychiatry and psychology. The phenomena originating in these deep recesses of the psyche have been well known and honored in ancient and preindustrial cultures of all ages. In the Western industrial civilization, they have been erroneously attributed to pathology of unknown origin, and considered to be meaningless, erratic products of cerebral dysfunction.

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THE PERINATAL LEVEL OF THE PSYCHE

When our process of deep experiential self-exploration moves beyond the level of memories from childhood and infancy and reaches back to birth, we start encountering emotions and physical sensations of extreme intensity – often surpassing anything we previously considered humanly possible. At this point, the experiences become a strange mixture of the themes of birth and death. They involve a sense of severe, life-threatening confinement and a desperate and determined struggle to free ourselves and survive.

This intimate relationship between birth and death on the perinatal level reflects the fact that birth is a potentially life-threatening event. Both child and mother can actually lose their lives during this process. Some children are born severely blue from asphyxiation, or even dead and in need of resuscitation. The reliving of various aspects of biological birth can be very authentic and convincing, often replaying this process in photographic detail. This phenomenon can occur even in people who have no intellectual knowledge about their birth, and who lack elementary obstetric information.

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 experience is often accompanied by various postures and movements of the head and body that accurately recreate the mechanics of a particular type of delivery. All these details can be confirmed if good birth records or reliable personal witnesses are available.

The strong representation of birth and death in our psyche and the close association between them might surprise traditional psychologists and psychiatrists; but it is actually logical and easily understandable. Delivery brutally terminates the intrauterine existence of the fetus. He or she “dies” as an aquatic organism and is born as an air-breathing, physiologically and even anatomically different form of life. What is more, the passage through the birth canal is itself a difficult and potentially life-threatening process.

SEXUAL EXPERIENCES IN THE PERINATAL DOMAIN

It is not so easy to understand why the perinatal dynamics also regularly include a sexual component. And yet, when we are reliving the final stages of birth in the role

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of the fetus, unusually strong sexual arousal typically occurs. The same is true for the mother, who can experience a mixture of fear of death and intense sexual excitement during delivery. This connection seems strange and puzzling, particularly as far as the fetus is concerned, and certainly deserves a few words of explanation.

There seems to be a mechanism in the human organism that transforms extreme suffering, especially when it is associated with suffocation, into a particular form of sexual arousal. This experiential connection can be observed in a variety of situations other than birth. People who had tried to hang themselves and were rescued in the last moment often report that, at the height of suffocation, they felt an almost unbearable sexual arousal. It is known that males executed by hanging typically have an erection and even ejaculate. The literature on torture and brainwashing reveals that inhuman physical suffering often triggers states of sexual ecstasy.

In a less extreme form, this mechanism operates in various sadomasochistic practices, including strangulation and choking. In the sects of flagellants (who regularly engage in self-inflicted torture) and in religious martyrs subjected to unimaginable torments, extreme physical pain at a certain point changes into sexual arousal and eventually results in ecstatic rapture and transcendental experiences.

BIRTH AS A GATEWAY TO TRANSCENDENCE

The experiences of the unconscious perinatal domain are not limited to the emotions and physical sensations connected to biological childbirth. They also involve rich symbolic imagery drawn from the transpersonal realms. The perinatal domain is an important interface between the biographical and transpersonal levels of the psyche. It represents a gateway to the historical and archetypal aspects of the collective unconscious, in the Jungian sense. The specific symbolism of these experiences originates in the collective unconscious, and not in our individual memory banks. Therefore, it can come from any geographical and historical context, as well as from any world spiritual tradition, quite independently of our racial, cultural, educational, or religious background.

Identifying with the infant facing the ordeal of birth seems to provide access to experiences of people from other times and cultures, various animals, and even mythological figures. It is as if, by entering the experience of the fetus struggling to be born, one reaches an intimate, almost mystical, connection with the consciousness of the human species and with other sentient beings who are or have been in a similar predicament.

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This experiential confrontation with birth and death seems to result automatically in a spiritual opening, which leads to discovery of the mystical dimensions of the psyche and an encounter with the mystery of existence itself. It does not seem to make a difference whether this encounter with birth and death occurs in actual life situations (such as in delivering women or during near-death experiences) or is purely symbolic. Powerful perinatal sequences in psychedelic and holotropic sessions or in the course of spontaneous psychospiritual crises (the “spiritual emergencies” described earlier) seem to have the same effect.

THE STAGES OF THE BIRTH PROCESS

Biological birth has three distinct stages. In the first, the fetus is periodically constricted by uterine contractions. There is no chance of escaping this situation, since the cervix is firmly closed. Continued contractions pull the cervix over the head of the fetus until it is sufficiently dilated to allow passage through the birth canal. Full dilation of the cervix marks the transition from the first to the second stage of delivery, as the head descends into the pelvis and the fetus begins its gradual, difficult propulsion through the birth pathways. Finally, in the third stage, the newborn emerges from the birth canal. After the umbilical cord is cut, he or she becomes an anatomically independent organism.

Observations from holotropic states indicate that, at each of these stages, the baby experiences a specific and typical set of intense emotions and physical sensations. These experiences leave deep unconscious imprints in the psyche that later in life play an important role in the life of the individual. Reinforced by emotionally important experiences from infancy and childhood, the birth memories can shape our perception of the world, profoundly influence everyday behavior, and contribute to the development of various emotional and psychosomatic disorders.

All of this unconscious material can surface and be fully experienced in holotropic states. When our process of deep self-exploration takes us back to birth, we discover that reliving each stage of delivery is associated with a distinct experiential pattern. Each of these patterns is characterized by a specific combination of emotions, physical feelings, and symbolic images. I refer to these patterns of experience as “basic perinatal matrices” (BPMs).

The first perinatal matrix (BPM I) is related to the intrauterine experience immediately preceding birth. The remaining three matrices (BPM II – BPM IV) refer to the three clinical stages of delivery: confinement in the contracting uterus; passage through the birth canal; and emergence as a physically autonomous

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being. In addition to replicating the original situation of the fetus at a particular stage of birth, each basic perinatal matrix also includes various natural, historical, and mythological themes accompanied by similar experiential qualities drawn from the transpersonal realms.

The experiences of the consecutive stages of biological birth and various symbolic images associated with them demonstrate very specific, consistent connections. Conventional logic cannot explain why they emerge together. However, that does not mean that these associations are arbitrary and random. They have their own deep order, which can best be described as “experiential logic.” This means that the connection between the experiences characteristic of various stages of birth and the concomitant symbolic themes are not based on some formal external similarity, but on the fact that they share the same emotional feelings and physical sensations.

The first basic perinatal matrix (BPM I). While experiencing the episodes of undisturbed embryonal existence, we often encounter images of vast regions with no boundaries or limits. Sometimes we identify with galaxies, interstellar space, or the entire cosmos. At other times, we have the experience of floating in the ocean or of becoming fish, dolphins, or whales. The undisturbed intrauterine experience can also open into visions of Mother Nature – safe, beautiful, and unconditionally nourishing, like a good womb. We can see luscious orchards, fields of ripe corn, agricultural terraces in the Andes, or unspoiled Polynesian islands. The experience of the “good womb” can also provide selective access to the archetypal domain of the collective unconscious and open into images of paradises or heavens, as described in the mythologies of different cultures.

When we are reliving episodes of intrauterine disturbances, or “bad womb” experiences, we have a sense of dark and ominous threat, and often feel that we are being poisoned. We might see images of polluted waters and toxic dumps. This reflects the fact that many prenatal disturbances are caused by toxic changes in the body of the pregnant mother. The experience of the toxic womb can be associated with visions of frightening demonic figures from the archetypal realms of the collective unconscious. Reliving of more violent interferences during prenatal existence, such as imminent miscarriage or attempted abortion, is usually connected with a sense of universal threat or with bloody apocalyptic visions of the end of the world.

The second basic perinatal matrix (BPM II). When the experiential regression reaches the onset of biological birth, we typically feel that we are being sucked into a

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gigantic whirlpool or swallowed by some mythical beast. We might also experience that the entire world – or even the cosmos – is being engulfed. There may be associated images of devouring or entangling 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. We can also experience a descent into the depths of the underworld, the realm of death, or hell. As mythologist Joseph Campbell so eloquently articulated, this is a universal motif in the mythologies of the hero's journey.

Reliving the fully developed first stage of biological birth – when the uterus is contracting, but the cervix is not yet open (BPM II) – is one of the worst experiences a human being can have. We feel caught in a monstrous claustrophobic nightmare, suffer agonizing emotional and physical pain, and experience utter helplessness and hopelessness. Our feelings of loneliness, guilt, absurdity of life, and existential despair can reach metaphysical proportions. We lose connection with linear time and become convinced that this situation will never end and that there is absolutely no way out. There is no doubt in our mind that what is happening to us is what the religions refer to as hell – unbearable emotional and physical torment without any hope of redemption. This experience can actually be accompanied by archetypal images of devils and infernal landscapes from different cultures.

When we face the dismal situation of no exit in the clutches of uterine contractions, we can experientially connect with sequences from the collective unconscious that involve people, animals, and even mythological beings in a similar painful and hopeless predicament. We identify with prisoners in dungeons, inmates of concentration camps or insane asylums, and animals caught in traps. We might experience the intolerable tortures of sinners in hell, or of Sisyphus rolling his boulder up the mountain in the deepest pit of Hades. Our pain can become the agony of Christ asking God why he has abandoned him. It seems to us that we are facing the prospect of eternal damnation.

This state of darkness and abysmal despair is known in the spiritual literature as “the dark night of the soul.” From a broader perspective, despite the associated feelings of utter hopelessness, this state is an important stage of spiritual opening. If it is experienced to its full depth, it can have an immensely purging and liberating effect on those who go through it.

The third basic perinatal matrix (BPM III). The experience of the second stage of birth related to this matrix – the propulsion through the birth canal after the cervix opens and the head descends – is unusually rich and dynamic. Facing the

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clashing energies and hydraulic pressures involved in the delivery, we are flooded with images from the collective unconscious portraying sequences of titanic battles and scenes of bloody violence and torture. It is also during this phase that we are confronted with sexual impulses and energies of problematic nature and unusual intensity.

It has already been described earlier that sexual arousal is an important part of the experience of birth. This places our first encounter with sexuality in a very precarious context: a situation where our life is threatened, where we are suffering as well as inflicting pain, and where we are unable to breathe. At the same time, we are experiencing a mixture of vital anxiety and primitive biological fury; the latter being an understandable reaction of the fetus to this painful and life-threatening experience. In the final stages of birth, we can also encounter various forms of biological material: blood, mucus, urine, and even feces.

Because of these problematic connections, the experiences and images that we encounter while reliving this phase typically present sex in a grossly distorted form. The strange mixture of sexual arousal with physical pain, aggression, vital anxiety, and biological material leads to sequences that are pornographic, aberrant, sadomasochistic, scatological, or even satanic. We can be overwhelmed by dramatic scenes of sexual abuse, perversions, rapes, and erotically motivated murders.

On occasion, these experiences can take the form of participation in rituals featuring witches and Satanists. This seems to relate 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 the Witches' Sabbath (Walpurgis Night). It is a mixture of sexual arousal, panic anxiety, aggression, vital threat, pain, sacrifice, and encounter with ordinarily repulsive biological materials. This peculiar experiential amalgam is associated with a sense of sacredness or numinosity, reflecting the fact that all this is unfolding in close proximity to a spiritual opening.

This stage of the birth process can also be associated with countless images from the collective unconscious portraying scenes of murderous aggression, such as vicious battles, bloody revolutions, gory massacres, fiery explosions, and genocide. In all the violent and sexual scenes that we encounter at this stage, we alternate between the roles of perpetrator and victim. This is the time of a major encounter with the dark side of our personality, Jung's "Shadow." As this perinatal phase is culminating and approaching resolution, many people envision Jesus, the Way of the Cross, and crucifixion; or they may even actually experience full identification with Jesus' suffering. The archetypal domain of the collective

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unconscious contributes heroic mythological figures and deities. Typically, these figures represent death and rebirth, as do the Egyptian god Osiris, the Greek deities Dionysus and Persephone, and the Sumerian goddess Inanna.

The fourth basic perinatal matrix (BPM IV). The reliving of the third stage of the birth process underlying this experiential pattern – of the actual emergence into the world – is typically initiated by the motif of fire. We can have the feeling that our body is consumed by searing heat, have visions of burning cities and forests, or identify with victims of immolation. The archetypal versions of this fire can take the form of the cleansing flames of purgatory or of the legendary phoenix, dying in the heat of its burning nest and emerging from the ashes reborn and rejuvenated. The purifying fire seems to destroy in us whatever is corrupted and prepare us for spiritual rebirth. When we are reliving the actual moment of birth, we experience it as complete annihilation, followed by rebirth and resurrection.

To understand why we experience the reliving of biological birth as death and rebirth, one has to realize that what happens to us is much more than just a replay of the original event of childbirth. During the delivery, we are completely confined in the birth canal and have no way of expressing the extreme emotions and sensations involved. Our memory of this event thus remains psychologically undigested and unassimilated. Much of our later self-definition and attitudes toward the world are heavily contaminated by this constant deep reminder of the vulnerability, inadequacy, and weakness that we experienced at birth. In a sense, we were born anatomically, but have not really caught up emotionally with the fact that the emergency and danger are over.

The “dying” and the agony during the struggle for rebirth reflect the actual pain and vital threat of the biological birth process. However, this is different from the ego death that immediately precedes rebirth. This “death” reflects the demise of our old concepts of who we are and what the world is like, which were forged – as were the physical impressions – by the traumatic imprint of birth.

As we are purging these old programs from our psyche and body by letting them emerge into consciousness, we are reducing their energetic charge and curtailing their destructive influence on our life. From a larger perspective, this process is actually very healing and transforming. Yet as we are nearing its final resolution, we might paradoxically feel that, as the old imprints are leaving our system, we are dying with them. Sometimes, we experience not only a sense of personal annihilation, but also the destruction of the world as we know it.

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While only a small step separates us from the experience of radical liberation, we have a sense of all-pervading anxiety and impending catastrophe of enormous proportions. The impression of imminent doom at the ego-death stage of the spiritual journey can be very convincing and overwhelming. We might well need much encouragement and psychological support at this point. The predominant feeling is that we are losing all that we know and that we are. At the same time, we have no idea what is on the other side, or even if there is anything there at all. This fear is the reason that many people desperately resist the process at this stage if they can. As a result, they can remain psychologically stuck in this problematic territory indefinitely.

Immediately following the experience of total annihilation – “hitting cosmic bottom” – we are overwhelmed by visions of a supernaturally radiant, beautiful light that is usually perceived as sacred. This divine epiphany can also generate displays of beautiful rainbows, diaphanous peacock designs, and visions of celestial realms with angelic beings or deities appearing in light. It is at this time that we can experience a profound encounter with the archetypal figure of the Great Mother Goddess or one of her many culture-bound forms.

The experience of psychospiritual death and rebirth is a major step toward weakening our identification with the body and ego, and reconnecting with the transcendental domain. We feel redeemed, liberated, and blessed; we have a new awareness of our divine nature and cosmic status. We also typically experience a strong surge of positive emotions toward ourselves, other people, nature, God, and existence in general. We are filled with optimism and emotional and physical well-being.

It is important to emphasize that the positive experience just described is typical of a biological birth whose final stages followed a more or less natural course. If the delivery was very debilitating or confounded by heavy anesthesia, the experience of rebirth does not manifest this quality of triumphant emergence into light. It is more like awakening with a hangover: dizzy, nauseous, and mentally clouded. Much additional psychological work might be needed to work through the issues involved, and the positive results are much less striking.

The perinatal domain of the psyche represents an experiential crossroads of critical importance. It is not only the meeting point of three absolutely crucial aspects of human biological existence – birth, sex, and death – but also the dividing line between life and death, the individual and the species, and the psyche and the spirit. Full conscious experience of the contents of this domain of the psyche,

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with good subsequent integration, can have far-reaching consequences and lead to spiritual opening and deep personal transformation.

THE TRANSPERSONAL DOMAIN OF THE PSYCHE

The second major domain holotropic research has contributed to the cartography of the human psyche is called “transpersonal,” meaning literally “beyond the personal” or “transcending the personal.” The experiences originating on this level involve transcending the limitations of body and ego, and of three-dimensional space and linear time. Transpersonal experiences are best defined by contrasting them with our everyday experience of ourselves and the world – how we have to experience ourselves and the environment to pass for “normal” according to our culture’s standards and Newtonian-Cartesian psychiatry (that is, a model of the human psyche limited by conventionally measurable phenomena).

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

We cannot see objects from which we are separated by a solid wall, ships 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 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 is absolute. Any of them can be transcended.

THE THREE CATEGORIES OF TRANSPERSONAL EXPERIENCE

Transpersonal experiences can be divided into three large categories. The first involves primarily transcendence of the usual spatial barriers – the “skin-encapsulated ego.” Such experiences include 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

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the 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 world's spiritual literature.

Similarly, one can transcend the limits of the specifically human experience, and identify with the consciousness of various animals or plants. This awareness can even extend to inorganic objects and processes. In the extremes, it is possible to experience consciousness of the entire biosphere, our planet, or the whole material universe. Incredible and absurd as it might seem to a Westerner committed to monistic materialism, these experiences suggest that everything we can experience as an object in everyday consciousness has, in nonordinary states, a corresponding subjective representation. It is as if everything in the universe can be described simultaneously in both objective and subjective terms, as described in the great spiritual philosophies of the East. (In Hinduism, for example, all that exists is seen as a manifestation of Brahman. Taoists describe this same phenomenon as a transformation of the Tao).

The second category of transpersonal experiences is characterized primarily by overcoming temporal boundaries – by transcendence of linear time. We have already talked about the possibility of vividly reliving important memories from infancy and the trauma of birth. This historical regression can continue further, to 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 ovum during conception.

But the historical regression does not stop here. It is possible to have experiences from the lives of one's human or animal ancestors, or even to encounter what seems to be the racial and collective unconscious, as described by C. G. Jung. Quite frequently, the experiences apparently reflecting other cultures and historical periods are associated with a sense of personal remembering. People talk about reliving memories from previous incarnations.

The transpersonal experiences described so far 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, for example, 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 the French Revolution occurred is readily acceptable, but we should

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not be able to vividly experience 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 these events, except perhaps by watching them on television. Another surprising aspect of transpersonal experience is the ability to find consciousness associated with lower animals, plants, and even inorganic nature.

However, the third category of transpersonal experiences is stranger yet. Here, consciousness seems to extend into realms and dimensions not considered “real” by Western industrial culture. Numerous visions of archetypal beings and mythological landscapes arise in this realm, along with encounters or even identification with deities and demons of various cultures. Communication with discarnate beings, spirit guides, suprahuman entities, extraterrestrials, and inhabitants of parallel universes are also typical of this category.

In its further 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 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.

TRANSCENDING THE LIMITS OF SELF

The many strange characteristics of transpersonal experiences shatter the most fundamental metaphysical assumptions of the Newtonian-Cartesian paradigm and 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 or as hallucinations – erratic products of pathological processes in the brain – are naive and inadequate. Any unbiased study of the transpersonal domain must conclude that these observations represent a critical challenge, not only for psychiatry and psychology, but for the entire philosophy of Western science.

Although transpersonal experiences occur in the process of deep individual self-exploration, it is not possible to interpret them simply as intrapsychic phenomena in the conventional sense. On the one hand, they clearly arise from the same individual psyche that yields personal information about one’s biographical and perinatal experiences. On the other hand, they seem to be able to tap directly – without the mediation of the senses – sources of information that are clearly

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far beyond the individual's conventional reach. Somewhere on the perinatal level of the psyche, a strange flip seems to occur: what was, up to that point, deep intrapsychic probing becomes an extrasensory experience of the universe at large.

These observations indicate that we can obtain information about the universe in two radically different ways. Besides the conventional process of learning through sensory perception, analysis, and synthesis of the data, we can also find out about various aspects of the world by direct identification with them in a nonordinary state of consciousness. Each of us thus appears to be a microcosm containing, in a holographic way (i.e. reflecting the whole in its entirety), information about the macrocosm. In the mystical traditions, this has been expressed by such phrases as “as above, so below” or “as without, so within.”

Subjects who have reported experiences of embryonal existence, the moment of conception, and elements of cellular, tissue, and organ consciousness have consistently offered medically accurate insights into the anatomical, physiological, and biochemical aspects of these processes. Similarly, ancestral, racial, and collective memories and past incarnation experiences quite frequently provide very specific details about architecture, costumes, weapons, art forms, social structure, and religious and ritual practices – or even concrete historical events – pertaining to the culture and historical period involved.

People who have experienced identification with existing or past-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, their reports were accompanied by archaic muscular innervations uncharacteristic of humans, or even such complex behaviors as enactment of a courtship dance.

The philosophical challenge associated with these observations is formidable all by itself. Even more provocative is the fact that transpersonal experiences accurately reflecting the material world, as described above, are often interwoven with other experiences containing elements considered “unreal” by the Western industrial world. Examples include 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

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ostensibly fantastic 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 we can gain access, not only to the Freudian individual unconscious, but also to the collective unconscious that contains the cultural heritage of all humanity.

The existence and nature of transpersonal experiences violate some of the most basic assumptions of mechanistic science. They imply such seemingly absurd notions as relativity and the arbitrary nature of all physical boundaries; nonlocal connections in the universe; communication through unknown means and channels; memory without a material substrate; nonlinearity of time; and that all living organisms – and even inorganic matter – manifest consciousness. 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, the formation of planet Earth, the appearance of living organisms, the development of the nervous system, and emergence of homo sapiens.

Thus, research of nonordinary states reveals a baffling paradox concerning the nature of human beings. It clearly shows that, in a mysterious and yet unexplained way, each of us contains information about the entire universe and all of existence, and has potential experiential access to all of its parts. In a sense, then, each of us is the whole cosmic network, even though we are just an infinitesimal part of it; a separate and insignificant biological entity. The new cartography of the transpersonal paradigm reflects this fact, and portrays the individual human psyche as essentially one with the entire cosmos and the totality of existence. This idea might seem absurd and implausible to a traditionally trained scientist and to our common sense; yet we can relatively easily reconcile it with new, revolutionary developments in various scientific disciplines. These are usually referred to as the “new (or emerging) paradigm.”

The expanded cartography I am proposing 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. It has deep and revolutionary implications for the understanding of emotional and psychosomatic disorders, including psychoses, and offers radically new therapeutic possibilities.

The Architecture of Emotional and Psychosomatic Disorders

Conventional attempts to explain emotional and psychosomatic disorders fall into two broad categories:

- biological
- psychological

Those researchers and clinicians who trace the roots of psychopathology to biological causes believe that, since the psyche is a product of material processes in the brain, the final answers in psychiatry will come from neurophysiology, biochemistry, genetics, and molecular biology. In their view, these disciplines will be able to provide both adequate explanations and practical solutions.

The psychological explanation for psychological disorders proposes causes such as traumatic influences in infancy, childhood, and later in life; the pathogenic potential of conflict; the importance of family dynamics and interpersonal relationships; and the impact of social environment.

Although many professionals choose an eclectic approach that acknowledges a complex interplay of nature and nurture (or biology and psychology), the distinction between these two orientations plays an important role in contemporary psychiatry.

A Short History of Psychiatric Attitudes

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Its complex historical development established psychiatry as a subspecialty of medicine, which gives it a strong biological bias. Mainstream conceptual thinking in psychiatry, the approach to individuals with emotional disorders and behavior problems, the strategy of research, basic education and training, and forensic measures – all are dominated by the medical model. Two important sets of circumstances explain this situation. Firstly, medicine has been successful in establishing etiology and finding effective therapies for a specific, relatively small group of mental abnormalities of organic origin. And secondly, it has demonstrated its ability to control the symptoms of many disorders for which it was unable to find specific organic etiology.

Initial successes in unraveling the biological causes of mental disorders, however astonishing, were really isolated and limited to a small fraction of psychiatric problems. The medical approach to psychiatry has failed to find specific organic etiology for problems vexing the absolute majority of its clients: depressions, psychoneuroses, psychosomatic disorders, and functional psychoses.

THE PSYCHOLOGICAL APPROACH

The psychological orientation in psychiatry was inspired by the pioneering research of Sigmund Freud and his followers. In the course of the twentieth century, this effort spawned a large number of schools of “depth psychology.” Their approaches differ significantly in their understanding of the human psyche, the nature of emotional disorders, and appropriate therapeutic techniques. Most of them have had minimal or no influence on mainstream psychiatric thinking. Some of the founders of these schools – such as C.G. Jung, Otto Rank, and Alfred Adler – left the psychoanalytic movement or were expelled from it. Together with a few others, they are occasionally mentioned in footnotes of academic texts. Only Freud’s early writings, the work of a few of his disciples, and the modern developments in psychoanalysis known as “ego psychology” have had significant impact on the psychiatric field.

Freud and his followers formulated a dynamic classification of emotional disorders based on the primary fixation at respective stages of libido development (a system summarized by the psychoanalyst Karl Abraham). One of Freud’s major contributions was the discovery that the libidinal interests of the infant gradually shift from the oral zone (while nursing) to the anal and urethral zone (during toilet training) and finally to the phallic or genital zone (during development of the Oedipus or Electra complex). Traumatization – or, conversely, overindulgence

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– can cause a specific fixation on one of these zones. This supposedly predisposes the individual to psychological regression to this area when he or she later encounters serious difficulties.

According to Abraham, fixation on the passive oral stage (before teething occurs) predisposes the individual to schizophrenia, while fixation on the active oral stage (after teething) can lead to manic-depressive disorders and suicidal behavior. Oral fixation also plays a critical role in the development of alcoholism and drug addiction.

The primary fixation for obsessive-compulsive neurosis is on the anal level. Urethral fixation is associated with fear of blunder and a tendency to compensate for it by excessive ambition and perfectionism. Anxiety hysteria (various phobias) and conversion hysteria (paralysis, anesthesia, blindness, loss of voice, and hysterical attack) result from a fixation on the phallic (genital) stage.

Modern ego psychologists (René Spitz, Margaret Mahler, Edith Jacobson, Heinz Kohut, Otto Kernberg, and others) brought attention to the importance of object relations and the early development of the ego in the genesis of psychopathology. To Karl Abraham's list of disorders, they added symbiotic infantile psychoses, narcissistic personality and borderline personality disorders, and others. There is no doubt that the ego psychologists improved and refined the psychoanalytic understanding of psychopathology. However, they share with their predecessors the narrow understanding of psychological development that limits it to postnatal biography and the individual unconscious.

Observations from the study of holotropic states of consciousness show that emotional and psychosomatic disorders – including many states currently diagnosed as psychotic – cannot be adequately understood in terms of postnatal development alone. Neither the libido nor object relations theories offers adequate understanding of these disturbances. The expanded cartography described in *The Transpersonal Vision* proposes that these conditions have a multilevel, multidimensional structure with important roots in the perinatal and transpersonal levels. Bringing these elements into consideration provides a radically new, more complete picture of psychopathology, opening exciting new perspectives for therapy.

Recognizing the perinatal and transpersonal roots of emotional disorders does not necessarily invalidate the role of biographical factors described by psychoanalysis. Events in infancy and childhood certainly continue to play an important role in the overall picture; however, they are not the deepest sources of

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emotional disorders. Instead, they constitute conditions for emergence of material from deeper levels of the unconscious.

The record of our birth experiences represents a universal pool of difficult emotions and sensations that can potentially give rise to various forms of psychopathology. Whether psychopathology actually develops and what form it takes depend on the reinforcing or mitigating influences of the postnatal environment. Various transpersonal factors (such as karmic, archetypal, or phylogenetic elements) may also influence the final form of the symptoms. Emotional and psychosomatic symptoms are thus the products of a complicated interplay between biographical, perinatal, and transpersonal factors.

Overall, the holotropic model shows the Freudian explanation as essentially correct, but incomplete. Thus, *The Transpersonal Vision* makes use of many conventional psychoanalytic insights, but reaches far beyond them to explore essential perinatal and transpersonal roots of some common psychological conditions.

The Origin and Dynamics of COEX Systems

COEX constellations comprise biographical layers, perinatal matrices, and transpersonal components. It is interesting to speculate how these different layers originate and relate to one another in the development of the psyche.

Some postnatal traumas might resemble one another and certain aspects of the individual's perinatal dynamics. This might, of course, be attributed to chance. At various times, the lives of some individuals might accidentally bring victimizing situations resembling BPM II, episodes involving choking, and so on. However, when a COEX system is established, it has a self-replicating propensity and can unconsciously drive the individual in recreating situations of a similar kind – adding new layers to the constellation.

Many people involved in deep self-exploration have reported interesting insights concerning the transpersonal components of a given COEX system; in particular, past-life experiences. They discovered that the way in which we experience our birth is profoundly influenced by our karma, both in general and in particular. Situations of choking in past-life situations can project into suffocation during birth; pains inflicted by sharp objects in karmic dramas can re-emerge as pains caused by uterine contractions and pressures, etc. In the same way, karmic

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patterns can underlie and shape traumatic events in postnatal biography.

THE CONTRIBUTIONS OF ASTROLOGY

Observations from psychedelic therapy, Holotropic Breathwork, and individuals in spiritual emergency offer another, particularly challenging and intriguing explanation for the structure and dynamics of COEX systems. This involves the fascinating and highly controversial field of astrology. The themes of various COEX systems typically seem to reflect certain aspects of the subject's natal chart. It can also be shown that the events constituting different layers of a COEX constellation occurred at a time when a powerful planetary transit lit up this particular aspect of the natal horoscope.

Thus, for example, a difficult aspect to Saturn in the natal chart seems to correspond with a particularly strong role of BPM II in the life of that individual. The respective layers of this person's COEX system that involve an overwhelming victimization motif stem from times when the difficult Saturn aspect in the natal chart was lit up and further intensified by a difficult transit – especially when that transit involved one of the outer planets.

Astrology, particularly transit astrology, is an invaluable tool in working with nonordinary states of consciousness and in understanding the dynamics of emotional and psychosomatic disorders. In the last twenty years, I have had the privilege of exploring the fascinating relationships between holotropic states, psychopathology, and planetary transits with Richard Tarnas. This is a complex theme that cannot be adequately explored in this context. If you would like to pursue the topic further, see the bibliography entry on page 139.

New Insights from Holotropic Research

Our psychological understanding of psychopathology changes as we observe holotropic states of consciousness. In exploring these new concepts, we will focus on the role of psychological factors in the formation of symptoms. Disorders that are clearly organic in nature, and that therefore belong in the realm of medicine, will not be a part of this discussion. Neither will the positions of those biologically oriented clinicians and theoreticians who believe that psychological analysis, in general, has little or nothing to contribute to psychiatry.

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ANXIETY AND PHOBIAS

Most psychiatrists would agree that anxiety – whether free-floating or focused on certain persons, animals, or situations – represents one of the most common and basic psychiatric problems. In nature, anxiety is a response to situations that endanger survival or body integrity. It therefore makes sense that the trauma of birth, which is actually or potentially life-threatening, is one of the primary sources of clinical anxiety. Freud himself entertained briefly the possibility that the frightening experience of birth might function as a prototype for all future anxieties. Yet when his disciple Otto Rank later proposed this theory in his book *The Trauma of Birth*, he was expelled from the psychoanalytic movement.

The perinatal level of the unconscious plays a critical role in the genesis of phobias. The connection to the birth trauma is most evident in claustrophobia: the fear of closed and narrow places. It manifests in confined situations, such as elevators, subways, and small rooms without windows. Individuals who are claustrophobic are under the selective influence of a COEX system associated with the beginning of BPM II, when the uterine contractions begin to close in on the fetus. The biographical factors contributing to this disorder involve memories of uncomfortable, confining situations in postnatal life. On the transpersonal level, the most significant contributing elements are karmic memories involving imprisonment, entrapment, and suffocation.

Agoraphobia, the fear of open places or of the transition from an enclosed space to a wide-open one, at first appears to be the opposite of claustrophobia. Actually, agoraphobic patients are also claustrophobic, but the transition to an open space has a stronger charge for them than the stay in the enclosed space itself. On the perinatal level, agoraphobia is associated with the very final stage of BPM III, where the sudden release after many hours of extreme confinement is accompanied by fear of losing all boundaries, being blown apart, and ceasing to exist (ego death).

Thanatophobia, or pathological fear of death, is characterized by episodes of vital anxiety, which sufferers interpret as the onset of a heart attack, stroke, or suffocation. This phobia has its deep roots in the extreme physical discomfort and sense of impending catastrophe associated with the trauma of birth. The COEX systems involved typically relate to situations that endanger life, such as operations, diseases, and injuries – particularly those that interfere with breathing.

Nosophobia, pathological fear of having or contracting a disease, is closely

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related to thanatophobia and also to hypochondriasis: an unsubstantiated delusional conviction of already having a serious illness. Patients suffering from this disorder have various strange, inexplicable body sensations – pains, pressures, cramps, sudden energy flows, paresthesias, and other unusual phenomena – that they tend to interpret as actual physical disease. They can also show signs of various somatic dysfunctions, such as breathing difficulties, dyspepsia, nausea and vomiting, constipation and diarrhea, muscular tremors, general malaise, weakness, and fatigue.

Repeated medical examinations typically fail to detect any organic disorder that would explain the subjective complaints. This is because the sensations and emotions are not related to a current physiological process, but to memories of past physical traumas. Patients with these problems often demand clinical and laboratory tests, and sooner or later become a real menace in doctors' offices and hospitals. Many end up in the care of psychiatrists, where they often do not receive the compassionate acceptance they deserve. Despite the negative medical findings, the physical complaints of these patients are very real. However, they do not reflect any medical problem, but are caused by surfacing memories of serious physiological difficulties from the past. Their sources are various diseases, operations, injuries, and particularly the trauma of birth.

Three distinct forms of nosophobia deserve special attention: cancerophobia (pathological fear of developing or having cancer); bacillophobia (fear of microorganisms and infection); and mysophobia (fear of dirt). All these problems have deep perinatal roots, although biographical factors can influence their specific forms.

CANCER, INFECTION, AND DIRT

In cancerophobia, the important element is the similarity between cancer and pregnancy. It is well known from the psychoanalytical literature that the malignant growth of tumors is unconsciously identified with embryonic development. This similarity goes beyond the most obvious parallel: a foreign, rapidly growing intrusion inside one's body. It can be supported by anatomical, physiological, and biochemical data. In many respects, cancer cells resemble insufficiently differentiated cells from early stages of embryonal development.

In bacillophobia and mysophobia, the pathological fear focuses on biological material, body odors, and uncleanness. The biographical determinants usually involve memories from the time of toilet training, but the deepest roots reach to the scatological aspect of the perinatal process. The key to understanding these phobias is the connection in the BPM III phase between death, aggression, sexual excitement,

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and biological material. Patients suffering from these disorders are not only afraid that they themselves might get biologically contaminated, but are also frequently preoccupied with the possibility of infecting others. Their fear of biological materials is thus closely associated with aggression that is oriented both inward and outward. This is precisely the situation characteristic of the final stages of birth. On a more superficial level, the fear of infection and bacterial growth is also unconsciously related to sperm and conception – and thus again to pregnancy and birth.

The most important COEX systems related to these phobias involve relevant memories from the anal-sadistic stage of libidinal development and conflicts around toilet training and cleanliness. Additional biographical material is represented by memories depicting sex and pregnancy as dirty and dangerous.

Deep entanglement and identification with biological contaminants are also at the basis of a particular kind of low self-esteem that involves self-degradation and a sense of disgust with oneself. This manifestation is referred to colloquially as “shitty self-esteem.” It is frequently associated with certain behaviors characteristic of obsessive-compulsive neuroses, such as rituals aimed at avoiding or neutralizing the biological contamination. The most obvious of these rituals is compulsive washing of hands or other parts of the body, which can be so excessive that it results in serious wounding of the skin and bleeding.

FEAR OF HAVING CHILDREN

A woman whose memory of perinatal events is close to the surface can suffer from a phobia of pregnancy, delivery, and mothering. Being in touch with the memory of the birth agony makes it difficult for a woman to accept her femininity and reproductive role, because for her, motherhood means inflicting pain and suffering. The idea of becoming pregnant and facing delivery can, under these circumstances, give rise to terror.

A phobia of mothering that begins after the child is born usually involves violent impulses against the child, alternating with panic fear of hurting it. This is typically associated with overprotective behavior and unreasonable concerns that something might happen to the baby. Whatever the biographical determinants of this problem, the deeper source can be traced, in the last analysis, to the delivery of the child.

The passive and active aspects of childbirth are intimately connected in the unconscious. In the course of reliving their own birth, women typically have simultaneous or alternating experiences of giving birth themselves. Similarly,

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memories of being a fetus in the womb or of being nursed are characteristically associated with the experience of being pregnant or of nursing, respectively.

The states that biologically involve symbiotic union between mother and child also represent states of experiential unity. The deep roots of phobia of mothering lie in the first clinical stage of delivery (BPM II), when mother and child were in a state of biological antagonism, inflicting pain on each other and exchanging enormous amounts of destructive energy. This situation tends to activate the mother's memory of her own birth, unleash the aggressive potential associated with it, and direct this aggression toward the child.

We can see, therefore, that the woman who has just delivered has an important opportunity to do some unusually deep psychological work. On the negative side, if her experience is not approached with deep dynamic understanding, it may be responsible for postpartum depression, neurosis, or even psychosis.

TRAVEL- AND HEIGHT-RELATED PHOBIAS

Phobia of traveling by train and subway seems to be based on certain similarities between these means of transportation and the birth experience. The most important common denominators are the sense of entrapment and the experience of enormous forces in motion without any control over the process. Additional elements are fear of passing through tunnels and underground passages, and the encounter with darkness. When old-fashioned steam engines were in use, the elements of fire, the pressure of the steam, and the noisy siren seemed to be contributing factors. Lack of control is an element of particular importance. Patients who suffer from phobia of traveling in a car have no problems if they are driving and can deliberately change or stop the motion.

A closely related phobia is fear of traveling in airplanes. It is interesting to note that in some instances, seasickness and airsickness are related to perinatal dynamics. They tend to disappear after the individual has completed the death-rebirth process. The key here seems to be the ability to give up the need to be in control and to surrender to the flow of events, no matter what it brings. Difficulties arise when the individual tries to impose his or her control on processes that have their own powerful, dynamic momentum.

Acrophobia, or the fear of heights, is actually a fear of feeling compelled to throw oneself from a high place. The sense of falling with a simultaneous fear of destruction is a typical manifestation of the final stages of BPM III. The origin of this association is not clear; it might involve a phylogenetic component (women

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in some cultures and many animals deliver standing), or perhaps reflect the first encounter with the phenomenon of gravity.

In any case, it is very common for people under the influence of this matrix in holotropic states to have experiences of falling, acrobatic diving, or parachuting. A compulsive interest in sports that involve falling (parachuting, bungee-cord jumping, acrobatic flying) reflects the need to exteriorize the feelings of impending disaster in situations that allow a certain degree of control or involve other forms of safeguards (e.g. termination of the fall in water). The COEX systems linked to this particular facet of the birth trauma include childhood memories of being playfully tossed in the air by adults and accidents involving falling.

ZOOPHOBIA

The relationship between zoophobia (the fear of various animals) and the birth trauma was first suggested by Otto Rank. If the object of the phobia is a large animal, the most important elements seem to be the theme of being swallowed and incorporated (wolf) or the relation to pregnancy (cow). As we have seen, the archetypal symbolism of the onset of BPM II is the experience of being swallowed and incorporated.

Certain animals have a special symbolic association with the birth process. Thus, images of gigantic tarantulas frequently appear in the initial phase of BPM II as symbols of the devouring female element. This probably reflects the fact that spiders catch free-flying insects in their webs, immobilize them, enwrap them, and kill them. It is not difficult to match this sequence of events with the experiences of the child during biological delivery. This connection seems to be essential for the development of arachnophobia (fear of spiders).

Another zoophobia that has an important perinatal component is serpentophobia, or the fear of snakes. Superficially, images of snakes may appear clearly phallic. However, at a deeper level, they commonly represent the birth agony, and thus the destructive, devouring feminine. Poisonous vipers usually represent the threat of imminent death, while large boa constrictors symbolize the crushing and strangulation involved in birth. Large constrictor snakes swallow their prey and appear pregnant, further reinforcing the perinatal connotation. The serpentine symbolism typically extends deep into the transpersonal realm, where it can have many different culture-specific meanings (kundalini, Ananta, Quetzalcoatl, the snake in the Garden of Eden, the Rainbow Serpent of the Australian aborigines, etc.).

Phobias of small insects can frequently be traced to the dynamics of perinatal

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matrices. Bees, for example, seem to be related to reproduction and pregnancy because of their role in the transfer of pollen and fertilization of plants – as well as their capacity to cause swelling. Flies, as a result of their affinity for excrement and their propensity to spread infection, are associated with the scatological aspect of birth.

OBSESSIVE-COMPULSIVE NEUROSIS

Patients suffering from obsessive-compulsive disorders are tormented by intrusive, irrational thoughts that they cannot get rid of. They also feel compelled to perform certain absurd and meaningless repetitive rituals. If they refuse to comply with these strange urges, they are overwhelmed by free-floating anxiety. There is a general agreement in psychoanalytical literature that conflicts related to homosexuality, aggression, and biological material form the psychodynamic basis of this disorder, together with an inhibition of genitality and a strong emphasis on pregenital drives, particularly those that are anal in nature.

These aspects of obsessive-compulsive neurosis point to a strong perinatal component – particularly, the scatological aspect of BPM III. Another characteristic feature of this neurosis is strong ambivalence about religion. Many obsessive-compulsive patients live in constant conflict about God and religious faith. They alternate between rebellion or blasphemy and desperate tendencies to repent, expiate, and undo their transgressions. This kind of conflict – between a revolt against an overwhelming higher force and a wish to surrender and comply – is characteristic of the final stages of the death-rebirth process.

People who experience this higher force in a more figurative, archetypal form describe it as a strict, punishing, and cruel deity, comparable with Jehovah of the Old Testament or even the pre-Columbian gods, who demanded blood sacrifice. The biological correlate of this punishing deity is the restricting influence of the birth canal. While the process of delivery itself activates instinctual sexual and aggressive energies, it simultaneously prevents any external expression of these forces. At the same time, it inflicts extreme, life-threatening suffering on the emerging child.

Postnatally, this coercive influence takes the far more subtle forms of injunctions and prohibitions from parental authorities, penal institutions, and religious precepts. The restricting force of the birth canal thus represents a natural basis for the deep instinctual part of the superego that Freud saw as a derivative of the id. He characterized this inner force as the savage component of the psyche that can drive the individual to self-mutilation and suicide.

The COEX systems psychogenetically associated with obsessive-compulsive

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neurosis involve traumatic experiences related to the anal zone and to biological material such as a history of strict toilet training, painful enemas, and gastrointestinal diseases. Related biographical material includes memories of situations representing a threat to genital organization, particularly the Freudian castration threats. Quite regularly, transpersonal elements with similar themes play an important role in these disorders.

DEPRESSION AND MANIA

In psychoanalysis, depression and mania are seen as related to serious problems in the active oral period, such as interference with nursing, emotional rejection and deprivation, and difficulties in the early mother-child relationship. Suicidal tendencies are consequently interpreted as acts of hostility against the introjected object: the image of the “bad mother”; primarily, of her breast. However, this picture does not explain some very fundamental clinical observations regarding depressions. In view of the observations from holotropic states, it must thus be revised and substantially extended.

For example, why are there two radically different forms of depression, the inhibited and the agitated? Why are depressed people typically bioenergetically blocked (as indicated by headaches, pressure on the chest, psychosomatic pains, retention of water) and physiologically inhibited (loss of appetite, gastrointestinal dysfunction, constipation, impotence, amenorrhea)? Why do individuals who are depressed, including those suffering from inhibited depression, show high levels of biochemical stress? Why do they feel hopeless, and often refer to themselves as “feeling stuck”?

These questions cannot be answered by psychotherapeutic schools that are conceptually limited to postnatal biography and the Freudian individual unconscious. Even less successful in this regard are theories that try to explain depressive disorders simply as results of chemical aberrations in the organism. Our understanding changes dramatically once we realize that these conditions have significant perinatal and transpersonal components.

INHIBITED DEPRESSION

Inhibited depressions can typically be traced to the second perinatal matrix. Subjects reliving BPM II in holotropic or psychedelic sessions show all the essential features of deep depression. Under the influence of BPM II, an individual experiences agonizing mental pain, despair, overwhelming feelings of guilt and inadequacy, deep anxiety, lack of initiative, loss of interest in anything, and an inability to enjoy existence. In this state, life appears to be utterly meaningless,

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emotionally empty, and absurd. If the session is not adequately resolved, various degrees of depression can persist indefinitely.

In spite of the extreme suffering involved, inhibited depression is not associated with crying or any other dramatic external manifestations; rather, it is characterized by a general motor inhibition. The world and one's own life are seen as if through a negative stencil, with selective awareness of the painful, bad, and tragic aspects of existence, and blindness toward anything positive. This situation feels utterly unbearable, inescapable, and hopeless. Sometimes, it is accompanied by loss of the ability to see colors, reducing the entire world to a black-and-white film. Existential philosophy and the theater of the absurd seem to best describe this experience of life.

The severe inhibition of the body's major physiological functions associated with inhibited depression is quite consistent with the BPM II explanation. Its typical physical concomitants involve feelings of oppression, constriction, and confinement; a sense of suffocation; tension and pressure; headaches; retention of water and urine; constipation; cardiac distress; loss of interest in food and sex; and a tendency to hypochondria. Paradoxical biochemical findings suggest that people suffering from inhibited depression can show high levels of stress, as indicated by the preponderance of catecholamines (mood-related compounds) and steroid hormones. This conforms to the experience of BPM II: a highly stressful inner situation with no external action or manifestation ("sitting on the outside, running on the inside").

As mentioned earlier, the theory of psychoanalysis links depression to early oral problems and emotional deprivation. The COEX systems associated with inhibited depression include biographical elements consistent with Freud's psychoanalytic model. Connecting this biographical material with BPM II reflects deep experiential logic. Biological delivery involves interruption of the symbiotic connection with the maternal organism, caused by uterine contractions and the resulting compression of the arteries. This means isolation from any meaningful contact, termination of the supply of nourishment and warmth, accumulation of toxic products, and exposure to danger without protection. Consequently, it makes a lot of sense that the typical constituents of COEX systems dynamically related to inhibited depression involve rejection, separation from and absence of the mother, and feelings of loneliness, cold, hunger, and thirst during infancy and early childhood.

Other important biographical determinants include oppressive and punishing

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family situations that permit no rebellion or escape. These reinforce and perpetuate the role of the victim in a no-exit situation characteristic of BPM II. Important components of COEX systems related to this type of depression are memories of events that constituted a threat to survival or body integrity, in which the individual played the role of a helpless victim. These events include serious diseases, injuries, operations, and episodes of near drowning. This observation reveals an entirely new element in the etiology of depression, since psychoanalysis and psychotherapeutically oriented academic psychiatry do not recognize psychotraumas resulting from physical insults.

AGITATED DEPRESSION

Agitated depression is psychodynamically associated with BPM III. Characteristic features of this type of depression are a high level of tension and anxiety, and an excessive amount of psychomotor excitement and activity. People experiencing agitated depression are very animated. They might roll on the floor, flail around, and beat their heads against the wall. As they cry and scream, they might scratch their faces and tear their hair and clothes. Typical physical symptoms are muscular tensions, tremors, painful cramps, headaches, uterine and intestinal spasms, nausea, and breathing problems.

The COEX systems associated with this matrix deal with aggression and violence, cruelties of various kinds, sexual abuse and assaults, painful medical interventions, and diseases involving choking and a struggle for breath. In contrast with the COEX systems related to BPM II, the subjects are not passive victims; they are actively engaged in attempts to fight back, defend themselves, remove the obstacles, or escape. They typically experience memories of violent encounters with parental figures or siblings, fist fights with peers, scenes of sexual abuse and rape, and episodes from military battles.

MANIA

Most psychoanalysts feel that the psychodynamic interpretation works a great deal better for depression than for mania. However, there is consensus that mania represents a denial of painful inner reality (i.e. depression) and a flight into the external world. It reflects the triumph of ego over superego, a drastic decrease of inhibitions, an increase in self-esteem, and an abundance of sensual and aggressive impulses.

In spite of all this, mania does not give the impression of genuine freedom.

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Psychological theories of manic-depressive disorders emphasize the intense ambivalence of manic patients and the fact that simultaneous feelings of love and hate interfere with their ability to relate to others. The typical manic hunger for objects is usually seen as a manifestation of strong oral emphasis, and the periodicity of mania and depression as an indication of their relation to the cycle of satiety and hunger.

Many of the otherwise puzzling features of manic episodes become easily comprehensible when seen in the context of the perinatal matrices. Mania is psychogenetically linked to the experiential transition from BPM III to BPM IV. The individual is partially under the influence of the fourth perinatal matrix, but is nevertheless still in touch with the third. Here, rather than indicating an oral fixation, the oral impulses reflect the state the manic patient is aiming for and has not yet achieved. To be peaceful, to sleep, and to eat – the typical triad of wishes found in mania – are the natural goals of an organism engaged in the final stage of birth. These desires are satisfied in the BPM IV state following biological birth.

In experiential psychotherapy, transient manic episodes can suggest incomplete rebirth. This usually happens when the subjects involved have already moved beyond the difficult experience of the death-rebirth struggle and gotten a taste of escape from the birth agony. However, at the same time, they are unwilling and unable to face the unresolved BPM III trauma. They cling anxiously to this uncertain and tenuous victory, accentuating their new, positive feelings to the point of a caricature. The image of “whistling in the dark” seems to fit this condition particularly well. The exaggerated and forceful nature of manic manifestations clearly betrays that they are not expressions of genuine joy and freedom, but reactions to fear and aggression.

LSD subjects whose sessions terminate in a state of incomplete rebirth show all the typical signs of mania. They are hyperactive, move around at a hectic pace, try to socialize and fraternize with everybody in their environment, and talk incessantly about their sense of triumph and well-being, wonderful feelings, and the great experience they have just had. They tend to extol the wonders of LSD treatment and spin messianic and grandiose plans to transform the world by making it possible for every human being to have the same experience. Extreme hunger for stimuli and social contact is associated with inflated zest, self-love, and self-esteem, as well as indulgence in various aspects of life. The breakdown of superego restraints results in seductiveness, promiscuous tendencies, and obscene talk.

Otto Fenichel – whose famous book, *The Psychoanalytic Theory of Neuroses*,

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summarized the classical analytic understanding of psychopathology – pointed out that these aspects of mania link it to the psychology of carnivals: socially sanctioned unleashing of otherwise forbidden impulses. This further confirms the deep connection of mania with the dynamic shift from BPM III to BPM IV. Here, the hunger for stimuli and the search for drama and action serve a dual purpose: they consume the released impulses, while also generating an external turbulent situation to match the intensity of the inner turmoil.

When subjects experiencing this state can be convinced to turn inward, face the difficult emotions that remain unresolved, and complete the (re)birth process, the manic mood and behavior disappear. The experience of BPM IV in its pure form is characterized by radiant joy, increased zest, deep relaxation, tranquility, and serenity. Individuals in this state of mind have a sense of deep peace and total inner satisfaction. They lack the driven quality, ostentatiousness, and tendency to grotesque exaggeration characteristic of manic states.

The perinatal components of manic COEX systems do appear to include episodes of satisfaction – but under circumstances of insecurity about whether the gratification is genuine and enduring. The manic pattern is apparently also fueled by expectations of or demands for overtly happy behavior in childhood situations that did not quite justify it. In addition, manic patients have frequently experienced insults to their self-esteem: hypercritical and undermining attitudes of parental figures alternating with overestimation, psychological inflation, and a building up of unrealistic expectations. Finally, several of my manic patients had a history of swaddling, experiencing alternating constraint and freedom during infancy as the swaddling fabric was wrapped around them and removed.

All the above observations, which are drawn from experiential work, seem consistent with memories of the final stage of birth. The sudden shift from agony to a sense of dramatic relief represents a natural basis for the alternating patterns of manic-depressive disorders. This conclusion does not, of course, preclude biochemical factors as important triggers for the shifts characteristic of these psychological conditions. However, even findings of consistent and relevant biochemical changes would not, in and of themselves, explain the specific features of this disorder.

It is hard to imagine a situation more clearly chemically defined than a clinical LSD session. Yet our knowledge of LSD's exact chemical composition and of the administered dosage is of little help in explaining the psychological content of the

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experience. Depending on circumstances, the subject can experience an ecstatic rapture or a depressive, manic, or paranoid state. Similarly, we cannot account for the complexities of naturally occurring depression or mania by some simple chemical equation. There is also always the question of whether biological factors are causes or symptoms of the disorder. From a holotropic point of view, many of the physiological and biochemical changes associated with manic-depressive disorder might simply mirror the conditions experienced by a child who is being born.

A NEW UNDERSTANDING OF SUICIDE

The concept of basic perinatal matrices also offers fascinating new insights into the dynamics of suicide, which in the past has represented a serious challenge for theoretical psychoanalysis. All aggression directed inward – in particular, suicide – appears to be psychogenetically linked to difficult birth. According to a recent article published in *The Lancet*, resuscitation at birth is conducive to a higher risk of suicide after puberty.

Any theory that tries to explain the phenomenon of suicide has to answer two important questions. The first is why a particular individual wants to commit suicide – an act that obviously violates the otherwise mandatory dictate of a powerful, evolutionary instinct necessary for self-preservation.

The second, equally puzzling, question is why a person contemplating suicide is attracted to a specific and individualized method. The drive is not simply to terminate one's life, but to do it in a particular way. It might seem natural that a person who takes an overdose of tranquilizers or barbiturates would not jump off a cliff or under a train. However, the selectivity of choice also works the other way around: a person who chooses bloody suicide would not use drugs, even if they were easily available. Psychedelic research and other forms of deep experiential work have thrown new light on both the deep motives for suicide and the intriguing question of the choice of methods.

Scandinavian researcher Bertil Jacobson found a close correlation between the form of self-destructive behavior and the nature of birth (Jacobsen et al. 1987). Suicides involving asphyxiation were associated with suffocation at birth; violent suicides with mechanical birth trauma; and drug addiction leading to suicide with opiate and/or barbiturate administration during labor.

Suicidal ideation and tendencies can occasionally be observed in any stage of work with holotropic states. However, they are particularly frequent and urgent when subjects are confronting unresolved perinatal material. Observations from

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psychedelic sessions reveal that suicidal tendencies fall into two distinct categories – nonviolent and violent – that are very specifically related to the perinatal process.

We have seen that the experience of inhibited depression is dynamically related to BPM II, and that agitated depression is a derivative of BPM III. Various forms of suicidal fantasies, tendencies, and actions can then be understood as unconsciously motivated attempts to escape these unbearable psychological states, using two routes reflecting the individual's biological history.

NONVIOLENT SUICIDE

Suicide I, or nonviolent suicide, is based on the unconscious memory that the no-exit situation of BPM II was preceded by the intrauterine experience. An individual trying to escape the discomfort of the second perinatal matrix thus chooses a way that is most easily available in this state: that of regression into the original, undifferentiated unity of the prenatal condition (BPM I). The unconscious level at which this decision is made is not usually experientially accessible; therefore, the subject is "mysteriously" attracted to situations and means in everyday life that seem to involve similar elements.

The basic underlying purpose of nonviolent suicide is to reduce and ultimately eliminate painful stimuli. The final goal is to lose the painful awareness of one's separate individuality by reaching the undifferentiated, embryonic state of "oceanic consciousness." Mild forms of such suicidal ideas manifest as a wish not to exist; or to fall into a deep sleep, forget everything, and never wake up. Actual suicidal plans and attempts involve the use of large doses of hypnotics or tranquilizers, drowning, or inhalation of toxic gas. In winter, the suicidal fantasy may be one of lying down outside and being covered by a layer of snow. Suicide by cutting the wrists in a bathtub full of warm water, once fashionable in ancient Rome, also belongs in this category. Petronius and Seneca are among those who ended their lives in this way. (Here, the psychological focus is on dissolution of boundaries and merging with the aquatic environment, rather than on the bloody violation of the body characteristic of BPM III-related suicide.)

The specific choice of means in the nonviolent category – drugs, gas inhalation, etc. – is apparently determined by biographical or transpersonal elements.

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VIOLENT SUICIDE

Suicide II, or violent suicide, is closely associated with the agitated form of depression, and originates in BPM III. For a person under the influence of this matrix, regression into the oceanic state of the womb is not a feasible option. That would take them back to the hellish, no-exit stage of BPM II, which is psychologically far worse than BPM III.

Here, the psychological escape route is the memory that once – at the moment of biological birth – a similar state was terminated by explosive release and subsequent liberation. To understand this form of suicide, we must realize that although our biological birth was anatomically complete, we ourselves did not integrate this overwhelming event at the emotional and physical levels. The individual contemplating violent suicide is using the memory of his or her biological birth as a recipe for adult rebirth – which, under good circumstances, could lead to psychospiritual transformation.

As with nonviolent suicide, the individuals in this state do not have experiential access to the perinatal level. If they did, they would recognize that the psychological solution lies in reliving one's birth, completing the death-rebirth process internally, and connecting experientially with the postnatal situation. Without access to this insight, they exteriorize the process by enacting an outer situation that involves the same elements and has similar experiential components.

Both biological birth and violent suicide involve abrupt termination of excessive emotional and physical tension; instant discharge of enormous energies; extensive tissue damage; and the presence of organic material, such as blood, feces, and entrails. Photographs of biological birth juxtaposed with those showing victims of violent suicide clearly demonstrate the deep formal parallels between the two situations.

The basic pattern here is to intensify the tension and suffering, bring them to a culmination point, and then reach liberation through an explosive discharge of destructive impulses amidst various forms of biological material. Suicidal fantasies and acts in this category typically involve death under the wheels of a train, in a hydroelectric turbine, or in a car crash. Other examples include cutting one's throat, blowing one's brains out, stabbing oneself with a knife, or throwing oneself from a window, tower, or cliff. Some exotic forms of suicide – such as hara-kiri, kamikaze, and running amok – also belong in this category. (Suicide by hanging seems to belong to an earlier phase of BPM III, characterized by feelings of strangulation, suffocation, and strong sexual arousal.)

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I have repeatedly observed that individuals contemplating violent suicide were already experiencing the physical sensations and emotions that would be involved in the particular details of its enactment. Thus, those who are attracted to trains or hydroelectric turbines already suffer from intense feelings of being crushed and torn to pieces. Those who have a tendency to cut or stab themselves complain about unbearable pains in those parts of their bodies that they intend to injure. Similarly, tendencies to hang oneself arise from strong and deep preexisting sensations of strangulation and choking. It is not very difficult to trace these feelings back to perinatal experiences. Both the pains and choking experiences are easily recognizable as elements of BPM III. In a therapeutic environment, and with adequate guidance, the intensification of these symptoms could actually lead to insight and transformation. Such self-destructive tendencies can thus be seen as unconscious, misguided, and truncated efforts at self-healing.

Violent suicide requires a relatively clear memory of the sudden transition from the struggle in the birth canal to the external world, and of the explosive liberation it entailed. If this experience was blurred by heavy anaesthesia, the individual would be programmed, almost on a cellular level, to escape from severe stress into a drugged state. This would create an otherwise atypical disposition to alcoholism and drug abuse in a person dominated by BPM III. Under extreme circumstances, the resulting suicide might involve drugs. Postnatal events can significantly codetermine and color the pattern of suicide. In the study of individual cases, therefore, detailed examination of the birth process must be complemented by biographical analysis.

When suicidal individuals undergo psychedelic or holotropic therapy and complete the death-rebirth process, they see suicide retrospectively as a tragic mistake based on lack of self-understanding. But the average person does not know that one can safely experience liberation from unbearable tension through symbolic death and rebirth, or through reconnecting to the prenatal state. As a result, the intensity of suffering might drive him or her to seek a situation in the material world that involves similar elements. The extreme outcome is often tragic and irreversible.

SUICIDE AND TRANSFORMATION

The discussion of suicide would not be complete without mentioning the relationship between self-destructive behavior and transcendence. As we have seen, the experiences of BPM I and BPM IV not only represent regression to symbiotic

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biological states; they also display very distinct spiritual dimensions. For BPM I, it is the experience of oceanic ecstasy and cosmic union. Reliving BPM IV, on the other hand, culminates in psychospiritual rebirth and divine epiphany.

From this perspective, suicidal tendencies of both types appear to be distorted and unrecognized cravings for transcendence – i.e., an experience of mystical unity: that of ego death and rebirth. They represent a fundamental confusion between suicide and egocide. The best remedy for self-destructive tendencies is, then, the experience of ego death, rebirth, and cosmic unity. Not only are destructive energies and impulses consumed in the process, but the individual connects experientially with the transpersonal context in which suicide no longer seems to be a solution. The futility of suicide becomes clear with the dawning recognition that one's biological demise will not end the ongoing, cyclical death and rebirth of consciousness. To use the language of the Eastern philosophies, one realizes that it is impossible to escape one's karmic patterns.

ALCOHOLISM AND DRUG ADDICTION

Alcoholics and addicts experience a great amount of emotional pain derived from COEX systems – most especially from negative perinatal matrices. Their suffering usually involves depression, general tension, anxiety, guilt, and low self-esteem. Most psychoanalysts would agree that alcoholism and narcotic drug addiction are closely related to depression and suicide. The most basic characteristic of alcoholics and addicts – and their deepest motive for using intoxicants – seems to be an overwhelming craving for experiences of blissful, undifferentiated unity. Feelings of this kind are associated with periods of undisturbed intrauterine life and good nursing. We saw earlier that both of these states have intrinsic numinous dimensions.

Alcoholism and addiction have frequently been described as prolonged and slow forms of suicide. The mechanism characteristic for substance abusers is the same as for nonviolent suicide. It reflects an unconscious need to undo the birth process and return to the womb. Alcohol and narcotics tend to inhibit various painful emotions and sensations, producing a state of diffused consciousness and indifference toward one's past and future problems.

When patients addicted to alcohol and drugs experienced states of cosmic unity in their psychedelic sessions, they reported insights very similar to those of suicidal patients. They realized that they had been craving transcendence,

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not drug intoxication. This mistake was based on a certain superficial similarity between the effects of alcohol or narcotics and the experience of cosmic unity. However, resemblance is not identity. There are some fundamental differences between transcendental states and intoxication. Alcohol and narcotics dull the senses, obscure consciousness, interfere with intellectual functions, and produce emotional anesthesia. Transcendental states, by contrast, are characterized by a great enhancement of sensory perception, serenity, clarity of thinking, abundance of philosophical and spiritual insights, and unusual richness of emotions.

SEXUAL DISORDERS AND DEVIATIONS

Classical psychoanalysis interprets sexual problems in the context of several fundamental Freudian concepts. The first of these is the observation that sexuality does not begin in puberty, but in infancy. As the libido develops through several evolutionary stages – oral, anal, urethral, and phallic – frustration or overindulgence in any of them can lead to fixation. In mature sexuality, the primary focus is genital; pregenital components play a secondary role, mostly as part of the foreplay. Specific psychological stress in later life can cause regression to earlier stages of libidinal development where fixation occurred. Depending on the strength of the defense mechanisms opposing these impulses, this may manifest as perversions or psychoneuroses.

Another important concept in the psychoanalytic approach to sexual problems is the “castration complex.” Freud believed that both sexes attribute extreme value to the penis. He considered this insight of paramount importance for psychology. According to him, boys experience excessive fear that they might lose this precious organ. Girls believe that they once had one and lost it, making them prone to masochism and guilt. Freud’s critics have repeatedly pointed out that this theory portrays women as castrated males, and represents a serious distortion of female sexuality. There are several important aspects of the castration complex that make no sense as long as we relate this concept to the penis.

The castration complex is attributed to both men and women. Freud believed the intensity of castration fear so excessive as to equal the fear of death. He also deemed it psychologically equivalent to separation, so that the loss of an important relationship could actually reactivate it. Among the free associations that emerge in exploring the castration complex, one occurs with great frequency: the issue of suffocation. Neither of these connections – separation or suffocation – makes sense

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in relation to the penis. It bears mentioning, at this point, that Freud proposed another classic concept somewhat related to his castration complex: his famous “vagina dentata.” This is the observation that children see the female genitals as dangerously equipped with teeth that can kill or castrate.

Bringing in the perinatal and transpersonal dimensions of the holotropic states radically expands these ideas and the whole Freudian understanding of sexuality. It shows that our first sexual feelings do not begin at the breast, but in the birth canal. We have already seen that the suffocation and agony during BPM III seem to generate extremely intense sexual arousal. This means that our first sexual experience occurs in a life-threatening situation characterized by emotional and physical pain, as well as by the mutual inflicting of pain on one another by mother and child.

In this context, Freud’s “castration complex” becomes part of a COEX system that is grafted over the trauma of cutting the umbilical cord at the BPM IV phase of the birth process. Many of the inconsistencies discussed earlier disappear when we realize that, on a deeper level, the fear is of severing the umbilical cord, not the penis. Similarly, the “vagina dentata” appears in a new light once we accept that the trauma of birth is recorded in the memory. We see, then, that the fear children associate with female genitals is not a fantasy, but has its source in a painful and dangerous situation: namely, their own delivery.

The trauma of birth thus creates a general disposition to sexual disturbances. Specific disorders develop when these perinatal elements are reinforced by postnatal traumas in infancy and childhood. Again, what psychoanalysts see as primary sources of these problems are actually situations that reinforce preexisting traumas and bring them closer to consciousness. As with any other emotional and psychosomatic disorders, sexual problems are also typically linked to various karmic, archetypal, and phylogenetic elements in the transpersonal domain.

HOMOSEXUALITY

The sexual and emotional preference for members of one’s own sex is included as a “deviation” only in the narrowest sense of the word, i.e. a departure from the norm. There are a great many people who have no issues with their homosexual preference and enjoy their way of life. Their major problem seems to be conflict with an intolerant society, rather than an intrapsychic struggle.

Our clinical experience with homosexuality was rather biased, since it was limited largely to individuals who entered treatment because they considered homosexuality a problem and had serious conflicts about it. This much we do know from our own research and the professional literature: homosexuality has many different types and

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subtypes, and undoubtedly many different determinants. It is therefore impossible to make any generalizations about it. Further, my patients who were homosexual usually had other clinical problems, such as depression, suicidal tendencies, neurotic symptoms, or psychosomatic manifestations. These considerations are important in drawing any general conclusions from our observations.

Most of the male homosexual patients we worked with were able to form good social relations with women, but were incapable of relating to them sexually. During treatment, this problem could be traced back to the Freudian castration complex and vagina dentata. As we have already discussed, however, these concepts had to be radically reinterpreted and given perinatal meaning.

In addition to this unconscious fear of female genitals, another element seemed to underlie the sexual practices of these patients: identification with the delivering mother. This involved a specific combination of sensations characteristic of BPM III: the feeling of a biological object inside one's body, a mixture of pleasure and pain, and simultaneous sexual arousal and anal pressure. The strong sadomasochistic component of anal intercourse, as we will see, also suggests a connection with BPM III.

My access to lesbian patients was as limited and biased as in my male homosexual sample. In general, the sexual orientation of my lesbian clients seemed to have more superficial psychological roots than its male counterpart. In the holotropic context, though, these patients manifested a tendency to return psychologically to the memory of release at the time of birth – which occurred in close contact with female genitals. This essentially mirrors the psychodynamics of male heterosexual preference for oral-genital practices. Another element related to the memory of birth might be the fear of being dominated, overpowered, and violated in the sexual act – a fate more likely with a male partner than with a female one.

In general, female homosexuality seems to be less connected with perinatal dynamics and issues of life-and-death relevance than in the male homosexuals I worked with. Lesbian tendencies reflect a positive perinatal component of attraction toward the maternal organism, while male homosexuality is associated with the memory of the life-threatening vagina dentata. Society's greater tolerance of lesbianism than of male homosexuality seems to be consistent with this view.

Several gay people participated in our training program for professionals. Homosexuality, for them, was simply a preference – not a problem. In their sessions, they traced their sexual orientation to archetypal sources or to a past life as a person of the opposite gender. Some simply accepted it as an experiment in consciousness, a variation in the cosmic design.

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SADOMASOCHISM AND COPROPHILIA

The connection at the BPM III level between sexual arousal, confinement, pain, and suffocation provides a natural basis for understanding sadomasochism and the bondage syndrome. Individuals who need to combine sex with such elements as physical restriction, dominance and submission, inflicting and experiencing pain, and strangling simply repeat a combination of sensations and emotions they experienced during their birth. The primary focus of these activities is perinatal, not sexual.

The need to create a sadomasochistic situation can be seen not only as symptomatic behavior, but also as an attempt to expurgate and integrate the original trauma. This effort is unsuccessful as a self-healing exercise because of the absence of introspection, insight, and awareness of the nature of the process and its unconscious sources.

The same is true for coprophilia, coprophagia, and urolagnia – deviations characterized by the need to bring feces and urine into the sexual environment. Individuals showing these aberrations seek intimate contact with biological materials that are usually considered repulsive. They become sexually aroused by them, and tend to incorporate them into their sexual life. In the extremes, activities such as being urinated or defecated on, smeared with feces, eating excrement, or drinking urine can be necessary conditions for reaching sexual satisfaction.

A combination of sexual excitement and scatological elements is rather common during the final stages of the death-rebirth process. This experience seems to reflect the fact that, in deliveries where no catheterization or enemas are used, many children experience intimate contact, not only with blood, mucus, and fetal liquid, but also with feces and urine. The natural basis of this seemingly extreme and bizarre deviation is oral contact with feces and urine at the moment when, after many hours of agony and vital threat, the head is released from the firm grip of the birth canal. Intimate contact with such material thus becomes identified with this fundamental orgasmic experience.

According to psychoanalytical literature, the infant – because of his or her animal nature – is originally attracted to various forms of biological material, and only secondarily develops aversion as a result of parental and societal repression. Observations from psychedelic research suggest that this is not necessarily so. Attitudes toward biological material seem to be established during the birth experience.

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In some deliveries, the child simply encounters mucus or feces as concomitants of physical and emotional liberation – leading to essentially positive associations. Where the infant emerges from the birth canal choking on this material and has to be freed from it by artificial resuscitation, the associations are frightening and traumatic. If breathing was prematurely triggered, the child may have inhaled the material and almost died. The ensuing intense fear can become the basis for future obsessive-compulsive disorders.

SEXUALITY AND POWER

A rich source of fascinating information about sexual deviations is the book *A Sexual Profile of Men in Power*, by Janus, Bess, and Saltus. This study is based on more than seven hundred hours of interviews with high-class call girls from the East Coast of the United States. Unlike many other researchers, the authors were less interested in the personalities of the prostitutes than in the preferences and habits of their customers. Among these were many prominent representatives of American politics, business, law, and justice.

The interviews revealed that only an absolute minority of the clients sought conventional sexual activities. Most were interested in various devious erotic practices and “kinky sex.” A common request was for bondage, whipping, and other forms of torture. Some clients were willing to pay high prices for the enactment of complex sadomasochistic scenes, such as that of an American pilot captured in Nazi Germany and subjected to ingenious tortures by bestial Gestapo women.

Among the frequently requested and highly priced practices were the “golden shower” and “brown shower”: being urinated and defecated on, respectively, in a sexual context. After orgasm, many of these extremely ambitious and influential men regressed to an infantile state, wanting to be held and to suck on the prostitutes’ nipples – behavior that was in sharp contrast to the public image they had been trying to project.

The authors offer interpretations that are strictly biographical and Freudian, linking tortures to parental punishments and attributing the desire for “showers” to toilet training problems, the frustrated need to suck the breast, and mother fixations. However, closer inspection reveals that the clients typically enacted classical perinatal themes rather than postnatal childhood events. The combination of physical restraint, pain and torture, sexual arousal, scatological involvement, and subsequent regressive oral behavior are unmistakable indications of BPM III activation.

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The conclusions of Janus, Bess, and Saltus deserve special notice. The authors appeal to the American public not to expect their politicians and other prominent figures to be models of sexual behavior. According to their study, immoderate sexual drives and an inclination to deviant sexuality are inextricably linked to the excessive ambition required to become a successful public figure in today's society.

These findings bring together two forces in the psyche – sex and the will to power – each of which was portrayed as primary by the competing schools of Freudian psychoanalysis and Adler's individual psychology. Observations from holotropic therapy suggest how to resolve Freud and Adler's conflict over which element dominates the psyche. Sex and the will to power are really two sides of the same coin. In the context of BPM III, intense sexual arousal and self-assertive impulse – compensating for a sense of helplessness and inadequacy – are two aspects of one and the same experience.

SEXUAL DYSFUNCTIONS

Impotence (the inability to develop or maintain erection) and frigidity (the inability to achieve orgasm) reflect a similar psychodynamic situation. Individuals suffering from this problem are under strong influence of the sexual aspect of BPM III. This makes it impossible for them to experience sexual arousal without simultaneously activating elements of this matrix. The intensity of the energy, aggressive impulses, anxiety, and fear of loss of control that emerge then inhibit the sexual act.

Support for this understanding of impotence and frigidity comes from experiential therapy. Here, we create a nonsexual situation in which the elements of BPM III can be brought into consciousness. When the energy associated with them is discharged, impotence can be temporarily replaced by a condition called "satyriasis": excessive sexual appetite. This is due to the fact that a connection has been established between the penis and perinatal energy. It is now perinatal energy, and not ordinary sexual energy, that is driving the sexual act.

Because of the excessive amount of energy available on the perinatal level, men who were not able to maintain erection at all are now capable of having intercourse several times in a single night. The release is usually not fully satisfactory: as soon as they reach orgasm and ejaculate, sexual energy starts to build up again. More nonsexual experiential work is necessary to bring this energy to a level that can be comfortably handled in a sexual situation.

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Similarly, women who were previously unable to achieve orgasm can become orgasmic when they discharge the excess energy associated with BPM III in a nonsexual situation. The initial orgasms following release are overwhelming, often involving intense involuntary sounds and several minutes of violent shaking. It is not uncommon under these circumstances to experience multiple orgasms. This initial liberation can also lead to an increase of sexual appetite so extreme that it appears insatiable. Again, as in the case of impotent men, additional inner work in a nonsexual situation is necessary to bring the perinatal energy to appropriate levels.

CRIMINAL DEVIATIONS

Some extreme forms of criminal sexual pathology – such as rape, sadistic murder, and necrophilia – betray definite perinatal roots. Individuals experiencing the sexual aspects of BPM III frequently comment on the many similarities between this stage of the birth process and rape. This comparison makes a lot of sense if one considers some of the essential experiential features of rape. For the victim, it involves the element of serious danger, vital anxiety, extreme pain, physical restraint, a struggle to free oneself, choking, and imposed sexual arousal. The experience of the rapist, then, involves the active counterparts of these elements: endangering, threatening, hurting, restricting, choking, and enforcing sexual arousal. The victim's experience shares many elements with that of the child in the birth canal. Meanwhile, the rapist exteriorizes and acts out the introjected forces of the birth canal, while simultaneously taking revenge on a mother surrogate.

Can the victim then unconsciously contribute to the rape? If the memory of BPM III is close to consciousness, it can create a strong psychological pressure on the individual to enact its elements in everyday life: for example, to engage in consensual violent sex or even invite dangerous situations. While this mechanism certainly does not apply to all victims of sexual crimes, in some instances it can play an important role. Such behavior, again, clearly contains a healing impulse; similar experiences generated by the subject's own unconscious in a therapeutic context, with insight into their unconscious sources, would lead to psychospiritual transformation.

Because rape so closely reflects the birth experience, the victim suffers psychological trauma that reaches beyond the immediate situation. She or he must also deal with the breakdown of the defenses that have protected her/him against the memory of biological birth. The frequent long-term emotional problems following rapes are very probably caused by the conscious emergence of

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perinatal emotions and related psychosomatic manifestations.

The involvement of the third perinatal matrix is even more obvious in the case of sadistic murders, which are closely related to rapes. In addition to a combined discharge of sexual and aggressive impulses, these acts involve the elements of death, mutilation, dismemberment, and scatological indulgence in blood and intestines – associations characteristic of the reliving of the final stages of birth.

As we will see, the dynamics of bloody suicide are closely related to those of sadistic murder. The only difference lies in whether the individual overtly assumes the role of victim or aggressor. In the last analysis, both roles represent separate aspects of the same personality. The aggressor identifies with the oppressive, destructive forces of the birth canal; while the victim reenacts memories of the emotions and sensations activated in the fetus during delivery.

A similar combination of elements, but in somewhat different proportions, seems to underlie the clinical picture of necrophilia. In necrophilia, we see the same strange amalgam of sexuality, death, aggression, and scatology so characteristic of the third perinatal matrix. This disorder occurs in many different forms and degrees, from the fairly innocuous to the manifestly criminal. Its most superficial varieties involve sexual excitement produced by the sight of a corpse, or attraction to cemeteries, graves, or objects connected with them. More serious forms of necrophilia are characterized by a strong craving to touch corpses, smell or taste them, and make intimate contact with putrefaction and decay. The next step is sexual manipulation of corpses, culminating in actual intercourse with the dead. Extreme cases of this sexual perversion combine sexual abuse of corpses with acts of mutilation, dismemberment of the bodies, and cannibalism. These aspects of necrophilia cannot be accounted for by invoking the perinatal matrices; rather, they seem to involve elements of animal consciousness of scavenger species.

PSYCHOSOMATIC DISORDERS

Birth, as a primarily biological process, involves a rich spectrum of physiological phenomena. Thus, it is hardly surprising that the roots of various psychosomatic manifestations and diseases can be traced to perinatal matrices. It is well known that many emotional disorders – such as psychoneuroses, depressions, and psychoses – have distinct physical manifestations: headaches, breathing difficulties, nausea, loss of appetite, constipation or diarrhea, heart palpitations, excessive sweating, tremors, tics, muscular pains, skin afflictions, amenorrhea,

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menstrual cramps, orgasmic inability, and impotence.

In some psychoneuroses, very specific and characteristic physical symptoms constitute the predominant feature of the disorder. This is certainly true with conversion hysteria, a dissociative disorder whose major symptoms are hysterical paralysis, loss of speech, temporary blindness, anesthesia, vomiting, a distinct motor seizure with characteristic arching (*arc de circle*), false pregnancy (pseudokyesis), and even stigmata.

The psychoanalytic interpretation emphasizes fixation on the phallic stage of libidinal development, psychosexual trauma, and significant Oedipal/Electra emphasis. Observations from holotropic states, however, link conversion hysteria to the sexual aspect of BPM III. They reveal powerful, underlying bioenergetic blockages and conflicting energetic forces of perinatal origin. The associated COEX systems include material described in the psychoanalytic literature. Deeper work links hysteria to karmic themes with sexual emphasis.

Stammering, psychogenic asthma, and various tics belong to a group of disorders that psychoanalysts call “pregenital conversions.” These represent a hybrid between obsessive-compulsive neurosis and conversion hysteria. The personality structure is distinctly obsessive, but the basic defense mechanism involved is the conversion of unprocessed experience into physical or somatic symptoms, as in hysteria.

Some disorders evidence striking physical manifestations, in which the psychological component is so obvious and important that even the medical model refers to them as psychosomatic diseases. These include migraine headaches, certain forms of hypertension, peptic ulcers, colitis, psychogenic asthma, psoriasis, various eczemas – and, according to some, even certain forms of arthritis. The explanations for psychosomatic diseases offered by most schools of depth psychology are generally unconvincing. They emphasize the role of psychological conflicts that are then expressed in body language, or “somatized.”

The brilliant and controversial psychoanalytic pioneer, Wilhelm Reich, contributed more plausible insights into the nature and etiology of psychosomatic disorders. He showed that the traumatic psychological events discussed in psychoanalysis do not sufficiently explain the development of emotional, and particularly psychosomatic, symptoms. Reich identified jamming and blockage of significant amounts of bioenergy in the muscles and viscera – which he called “character armor” – as the main factor underlying such symptoms.

According to Reich, this jamming of bioenergy arises out of the conflict between our biological needs and a repressive society that does not allow free

and full sexual expression. This blocked energy then finds deviant expression in the form of perversions, neurotic and psychosomatic symptoms, and destructive societal movements. Holotropic research confirms the Reichian theory – but only in the most general sense, not in specifics. While Reich believed that the pent-up energy was suppressed libido, new observations reveal that much of it is of perinatal origin. Blocked energy is the result of excessive neuronal stimulation during the passage through the birth canal. Much of this energy also seems to originate on the transpersonal level of the unconscious.

An important contribution of modern consciousness research is the discovery that unassimilated and unintegrated physical traumas play a critical role in the genesis of all psychosomatic manifestations. The psychodynamic schools tend to attribute psychosomatic symptoms to the somatization of psychological conflicts and traumas, failing to see the critical role of physical psychotraumas in their genesis. Experiential work using holotropic states leaves no doubt that the real source of psychosomatic symptoms is always in events involving physical insults.

For example, therapeutic work on psychogenic asthma will inevitably reveal unassimilated biographical memories of situations that actually involved the experience of suffocation, such as near drowning, being strangled, choking on a foreign object, inspiration of blood during tonsillectomy, whooping cough, and childhood pneumonia. Additional sources of breathing difficulties are the trauma of birth and – on the transpersonal level – memories of being hanged or strangled in a previous lifetime. Similarly, psychosomatic pains and other forms of discomfort originate in memories of painful accidents, operations, or diseases; the discomfort of the birth process; and physical suffering connected with a past-life injury or death.

3

The Theory and Practice of Holotropic Therapy

The new understanding we have been exploring has profound implications for therapy. The approach based on the study of nonordinary states of consciousness and their healing potential can be referred to as the “holotropic strategy of psychotherapy.” This strategy represents an important alternative to the varied techniques of depth psychology, all of which emphasize verbal exchange between therapist and client, as well as to experiential therapies conducted in ordinary states of consciousness.

The basic tenet of holotropic therapy is that symptoms of emotional disorders represent the organism’s attempt to free itself from old traumatic imprints, heal itself, and simplify its functioning. Thus, emotional disorders are not merely troublesome complications of life, but actually major opportunities. Effective therapy, then, consists in temporary activation, intensification, and subsequent resolution of the symptoms.

Holotropic therapy shares this principle with homeopathy. A homeopathic therapist must identify and apply the remedy that, in healthy individuals, produces the same symptoms that the client manifests. The holotropic state of consciousness tends to function as a universal homeopathic remedy, in that it activates any existing symptoms and exteriorizes symptoms that are latent.

This understanding does not apply only to neuroses and psychosomatic disorders. It extends to many conditions that mainstream psychiatrists would diagnose as psychotic and symptomatic of serious mental disease. Western psychiatry, limited as it is to postnatal biography and the individual unconscious, cannot recognize the healing potential of such extreme states. Thus, experiences that fall outside this narrow framework are attributed to pathological processes of unknown origin. An extended cartography of the psyche that includes the perinatal and transpersonal domains provides a natural explanation for the content and intensity of these conditions.

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Another important assumption of holotropic therapy is that, in our culture, the average person operates at a level far below his or her real capacity. This impoverishment is due to our exclusive identification with the physical body and the ego. The consequences are inauthentic, unhealthy, and unfulfilling ways of life and the development of psychologically based emotional and psychosomatic disorders. When distressing symptoms appear without any ascertainable organic basis, we can assume that the individual has reached a point where the old way of being in the world has become untenable.

As the individual's orientation toward the external world collapses, the contents of the unconscious start emerging into consciousness. Such a breakdown can occur in a certain limited area of life – e.g. marriage and sexual life, professional orientation, or the pursuit of various personal ambitions – or it can afflict the totality of the individual's life. The extent and depth of this breakdown correlates approximately with the development of neurotic or psychotic phenomena. The resulting situation represents a crisis or even an emergency – but also, as we have seen, a great opportunity.

The main objective of holotropic therapy is to activate the unconscious, free the energy bound in emotional and psychosomatic symptoms, and convert these symptoms into a stream of experience. The holotropic facilitator or therapist is charged with supporting the experiential process, with full trust in its healing nature and without trying to direct it or change it. This process is guided by the client's own inner healing intelligence. It is important that the therapist support the experiential unfolding, even if he or she does not rationally understand it. (I use the term “therapist” in the sense of the Greek *therapeutes*, which means “the person assisting in the healing process” – not an active agent whose task is to “fix” the client.)

Some powerful healing and transforming experiences might not have any specific content at all; they consist of sequences of intense build-up of emotions or physical tensions and subsequent deep release and relaxation. Frequently, the insights and specific contents emerge later in the process, or even in the following sessions. In some instances, the resolution occurs on the biographical level; in others, through perinatal material or various transpersonal themes. Dramatic healing and personality transformation with lasting effects often result from experiences that altogether elude rational understanding.

The most powerful technique for inducing therapeutic holotropic states is, without any doubt, the use of psychedelic plants or substances. At this time, there are only a few official research projects involving these substances, and

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psychedelic therapy is not generally available anywhere in the world. I will, therefore, focus our discussion on an approach that can induce holotropic states by nonpharmacological means, and that is not associated with complicated political, administrative, and legal problems.

Holotropic Breathwork

In the last twenty years, my wife, Christina, and I have developed an approach to therapy and self-exploration that we call “holotropic breathwork.” It induces very powerful holotropic states by a combination of very simple means: accelerated breathing, evocative music, and a bodywork technique that helps release bioenergetic blocks. In both theory and practice, this method integrates elements from ancient and aboriginal traditions, Eastern spiritual philosophies, and Western depth psychology.

BREATH, PSYCHE, AND SPIRIT

The use of various breathing techniques for religious and healing purposes reaches far back in human history. In ancient and non-Western cultures, breath and breathing have played a very important role in cosmology, mythology, and philosophy. They have also served as important tools in ritual and spiritual practice. Since earliest history, virtually every major psychospiritual system seeking to comprehend human nature has viewed breath as a crucial link between the body, mind, and spirit.

This is clearly reflected in the words many languages use for breath. In the ancient Indian literature, the term *prana* referred, not only to physical breath and air, but also to the sacred essence of life. In traditional Chinese medicine, the word *qi* refers to both the natural air we breathe and the cosmic essence and energy of life. In Japan, the corresponding word is *ki*. Ki plays an extremely important role in spiritual practice and martial arts. The ancient Greek word *pneuma* also meant both “air” or “breath,” and “spirit” or “the essence of life.”

Breath was also seen as closely related to the psyche. The Greek term *phren* was used for both the diaphragm – the largest muscle involved in breathing – and the mind (as we see in the term “schizophrenia”). In the old Hebrew tradition, the same word – *ruach* – denoted both “breath” and “creative spirit,” which were seen as identical. Latin uses the same name for “breath” and “spirit”: *spiritus*. Similarly,

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in Slavic languages, “spirit” and “breath” have the same linguistic root.

It has been known for centuries that it is possible to influence consciousness through breathing techniques. The procedures used for this purpose by various ancient and non-Western cultures cover a very wide range, from drastic interferences with breathing to subtle and sophisticated spiritual exercises. Thus, the original form of baptism practiced by the Essenes involved forced submersion of the initiate under water for an extended period of time. This resulted in a powerful experience of death and rebirth. In other groups, neophytes were half-choked by smoke, strangulation, or compression of the carotid arteries.

Profound changes in consciousness can be induced by either hyperventilation or prolonged withholding of breath, or by a combination of both. Very sophisticated and advanced methods of this kind can be found in the ancient Indian science of breath, or *pranayama*. Specific techniques involving intense breathing or withholding of breath are also part of various exercises in kundalini yoga, siddha yoga, the Tibetan Vajrayana, Sufi practice, Burmese Buddhist and Taoist meditation, and many other traditions.

Soto Zen Buddhism and certain Taoist and Christian practices employ more subtle techniques that emphasize special awareness of breathing, rather than changes in the respiratory dynamics. Indirectly, the depth and rhythm of breathing are profoundly influenced by such ritual performances as the Balinese monkey chant, or Ketjak; Inuit Eskimo throat music; and the singing of *kirtans*, *bhajans*, or Sufi chants.

In materialistic science, breathing lost its sacred meaning and was stripped of its connection to the psyche and spirit. Western medicine reduced it to an important physiological function. The physical and psychological manifestations that accompany various respiratory maneuvers have all been pathologized. The psychosomatic response to faster breathing – the so-called “hyperventilation syndrome” – is considered a pathological condition, rather than a process with enormous healing potential. When it occurs spontaneously, it is suppressed by administration of tranquilizers, injections of intravenous calcium, and application of a paper bag on the face.

In the last few decades, Western psychologists and psychiatrists rediscovered the healing potential of breath, and developed techniques that utilize it. At our month-long seminars at the Esalen Institute in Big Sur, California, we have ourselves experimented with various approaches involving breathing. These included both breathing exercises from ancient spiritual traditions, conducted

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under the guidance of Indian and Tibetan teachers, and techniques developed by Western therapists. Each of these approaches has a specific emphasis and uses breath in a different way.

In our own search for an effective method of using the healing potential of breath, we tried to simplify as much as possible. We came to the conclusion that, to produce a nonordinary state of consciousness, it is sufficient to breathe faster and more effectively than usual, with full concentration on the inner process. Instead of mandating a specific technique of breathing, even in this area we follow the central strategy of holotropic work: to trust the intrinsic wisdom of the body and follow the inner clues. In holotropic breathwork, we encourage people to start the session with faster and somewhat deeper breathing, melding inhalation and exhalation into a continuous circle of breath. Once they are in the process, they find their own rhythm and way of breathing.

We have been able repeatedly to confirm Wilhelm Reich's observation that restricted breathing points to psychological resistances and defenses. Respiration is an autonomous function, but it can also be influenced by volition. Deliberate increase of the pace of breathing typically loosens psychological defenses and leads to a release of unconscious (and superconscious) material. Unless one has witnessed or experienced this process personally, it is difficult to concede the power and efficacy of this technique on theoretical grounds alone.

THE HEALING POWER OF MUSIC

Holotropic therapy combines the use of breath with evocative music. Like breathing, music and other forms of sound technology have been used for millennia as powerful mind-altering tools in ritual and spiritual practice. Since time immemorial, monotonous drumming and chanting have been the principal tools of shamans around the world. Many preindustrial cultures have, quite independently, developed drumming rhythms shown in laboratory experiments to significantly affect the brain's electrical activity. Cultural anthropology has documented countless examples of powerful trance-inducing methods combining instrumental music, chanting, and dancing.

In many cultures, sound technology of astounding complexity has been used in intricate ceremonies, specifically for healing purposes. The Navajo healing rituals, which are conducted by trained singers, have been compared to Wagnerian operas. Many anthropological movies have documented the enormous healing power in the trance dance of the !Kung Bushmen of the African Kalahari Desert.

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The healing potential of Caribbean and South American syncretistic religious rituals (such as the Cuban *santería* or Brazilian *umbanda*) is recognized by many Western-educated native professionals. In our own tradition, remarkable instances of emotional and psychosomatic healing occur in Christian groups that use music, singing, and dance – such as snake handlers (the Holy Ghost People), revivalists, and members of the Pentecostal Church.

Some great spiritual traditions have developed sound technologies that go beyond merely inducing a general trance state to exert more specific effects on consciousness. Here belong, above all, Tibetan multivocal chanting, the sacred chants of various Sufi orders, Hindu bhajans and kirtans, and particularly the ancient art of nada yoga, or the way to union by sound. Indian teachings postulate a specific connection between sounds of specific vibration and the individual chakras. These are just a few examples of the extensive use of music for ritual, healing, and spiritual purposes.

We used music systematically in the psychedelic therapy program at the Maryland Psychiatric Research Center in Baltimore, MD. Here, we learned much about its extraordinary potential for psychotherapy. Good music seems to be of particular value in holotropic states of consciousness, where it has several functions. It helps to mobilize old emotions and make them available for expression; it intensifies and deepens the process; and it provides a meaningful context for the experience. The continuous flow of music creates a carrying wave that helps the subject move through difficult experiences and impasses, overcome psychological defenses, surrender, and let go. In holotropic breathwork sessions (which are usually conducted in groups), it also masks the noises made by participants.

To use music as a catalyst for deep self-exploration and experiential work, we must learn a new way of listening and relating to it that is alien to our culture. In the West, we use music frequently as an acoustic background that has little relevance – like, for example, modern music at cocktail parties or piped music (Muzak™) in shopping areas and work spaces. More sophisticated audiences typically employ the disciplined and intellectualized style of listening found in traditional concert halls. The dynamic, elemental way of using music that one finds at rock concerts more closely resembles the use of music in holotropic therapy, but it lacks an important element: sustained, focused introspection.

In holotropic therapy, it is essential to surrender completely to the flow of music, let it resonate in one's entire body, and respond to it spontaneously and elementally.

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This mandate leads to manifestations unthinkable in a concert hall, where even crying or coughing might be a source of embarrassment. Here, one must give full expression to whatever the music brings out – loud crying or laughing, or any other sounds that might surface: baby talk, animal noises, shamanic chanting, or talking in tongues. The music might also inspire bizarre grimaces, sensual pelvic movements, violent shaking, or contortion of the entire body.

It is particularly important to suspend any intellectual engagement with the music – such as trying to guess the composer or the culture of origin; exploring its resemblance to another, familiar piece of music; judging the musicians' performance; attempting to guess the key; or criticizing the technical quality of the sound. The music has to be allowed to act on both psyche and body in a completely elemental fashion. Used in this way, music becomes a very powerful tool for inducing and supporting unusual states of consciousness. Music used for this purpose should be of superior technical quality and sufficient volume to drive the experience. The combination of music with faster breathing has remarkable mind-altering power.

As far as the specific choice of music is concerned, I will outline only some general principles and give a few suggestions based on our experience. In time, each therapist or therapeutic team develops a list of favorite pieces for various stages of the sessions. The basic rule is to respond sensitively to the phase, intensity, and nature of the participants' experience, rather than trying to program it. This is congruent with the general philosophy of holotropic therapy, particularly its deep respect for the wisdom of the inner healer, the collective unconscious, and the autonomy and spontaneity of the healing process.

In general, we prefer music of high artistic quality that is not well known and has little concrete content. One should avoid playing songs and other vocal pieces in languages known to the participants; their verbal content tends to convey specific messages or themes. When vocal compositions are used, they should be in foreign languages, so that the human voice is perceived as just another musical instrument. Pieces that evoke specific intellectual associations tend to program the content of the session, and are therefore also inappropriate.

The session typically begins with music that is dynamic, flowing, and evocative. It gradually increases in intensity and moves to powerful trance-inducing pieces, preferably drawn from native traditions with long experience in spiritual activity. About an hour and a half into the session, when the experience typically culminates, we use what we call "breakthrough music": powerful orchestral

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pieces, often with multiple human voices.

In the second half of the session, the intensity of the music gradually diminishes and we bring in emotionally evocative pieces (“heart music”). In the termination period, the music has a flowing, timeless, meditative quality.

THE USE OF BODYWORK

The physical response to holotropic breathwork varies considerably from one person to another. In most instances, faster breathing initially induces more or less dramatic psychosomatic manifestations. As I mentioned earlier, respiratory physiology refers to this reaction as the “hyperventilation syndrome.” It is described as a stereotypical physiological response, involving primarily tensions in hands and feet (“carpopedal spasms”). We have now conducted the breathing sessions with over thirty thousand people, and have found this concept to be incorrect.

There are many individuals in whom even very fast breathing, carried over an extended period of time, does not lead to a classical “hyperventilation syndrome.” Instead, it induces progressive relaxation, intense sexual feelings, or even mystical experiences. Others develop tensions in various parts of their bodies, but in patterns that are quite different from the “carpopedal spasms.” Moreover, continued faster breathing does not lead to progressive increase of the tensions, but to their climactic culmination, followed by a profound relaxation. The pattern of this sequence typically resembles a sexual orgasm.

Over repeated holotropic sessions, the overall levels of muscular tensions – and also of dramatic emotions – seem, in general, to decrease. This shows that extended faster breathing changes the chemistry of the organism in such a way that it becomes possible to release physical and emotional blockages associated with old traumas and make them available for peripheral discharge and processing.

Physical manifestations that develop during the breathing exercise are not simple physiological reactions to hyperventilation. They have a complex psychosomatic structure – and usually, specific psychological meaning for the individual involved. Sometimes, they represent an intensified version of tensions and pains familiar in everyday life, where they surface either as a chronic problem or as symptoms associated with emotional or physical stress: fatigue, lack of sleep, weakening by an illness, or use of alcohol or marijuana. At other times, they can be recognized as the reactivation of difficulties that the individual experienced during infancy, childhood, or puberty; or during severe emotional stress later in life.

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These old tensions can be released in two different ways. The first is catharsis and abreaction, which involve tremors, twitches, dramatic body movements, coughing, gagging, vomiting, and crying, screaming, or other types of vocal expression. This mechanism has been well known in traditional psychiatry since Sigmund Freud and Joseph Breuer published their studies in hysteria. It has been used in traditional psychiatry, particularly in the treatment of traumatic emotional neuroses, and is very common in the new experiential psychotherapies, such as neo-Reichian work, Gestalt practice, and primal therapy.

The second mechanism represents a principle new to psychiatry and psychotherapy, and is in many ways more effective and interesting. Here, deep tensions surface in the form of transient muscular contractions of various duration. By sustaining these muscular tensions for extended periods of time, the organism consumes enormous amounts of previously pent-up energy. It responds by simplifying its functioning; that is, by disposing of tensions. Deep relaxation typically follows the temporary intensification of old tensions or appearance of previously latent ones.

The mechanisms employed to release old blockages have their parallels in sport physiology, where muscles are trained in two different ways: the isotonic and the isometric. As the names suggest, during isotonic exercises the tension of the muscles remains constant, while their length oscillates. Isometric exercises retain the same length throughout, but the muscle tension changes. A good example of isotonic activity is boxing, while weight-lifting is distinctly isometric. In spite of their superficial differences, these two mechanisms have much in common; and in holotropic breathwork, they complement each other very effectively.

In the course of holotropic sessions, these two mechanisms typically resolve any difficult emotions and physical feelings emerging from the unconscious. If not, a specific form of bodywork can help participants to resolve the residual problems and reach closure for the session. The general strategy of this work is to ask the subject to focus his or her attention on the problem area and do whatever is necessary to intensify the existing physical sensations. The facilitator then helps to intensify these feelings even further by external intervention (such as placing weight on a tight chest). While the energy is focused on the problem area, the breather is encouraged to find a spontaneous response to the situation. This response, fully determined as it is by the unconscious process, often takes an entirely unexpected and surprising form. It is essential that the facilitator support this process, rather than apply some particular therapeutic technique. The work

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continues until the facilitator and the breather reach an agreement that the session has been adequately closed.

In holotropic breathwork, we also use supportive physical contact. This is based on the observation that there are two fundamentally different forms of trauma, each requiring a diametrically different approach. The first of these can be referred to as “trauma by commission.” It involves events damaging to the individual’s development, such as physical or sexual abuse, frightening situations, destructive criticism, or ridicule. Such traumas represent foreign elements in the unconscious that can be brought into consciousness and resolved.

The second form of trauma, “trauma by omission,” reflects a lack of positive experiences essential for healthy emotional development. A history of emotional deprivation, abandonment, and neglect is typical of this category. The only way to heal this type of trauma is to offer a corrective experience in the form of supportive physical contact in a holotropic state, while the individual is deeply regressed to an infantile state. This can mean anything from simple hand-holding to touching the head to full body contact.

The Course of a Holotropic Session

The nature and course of holotropic sessions varies considerably from person to person and from session to session. Some individuals remain entirely quiet and almost motionless. They might have very profound experiences, yet give the external impression that nothing is happening or that they are sleeping. Others are agitated and show rich motor activity. These people experience violent shaking and complex twisting movements, roll and flail around, assume fetal positions, behave like infants struggling in the birth canal, or look and act like newborns. Crawling, swimming, digging, or climbing movements are also quite common.

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Frequently, the movements and gestures can be extremely refined, complex, differentiated, and quite specific. They can emulate snakes, birds, or feline predators, complete with corresponding sounds. Sometimes breathers spontaneously assume various yogic postures and gestures (*asanas* and *mudras*) that they are not intellectually familiar with. Occasionally, the automatic movements and/or sounds resemble ritual or theatrical performances from different cultures: shamanic healing, Javanese dances, Balinese monkey chant, Japanese *kabuki*, or talking in tongues reminiscent of Pentecostal meetings.

The emotional qualities observed in holotropic sessions cover a very wide spectrum. They could reflect anger, anxiety, sadness, hopelessness, and feelings of failure, inferiority, shame, guilt, and disgust. At the other end of the spectrum, one can encounter feelings of extraordinary well-being, profound peace, tranquility, serenity, bliss, cosmic unity, or ecstatic rapture. The intensity of these emotions can transcend anything it is possible to experience or even imagine in everyday states of consciousness.

Most often, the positive states described here come at the end of the sessions, after the more turbulent parts of the experience have subsided. It is surprising how many people in our culture, influenced by strong Protestant ethics or other factors, have great difficulties accepting ecstatic experiences unless they follow suffering and hard work – or even then. They might be strongly convinced that they do not deserve such pleasure, and respond to it with guilt. Yet experiences of this kind are extremely healing, and people should be encouraged to let them develop.

Typically, a holotropic session will result in profound emotional release and physical relaxation. Many subjects report that they feel more relaxed than ever before. We can thus conclude that continued accelerated breathing is ultimately an extremely powerful, effective method of stress reduction that leads to emotional and psychosomatic healing. This is also the understanding that one finds in the spiritual literature, particularly in kundalini yoga. There, episodes of faster breathing are deliberately induced as part of the practice (*bastrika*), or occur spontaneously. The resulting emotional and physical manifestations are known as *kriyas*. This phenomenon strongly suggests that similar spontaneous episodes in psychiatric patients are attempts at self-healing, and that they should be supported rather than suppressed, as is currently the fashion.

Spiritual Emergency: Understanding and Treating Crises of Transformation

As I have already suggested, many conditions currently diagnosed as psychotic and treated by suppressive medication seem actually to be crises of spiritual opening and psychospiritual transformation. States of this nature can be found in the life stories of shamans, yogis, mystics, and saints. Mystical traditions and literatures of the world describe these crises as important junctures on the spiritual path, and confirm their healing and transformative potential. Mainstream psychiatry, because of its narrow conceptual framework, is unable to distinguish psychospiritual crises or any form of mystical state from serious mental illness. Its strong biological bias and its limited, postnatal model of the psyche cannot adequately explain the processes involved.

The term “spiritual emergency” alludes to the positive potential of these states. It is a play on words suggesting a crisis, but also the opportunity to emerge into new levels of psychosomatic health, psychological functioning, and consciousness. In this context, it is interesting to note that the Chinese pictogram for “crisis” combines two images, one representing danger and the other opportunity.

In recent decades, we have seen rapidly growing interest in spiritual matters, including experimentation with powerful ancient and aboriginal practices that can mediate spiritual opening. According to public polls, the number of Americans who report having had spiritual experiences has significantly increased in the second half of the twentieth century. Not surprisingly, this trend has shown a parallel increase in spiritual emergencies.

More and more people seem to realize that true spirituality, based on profound personal experience, is a vitally important dimension of life. The escalating global crisis resulting from materialistic, Western technological civilization is just one indication that we are paying a great price for having rejected a force that nourishes, empowers, and gives meaning to human existence.

On the individual level, loss of spirituality makes for an impoverished, alienated, and unfulfilling way of life – and a corresponding increase in emotional and psychosomatic disorders. On the collective level, our spiritual decline threatens the survival of life on this planet. It is, therefore, extremely important to offer appropriate support to people undergoing crises of spiritual opening, and to create situations in which the positive potential of these states can be fully realized.

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When we emphasize the need to recognize the existence of spiritual emergencies, we do not mean indiscriminate rejection of mainstream psychiatry. Not all states currently diagnosed as psychotic are crises of psychospiritual transformation; neither do all contain healing potential. Episodes of nonordinary states of consciousness cover a very broad spectrum, from purely spiritual experiences to clearly biological conditions that require medical treatment. Mainstream psychiatrists do generally tend to pathologize mystical states; at the other extreme, however, it is possible to spiritualize and glorify psychotic states – or, even worse, to overlook a serious medical problem.

TRIGGERS OF SPIRITUAL EMERGENCY

In some instances, the situation that triggered the spiritual emergency can be identified. It might be a primarily physical factor, such as a disease, accident, or operation. At other times, extreme physical exertion or prolonged lack of sleep appears to be the precipitating factor. Childbirth, miscarriage, or abortion can trigger the crisis in women. We have also seen situations where the process began with an exceptionally powerful sexual experience.

Often, a spiritual emergency can begin after a traumatic emotional loss – perhaps the death of a child or a close relative, the end of a love affair, or divorce. Similarly, a series of failures or loss of a job or property can immediately precede the onset of evolutionary crisis. In predisposed individuals, the “last straw” can be an experience with psychedelic drugs or a session of experiential psychotherapy.

One of the most important catalysts of spiritual emergency seems to be deep involvement in various forms of meditation and spiritual practice. These methods have been specifically designed to activate spiritual experiences. We have been repeatedly contacted by persons whose unusual experiences occurred during the pursuit of Zen or Vipassana Buddhist meditation, kundalini yoga, Sufi exercises, or Christian prayer and monastic contemplation. As various oriental and Western spiritual disciplines rapidly gain popularity, more and more people seem to be having transpersonal crises.

The wide range and great variety of situations that can trigger spiritual emergency raise questions about their common denominator, or the common final pathway involved. This seems to be the weakening of psychological defenses or of emotional investment in pursuing external goals. Both of these situations lead to an invasion of previously unconscious material into consciousness.

DEFINING SPIRITUAL EMERGENCIES

Many mental health professionals who encounter the term “spiritual emergency” want to know the exact criteria for distinguishing between spiritual emergency and psychosis. Unfortunately, somatic medicine does not offer the diagnostic tools necessary to make such differentiation. Unlike diseases treated by somatic medicine, psychotic states are not medically defined unless they are clearly organic in nature.

“Functional psychoses” (mental disorders with no discernible biological basis) are not diseases in the same sense as diabetes, typhoid fever, or pernicious anemia. It is highly questionable whether they should be classified as diseases at all. These states are diagnosed entirely on the basis of unusual experiences and behaviors. The term “endogenous psychoses,” used for serious functional disorders including schizophrenic reaction and manic-depressive states, reflects the failure of psychiatry to identify specific etiological factors. Attributing these conditions to an as-yet-undiscovered pathological process is tantamount to admitting this ignorance. It is actually highly unlikely that pathological afflictions of the brain could, in and of themselves, generate the incredibly rich experiential spectrum of those states currently diagnosed as psychotic.

How, then, can we differentiate diagnostically between spiritual emergencies and manifestations of mental disease? One viable approach is to determine which individuals experiencing such states are likely to benefit from a therapeutic strategy that validates and supports the process; and then to define the criteria for identifying such individuals.

First, we must take note of the phenomenology of the nonordinary state in question. Spiritual emergencies involve a combination of biographical, perinatal, and transpersonal experiences. These are experiences that can be induced in a group of randomly selected, “normal” people – not only by psychedelic substances, but also by such simple means as faster breathing, evocative music, bodywork, and various other nondrug techniques. Manifestations include sequences of psychospiritual death and rebirth, visions of archetypal beings and realms, past-life memories, and union with other people, nature, the universe, and God.

Those of us who work with holotropic breathwork see such experiences daily in our workshops and seminars, and have the opportunity to appreciate their healing and transformative potential. Under these circumstances, it becomes difficult to attribute similar experiences to some exotic, yet unknown pathology if they occur

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spontaneously in the middle of everyday life. It makes eminent sense to approach these conditions as we do similar experiences in holotropic sessions: encourage people to surrender to the process, and support the emergence and full expression of the ensuing experiences.

Another important indication that a person will benefit from deep inner work is the individual's attitude toward the holotropic state. When the person recognizes that what is happening is an inner process, and is open to experiential work, he or she is a likely candidate for this type of therapy. Transpersonal strategies are not appropriate for individuals who lack this elementary insight, use predominantly the mechanism of projection, and suffer from persecutory delusions. In order for psychotherapeutic work to yield positive results, it is absolutely essential that the person in crisis be able to form a trusting relationship with the therapist.

VARIETIES OF SPIRITUAL EMERGENCY

Another problem in defining psychospiritual crises is their classification. Is it possible to distinguish specific types of spiritual emergencies as we do in medical diagnostic categories? It is my observation that it is not. The symptoms of spiritual emergency manifest deep dynamics of the human psyche, which is a multidimensional and multilevel continuum with no boundaries whatsoever. Psychospiritual crises draw their content, not only from Freud's individual unconscious, but also from the Jungian collective unconscious. We cannot, therefore, expect to find clearly defined and demarcated types of spiritual emergency.

However, our work with individuals in psychospiritual crises, exchanges with colleagues doing similar work, and review of literature have convinced us that certain major forms of psychospiritual crisis have characteristic features sufficient to differentiate them from some others. Naturally, their boundaries are not clear, and in practice we will see some significant overlaps. The major forms of spiritual crisis we have documented are

- shamanic crisis
- awakening of kundalini
- episodes of unitive consciousness ("peak experiences")
- psychological renewal through return to the center
- crisis of psychic opening
- past-life experiences
- communications with spirit guides and channeling

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near-death experiences (NDEs)

close encounters with UFOs and alien abduction experiences

possession states

SHAMANIC CRISIS

The careers of many shamans, witch doctors, or medicine men and women in different cultures begin with dramatic, involuntary, visionary episodes that anthropologists call “shamanic illness.” During this time, future shamans might lose contact with the environment and experience powerful inner journeys into the underworld and attacks by demons who expose them to incredible tortures and ordeals. These often culminate in experiences of death and dismemberment, followed by rebirth and ascent to celestial regions.

When successfully completed, these episodes can be profoundly beneficial to both the emotional and physical health of the future shaman. For this reason, shamans are frequently referred to as “wounded healers.” Their involuntary initiation can also lead to many important insights into the forces of nature and the dynamics of diseases. If such a crisis is successfully completed and integrated, the individual becomes a shaman and returns to the community to assume the honored role of priest and healer.

We have seen instances where modern Americans, Europeans, Australians, and Asians have experienced episodes closely resembling shamanic crises. Besides the elements of physical and emotional tortures, death, and rebirth, such states involve experiences of connection with animals, plants, and elemental forces of nature. People experiencing such crises sometimes spontaneously create rituals similar to those practiced by shamans of other cultures.

THE AWAKENING OF KUNDALINI

According to the ancient Indian yogis, kundalini, or Serpent Power (literally, “the coiled one”) is the generative cosmic energy that is responsible for the creation of the cosmos. In its latent form, it resides at the base of the human spine in the subtle or energetic body, a field that infuses and surrounds the physical body. It can become activated by meditation, specific exercises, the intervention of an accomplished spiritual teacher, or for unknown reasons.

The activated kundalini, or *Shakti*, rises through the *nadis* (channels or conduits in the subtle body). As it ascends, it clears old traumatic imprints and opens the centers of psychic energy (chakras). This process, although highly valued in the yogic tradition, is not without dangers and requires expert guidance by a guru

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whose kundalini is fully awakened and stabilized. The most dramatic signs of kundalini awakening are physical and psychological manifestations called kriyas.

The kriyas involve intense sensations of energy and heat streaming up the spine, along with violent shaking, spasms, and twisting movements. Powerful waves of seemingly unmotivated emotions, such as anxiety, anger, sadness, or joy and ecstatic rapture, can surface and temporarily dominate the psyche. Visions of brilliant light or various archetypal beings are very common, as are various internally perceived sounds and what seem to be memories from past lives. Involuntary and often uncontrollable behaviors complete the picture: talking in tongues, chanting unknown songs, assuming yogic postures and gestures, and making a variety of animal sounds and movements.

In the last several decades, unmistakable signs of this process have been observed in thousands of Westerners. The credit for drawing attention to this phenomenon belongs to Californian psychiatrist and ophthalmologist Lee Sannella, who studied nearly one thousand such cases and summarized his findings in his book *The Kundalini Experience: Psychosis or Transcendence?*

EPISODES OF UNITIVE CONSCIOUSNESS (“PEAK EXPERIENCES”)

Here, one experiences dissolution of personal boundaries, combined with a sense of becoming one with other people, nature, the entire universe, and God. The usual categories of time and space seem to be transcended, giving one a glimpse of infinity and eternity. The emotions associated with this state range from profound peace and serenity to exuberant joy and ecstatic rapture.

The American psychologist Abraham Maslow, who studied these experiences in many hundreds of people, referred to them as “peak experiences.” He expressed sharp criticism of Western psychiatry for its tendency to confuse such states with mental disease. According to Maslow, they should be considered supernormal, rather than abnormal, phenomena. If they are not interfered with or discouraged, Maslow argued, they typically lead to better functioning in the world and to “self-actualization” or “self-realization”: a capacity to express one’s potential more fully.

PSYCHOLOGICAL RENEWAL THROUGH RETURN TO THE CENTER

Californian psychiatrist and Jungian analyst John Weir Perry has called this form of psychospiritual crisis “the renewal process.” Its depth and intensity make it the most likely to be diagnosed as serious mental disease. The experiences of people involved in this process are so strange and extravagant that it seems logical

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to assume some serious pathology affecting brain functions. And yet it is this form of spiritual emergency that provides the most compelling arguments against seeing it simply as a pathological process.

The individuals involved in this kind of crisis appear to be experiencing a cosmic combat between the forces of Good and Evil, or Light and Darkness. They are preoccupied with the theme of death – ritual killing, sacrifice, martyrdom, and afterlife. The problem of opposites fascinates them, particularly issues related to the differences between sexes. They experience themselves as the center of fantastic events that have cosmic relevance and are important for the future of the world. Their visionary states tend to take them further and further back – through their own history and the history of humanity, all the way to the creation of the world and the original, ideal state of paradise. Throughout, they seem to strive for perfection, trying to correct things that went wrong in the past.

After a period of turmoil and confusion, their experiences become progressively more pleasant and start moving toward a resolution. The process often culminates in the experience of *hieros gamos*, or “sacred marriage.” This can involve an imaginary archetypal partner, or may be projected onto an idealized person in one’s life. This “marriage” usually reflects the fact that the masculine and the feminine aspects of the personality are reaching a new balance.

At this point, one can experience what Jungian psychology interprets as symbols representing the Self: the transpersonal center of our deepest, true nature, comparable to the Hindu Atman-Brahman, the divine within. In visionary states, this Self appears as a source of supernaturally beautiful light, precious stones, pearls, radiant jewels, and other similar symbolic representations.

At some stage, these glorious experiences are usually interpreted as a personal apotheosis, raising one to a highly exalted human status or to a state above the human condition altogether: a great leader, a world savior, or even the Lord of the Universe. Often, a profound sense of spiritual rebirth now replaces the earlier preoccupation with death. At the time of completion and integration, one usually envisions an ideal future: a new world governed by love and justice, where all ills and evils have been overcome. As the intensity of the process subsides, the person realizes that the entire drama was a psychological transformation limited to the inner world, and that it did not involve external reality.

According to Perry, the renewal process moves the individual toward what Jungian psychology calls “individuation”: a fuller expression of one’s deeper potential. He showed that the experiences in this process exactly match the main

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themes of royal dramas enacted in many cultures on New Year's Day, during what he calls "the archaic era of incarnated myth." This is the historical period in each culture when rulers were actually regarded as God incarnate, as exemplified by the Pharaohs, the Incan monarchs, the kings of Israel, and the Japanese emperors.

The positive outcome of the renewal process and its deep connections with archetypal symbolism from a specific era of ancient history make it very unlikely that these episodes represent chaotic products of a dysfunctional brain.

THE CRISIS OF PSYCHIC OPENING

An increase in intuitive abilities and the occurrence of psychic or paranormal phenomena are very common during spiritual emergencies of all kinds. However, in some instances the intensity of precognitive, telepathic, or clairvoyant experiences becomes so overwhelming and confusing that it dominates the picture and constitutes a major problem.

Among the most dramatic manifestations of psychic opening are frequent out-of-body experiences. When they occur, one's consciousness seems to detach from the body. It then witnesses what is happening in the area close to the body or in remote locations. Out-of-body travel occurs particularly often in near-death situations, where the accuracy of this "remote viewing" has been established by systematic studies.

A person experiencing dramatic psychic opening might also be so much in touch with the inner processes of others that he or she appears to have telepathic abilities. When the person begins indiscriminately to describe the contents of people's minds, these people can be so severely alienated that they unnecessarily hospitalize the "telepath." Likewise, correct precognition of future situations and clairvoyant perception – particularly if they occur repeatedly in impressive clusters – can disturb both the subject and others, since they seriously undermine our ordinary notions of reality.

In experiences that can be called "mediumistic," one has a sense of losing one's own identity and taking on another person's. This can involve assuming another's body image, posture, gestures, facial expression, feelings, and even thought processes. Accomplished shamans, psychics, and spiritual healers can use such experiences in a controlled and productive way. However, during crises of psychic opening, their sudden and unpredictable occurrence and the accompanying loss of one's own identity can be very frightening.

At times, the life of someone in crisis seems to be full of uncanny coincidences

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that link the world of inner realities (like dreams and visionary states) with happenings in everyday life. This phenomenon was first described by Jung, who called it “synchronicity.” It is important to know that such meaningful coincidences represent authentic phenomena. They should not be dismissed as “delusions of reference,” as often occurs in contemporary psychiatry. Extraordinary synchronicities accompany many forms of spiritual emergency, but are particularly common in crises of psychic opening.

PAST-LIFE EXPERIENCES

Among the most dramatic and colorful transpersonal episodes occurring in holotropic states are experiences in other countries and historical periods. These are usually associated with powerful emotions and sensations, and often portray circumstances and historical settings in great detail. Their most remarkable aspect is a convincing sense of remembering and reliving something that one has seen and experienced previously (*déjà vu* and *déjà vecu*). Clearly, in India and many other countries, the same type of experience inspired the belief in reincarnation and the law of karma.

We do not know whether the model of “past lives” accurately describes the source of these experiences; still, their healing potential impels us to take them seriously. When a karmic experience fully emerges into consciousness, it can suddenly explain many otherwise incomprehensible aspects of one’s daily life. Strange difficulties in relationships with certain people, unsubstantiated fears, and peculiar idiosyncrasies and attractions – as well as obscure emotional and psychosomatic symptoms – now make sense as karmic carry-overs from a previous lifetime. These problems typically disappear when the karmic pattern in question is fully and consciously experienced.

Past-life experiences can complicate our present life in several ways. Before their content emerges fully into consciousness and reveals itself, one can be haunted by strong emotions, physical feelings, and visions without knowing their source or meaning. Since these phenomena are experienced out of context, they naturally appear incomprehensible and completely irrational. Another kind of complication occurs when a particularly strong karmic experience starts emerging into consciousness in the middle of everyday activities and interferes with normal functioning.

One might also feel compelled to act out elements of the karmic pattern before it is fully experienced and understood. For instance, as the memory of a previous incarnation emerges into consciousness, it might suddenly appear that

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certain people in one's present life played an important role in it. When this happens, one may seek open contact with a "soul mate" or confrontation with a past-life adversary. Such activity can create serious, enduring problems, since the individuals thus approached usually have no experiential basis for understanding this behavior.

After a past-life experience is completed and its content and implications fully known, there remains one more challenge. One has to reconcile this experience with the traditional beliefs and values of Western civilization. In a rare instance of complete agreement, both the Christian Church and materialistic science deny the possibility of reincarnation. Integrating past-life experiences can be relatively easy for someone without a strong commitment to Christianity or the materialistic world view. The experiences are so convincing that one simply accepts their message and might even feel excited about this new discovery. However, when convincing personal experiences seem to challenge their belief systems, fundamentalist Christians and those strongly invested in rationality and the traditional scientific perspective can be catapulted into long periods of confusion.

COMMUNICATIONS WITH SPIRIT GUIDES AND CHANNELING

Occasionally, a holotropic experience might introduce a being who shows interest in a personal relationship and assumes the position of a teacher, guide, protector, or simply a convenient source of information. Such beings are usually perceived as discarnate humans, highly developed inhabitants of extraterrestrial civilizations, suprahuman entities, or deities existing on higher planes of consciousness and endowed with extraordinary wisdom. Sometimes they take on the form of a person; at other times they appear as radiant sources of light – or they may just let their presence be sensed. Their messages are usually received in the form of direct thought transfer or through other extrasensory means. Occasionally, communication can take the form of verbal messages.

A particularly interesting phenomenon in this category is channeling, which has received unusual attention from the public and mass media in recent years. In channeling, a person transmits messages from a source purportedly external to his or her consciousness. It occurs through speaking in a trance, using automatic writing, or recording telepathically received thoughts. Channeling has played an important role in the history of humanity. Among the channeled spiritual teachings in use today are many scriptures of enormous cultural influence, such as the ancient Indian Vedas, the Koran, and the Book of Mormon.

On occasion, channeling can yield consistently accurate data about subjects

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to which the recipient has had no prior exposure. This seems to prove the existence of spiritual realities, leading to serious philosophical confusion – and even a serious psychological and spiritual crisis – for someone starting out with a conventional, scientific world view. The individual involved may even interpret it as an early indication of insanity.

Spirit guides are usually perceived as being endowed with highly developed levels of consciousness, superior intelligence, and extraordinary moral integrity. This can easily lead to problems if the channeler feels chosen for a special mission and sees this as a proof of his or her own superiority. In Jungian terminology, a situation in which the individual claims the luster of the archetypal world for him- or herself is called “ego inflation.”

NEAR-DEATH EXPERIENCES (NDEs)

World mythology, folklore, and spiritual literature abound with vivid accounts of death and dying experiences. Special sacred texts, such as *The Tibetan Book of the Dead*, *The Egyptian Book of the Dead*, and their European counterpart, *Ars Moriendi* (*The Art of Dying*), have been dedicated solely to descriptions of the posthumous journey.

This “funeral mythology” has historically been discounted by Western science as an imaginative product of primitive, uneducated fantasy. However, when Raymond Moody’s bestseller, *Life after Life*, was published in 1975, this perception changed dramatically. Moody based his findings on reports from one hundred and fifty people who had experienced close confrontations with death – or were even pronounced clinically dead – but who lived to tell their stories. His book showed that an encounter with death can be a fantastic adventure in consciousness.

Moody revealed that people who had near-death experiences frequently witnessed a review of their entire lives, in the form of colorful, incredibly condensed replays occurring within seconds of clock time. Consciousness often detached from the body and floated freely above the scene, observing it with curiosity and detached amusement, or traveling to distant locations. Many people described passing through a dark tunnel or funnel toward a light of supernatural brilliance and beauty. This appeared to be a divine being radiating infinite, all-embracing love, forgiveness, and acceptance. In a personal exchange – perceived as an audience with God – these individuals received lessons regarding existence and universal laws, and were given the opportunity to evaluate their past by these new standards. They then chose to return to ordinary reality, and to live their lives

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in a new way congruent with the principles they had learned.

Near-death experiences frequently lead to spiritual emergencies because they fundamentally challenge their subjects' beliefs about reality. These totally unexpected events take people by surprise. A car accident in the middle of rush-hour traffic or a heart attack during jogging can, within seconds, catapult someone into a fantastic visionary adventure that tears ordinary reality asunder. Such individuals might need special counseling and support to integrate these extraordinary experiences into everyday life.

Most survivors emerge from their near-death experiences profoundly changed. Their spiritual perspective is universal and all-encompassing, their system of values new, and their general life strategy radically changed. They appreciate being alive, and feel kinship with all living beings and concern about the future of humanity and the planet.

CLOSE ENCOUNTERS WITH UFOs AND ALIEN ABDUCTION EXPERIENCES

Experiences of encounters with and abduction by what appear to be extraterrestrial spacecraft or beings can often precipitate serious emotional and intellectual crises. In a special study dedicated to the problem of "flying saucers," C.G. Jung suggested that these phenomena might be archetypal visions from the collective unconscious, rather than psychotic hallucinations or visits by extraterrestrials. He supported his thesis with careful analysis of widespread legends about flying discs and reports of actual apparitions that have occasionally caused crises and mass panic.

Descriptions of UFO sightings typically refer to lights that have an uncanny, supernatural quality – and that resemble those often reported in visionary states. It has been pointed out that the beings involved in these encounters have important parallels in world mythology and religion – systems rooted in the collective unconscious. The alien spacecraft and cosmic flights depicted also have their parallels in spiritual literature. The chariot of the Vedic god Indra or Ezekiel's flaming machine, described in the Bible, are just two examples. The fabulous landscapes and cities visited during these journeys resemble visionary experiences of paradise, celestial realms, and cities of light. Reports of abductions often include physical examinations and scientific experiments, which are experienced as unimaginable tortures. This brings them close to shamanic crises and aboriginal rites of passage.

The UFO experiences thus share certain features with visionary states of a

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spiritual nature. Another reason why they can precipitate a spiritual crisis, as we have discussed in relation to spirit guides and channeling, is the tendency toward ego inflation. The alien visitors are usually seen as representing civilizations incomparably more advanced than ours – not only technologically, but intellectually, morally, and spiritually. Contact with them often has very powerful mystical undertones and is associated with insights of cosmic relevance. It is easy for the recipients of such special attention to interpret it as an indication of their own uniqueness. They might feel that they have attracted the interest of superior beings because they themselves are in some way exceptional.

For all these reasons, “close encounters” can lead to serious transpersonal crises. People who have been exposed to the strange world of UFOs might need help from someone familiar with both archetypal psychology and the specific characteristics of this phenomenon in order to assimilate the experience.

POSSESSION STATES

People in this type of crisis feel distinctly that their psyche and body have been invaded and are controlled by an entity or energy with personal characteristics. They perceive it as coming from outside their own personality and as being hostile and disturbing. This apparently external force can appear as a confused discarnate entity, a demonic being, or some evil person invading them by means of black magic.

This condition manifests in many different types and degrees. In some instances, the true nature of the disorder remains hidden. The problem manifests as serious psychopathology, such as antisocial or even criminal behavior, suicidal depression, murderous aggression or self-destructive behavior, promiscuous and deviant sexual impulses and acting out, or excessive use of alcohol and drugs. It is often not until the person starts experiential psychotherapy that the “possession” underlying these problems emerges.

In the middle of an experiential session, the subject’s face can take the form of a “mask of evil,” with cramped features and wild eyes. The hands and body might develop strange contortions, and the voice may take on an otherworldly quality. When this situation is allowed to develop, the session can bear a striking resemblance to exorcist rituals in the Catholic church or various aboriginal cultures. The resolution often comes after dramatic episodes of choking, projectile vomiting, and frantic physical activity – or even temporary loss of control over one’s behavior. Sequences of this kind can be unusually healing and transformative, and often result in deep spiritual conversion.

Occasionally, the possessed person is aware of the evil entity's presence, and spends much effort trying to fight it and control its actions. In the extreme version, the evil energy can manifest quite spontaneously in the middle of everyday life, in the same way as in experiential sessions. Under such circumstances, one can feel extremely frightened and desperately alone. Relatives, friends, and often even therapists tend to withdraw, because they respond with a strange mixture of metaphysical fear and moral rejection of the possessed individual. They often label the person as evil, and refuse further contact.

Despite its association with objectionable behaviors and negative energies, this condition clearly belongs in the category of spiritual emergency. The demonic archetype is, by its very nature, transpersonal, since it represents the negative mirror image of the divine. Possession also often appears to be a "gateway phenomenon," comparable to the terrifying guardians of the oriental temples; that is, it hides access to the profound spiritual experience that often follows after successful resolution of a possession state. With the help of someone unafraid of its uncanny nature and able to encourage its full conscious manifestation, this energy can be dissipated and remarkable healing follows.

SPIRITUAL EMERGENCY: FUTURE PROMISES AND CHALLENGES

The concept of spiritual emergency is new, and will undoubtedly be refined and complemented in the future. However, we have repeatedly seen that even in its present form – as defined by Christina and myself – it has been of great help to many individuals in transformational crises. We have observed that when these conditions are met with respect and appropriate support, they can result in profound healing, deep positive transformation, and a higher level of everyday functioning. These outcomes occurred in spite of treatment conditions that were far from ideal.

This therapeutic strategy could evolve considerably if therapists had access to twenty-four hour centers for those whose experiences are too intense for outpatient management. Currently, the absence of such facilities, combined with lack of support from insurance companies, represents the most serious obstacle to the application of holotropic therapy in psychospiritual crises.

4

The Experience of Death and Dying

It would be hard to imagine a subject more universal and personally relevant for every single individual than death and dying. In the course of our lives, we will all lose acquaintances, friends, and relatives – and eventually face our own biological demise. It is thus quite remarkable that, until the late 1960s, Western industrial civilization showed virtually no interest in the subject of death and dying. This was true not only for the general population, but also for professionals involved in disciplines that should be interested in this subject, such as medicine, psychiatry, psychology, anthropology, philosophy, and theology. The only plausible explanation for this situation is massive denial and psychological repression of this entire area.

This lack of interest is even more striking when we look at ancient and pre-industrial cultures, whose attitude to death and dying differed diametrically from our own. Death played a central role in the cosmologies, philosophies, spiritual and ritual life, mythologies, and everyday life of these societies. The difference between them and our own culture becomes especially relevant when we compare the experiences of those facing death, then and now.

Death and Dying in Western Civilization

In Western industrial societies, the dying typically hold a pragmatic and materialistic world view; or are at least profoundly influenced by it. Mainstream academic Western science sees the history of the universe as synonymous with the history of developing matter. This view considers life, consciousness, and intelligence to be more or less accidental, insignificant side products of the evolutionary drama. They appeared on the scene only after passive and inert matter had evolved for many billions of years in our trivially small part of the immense universe. In a world where only what is material, tangible, and measurable is real, there is no place for spirituality of any kind.

Religious activities may be permitted or even encouraged in our culture; yet from a strictly scientific point of view, spiritual involvement is regarded as irrational and indicative of emotional and intellectual immaturity. It is attributed to lack of education, primitive superstition, and regression to magical and infantile thinking. Direct experiences of spiritual realities are seen as manifestations of a serious mental disease, i.e. psychosis.

Bereft of its experiential component, religion has largely lost its connection to deep spiritual sources, leaving it empty, meaningless, and increasingly irrelevant in our lives. Thus disempowered, it can hardly compete with the persuasiveness of materialistic science – especially backed up, as it is, by progressive technological triumphs.

Western neuroscience regards consciousness as an epiphenomenon of matter: a product of brain physiology, and thus critically dependent on the body. It follows, then, that the death of the body – particularly of the brain – must be the absolute end of conscious activity. Since death and destruction of the body are obvious facts, the notion of existence after death appears to be impossible and absurd. Belief in the posthumous journey of the soul, afterlife, or reincarnation is usually ridiculed as a product of wishful thinking. People holding such beliefs are seen as merely unable to accept the obvious biological imperative of death.

This attitude effectively inhibited scientific interest in near-death and dying experiences until the 1970s. The publication of *Life after Life* in 1975 encouraged researchers such as Elizabeth Kübler-Ross, Ken Ring, Michael Sabom, and others to amass and reveal impressive evidence about the extraordinary characteristics of near-death experiences. These pioneers of thanatology have documented phenomena ranging from accurate extrasensory perception during out-of-body experiences to profound personality changes subsequent to such experiences.

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Their findings have been widely publicized by TV talk shows, Hollywood movies, and other popular media. Yet these potentially paradigm-shattering observations – which could revolutionize our understanding of consciousness and its relationship to the brain – are still dismissed by most professionals as irrelevant hallucinations produced by biological crisis. Near-death and related experiences are not routinely recorded as important factors in patients' medical histories, and most medical facilities offer no specific psychological support to help people integrate these challenging events.

Typically, people dying in Western societies lack effective human support to ease their transition. Our emotional discomfort with death prompts us to remove sick and dying people to hospitals and nursing homes. The emphasis is on mechanical prolongation of life (often beyond reasonable limits) rather than the quality of the human environment. As the family system disintegrates, children tend to live farther from their parents and grandparents, encouraging only formal and minimal contact during medical crises.

Meanwhile, even as mental health professionals continue to create specific psychological supports for many diverse emotional crises, they have given almost no attention to the dying. Those facing the most profound of all imaginable crises – one that simultaneously affects our biological, emotional, interpersonal, social, philosophical, and spiritual experience – remain the only ones for whom meaningful help is not available.

In Western industrial civilization, death occurs in the larger context of our collective denial of impermanence and mortality. Death is generally presented to us in a sanitized form, after a team of professionals has mitigated its immediate impact. At the extreme, postmortem barbers and hairdressers, tailors, make-up experts, and plastic surgeons make a wide variety of cosmetic adjustments to the corpse before relatives and friends ever see it. The media help create more distance from death by diluting it into empty statistics; reporting matter-of-factly on the thousands who die in wars, revolutions, and other catastrophes. Movies and TV shows further trivialize death by capitalizing on violence. They immunize modern audiences against its emotional relevance by exposing them to countless scenes of dying, killing, and murder in the context of entertainment.

Death and Dying in Preindustrial Cultures

Eschatological mythologies of ancient and native societies generally agree that the soul of the deceased undergoes a complex series of adventures in consciousness. The posthumous journey of the soul is sometimes described as a journey through fantastic landscapes somewhat similar to those on earth; at other times, in terms of encountering various archetypal beings or moving through a sequence of holotropic states. In some cultures, the soul reaches a temporary realm in the Beyond, such as the Christian purgatory or the *lokas* of Tibetan Buddhism. In others, the dead arrive at an eternal abode: heaven, hell, paradise, or the sun realm. Many cultures have independently developed a belief system in metempsychosis (the transmigration of souls) or reincarnation that includes return of the unit of consciousness to another physical lifetime on earth.

Thus, preindustrial societies seemed to agree that death was not the end of everything, but an important transition. The experiences associated with death were seen as visits to important dimensions of reality that deserved to be experienced, studied, and carefully mapped. The dying were familiar with the eschatological cartographies of their cultures, whether these were shamanic maps of the funeral landscapes or sophisticated descriptions in Eastern spiritual systems, such as those found in the Tibetan Bardo Thödol.

This important text of Tibetan Buddhism represents an interesting counterpoint to our Western emphasis on productive life and denial of death. It describes the time of death as a unique opportunity for spiritual liberation from the cycles of death and rebirth. And if we do not achieve liberation, death represents a period in which our next incarnation is determined. In this context, it is possible to see the intermediate state between lives (*bardo*) as being, in a way, more important than incarnate existence. Consequently, it is essential to prepare for death by systematic spiritual practice during our lifetime.

Also coloring the experience of dying in ancient and preindustrial cultures is their acceptance of death as an integral part of life. Throughout their lives, people in these cultures spent time around dying people, handled corpses, observed cremation, and lived with the remains of the dead. In addition, people in preindustrial cultures typically died in the bosom of an extended family, clan, or tribe. Here, they received meaningful emotional support from people whom they knew intimately. It is also important to mention the powerful rituals conducted at the time of death, which were designed to assist those facing the ultimate

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transition – or even to offer specific guidance to the dying (such as the approach described in the Bardo Thödol).

Practicing for Death

Various forms of experiential training involving holotropic states have proved to be essential determining factors in individuals' attitudes toward and experiences of death. They all include repeated opportunities to experience “dying before dying,” freeing the individual from the fear of death and transforming the process of dying itself. The trainings we will explore here are

- shamanism
- rites of passage
- mysteries of death and rebirth
- spiritual practices
- books of the dead

SHAMANISM

Shamanism is intimately connected with holotropic states, as well as with death and rebirth. As we have seen, the careers of many shamans begin with “shamanic illness”: a spontaneous initiatory crisis conducive to profound healing and psychospiritual transformation. This visionary journey involves a visit to the underworld; painful and frightening ordeals; and an experience of psychological death and rebirth, followed by ascent into supernal realms. Through this experience, the novice shaman connects to the forces of nature, and learns how to diagnose and heal diseases. His or her new familiarity with the realm of death makes it possible for the shaman to move freely back and forth, and to mediate this same journey for other people.

rites of passage

These elaborate rituals – conducted by various aboriginal cultures at important biological and social transitions – employ powerful mind-altering technologies. Induced experiences typically revolve around the triad birth/sex/death. Their symbolism involves different combinations of perinatal and transpersonal elements. People who live in cultures using these rites repeatedly experience

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psychospiritual death and rebirth during their lifetimes, and become familiar with the states associated with dying.

MYSTERIES OF DEATH AND REBIRTH

These complex, sacred, and secret procedures were in many ways similar to rites of passage. They existed in many parts of the world, but were particularly prevalent in the Mediterranean area. The most famous of them are the Eleusinian Mysteries, which were conducted near Athens every five years without interruption for almost two millennia. According to a modern study by Wasson, Hofmann, and Ruck, the ritual potion *kykeon* used in these mysteries contained ergot (fungal) preparations closely related to LSD.

SPIRITUAL PRACTICES

Various forms of yoga, Buddhism, Taoism, Sufism, Christian mysticism, the kabbala, and many other spiritual systems have developed effective forms for inducing holotropic states. These include prayers, meditations, movement meditations, breathing exercises, and other powerful techniques with profoundly spiritual components. Like the experiences of shamans, rites-of-passage initiates, and neophytes in ancient mysteries, these procedures offer the possibility of confronting one's impermanence and mortality, transcending the fear of death, and radically transforming one's being in the world.

BOOKS OF THE DEAD

Many preindustrial cultures developed documented resources for the dying. These so-called "books of the dead" include the Tibetan Bardo Thödol, the Egyptian Pert-em-Hru, the Aztec Codex Borgia, and the European Ars Moriendi. Modern consciousness research has shown that experiences similar to those described in these eschatological texts regularly occur in psychedelic sessions, powerful nondrug forms of psychotherapy, and spontaneously occurring psychospiritual crises. In all these situations, it is apparent that people can encounter an entire spectrum of unusual experiences, including sequences of agony and dying, passing through hell, facing divine judgment, being reborn, reaching the celestial realms, and confronting memories from previous incarnations.

Another missing piece of the puzzle comes from thanatology, the new scientific study of death and dying. Thanatological explorations of near-death states by people like Raymond Moody, Kenneth Ring, Michael Sabom, Bruce Greyson, and Charles Flynn show that these experiences significantly resemble descriptions

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from the ancient books of the dead – and also reports from subjects in psychedelic sessions and modern experiential psychotherapy.

Ancient eschatological texts, therefore, are clearly maps of the psyche's inner territories, as encountered in profound holotropic states (including those associated with biological dying). One can spend an entire lifetime without ever experiencing these realms – without even being aware of their existence – until being catapulted into them at the time of biological death. Some people, however, do encounter these states during their lifetimes, through psychedelic sessions or other powerful forms of self-exploration, serious spiritual practice, participation in shamanic rituals, or spontaneous psychospiritual crises. These individuals can explore the deeper territories of the psyche on their own terms. For them, the actual experience of physical death comes as something other than a complete surprise.

This “dying before dying” has several important consequences: it liberates the individual from the fear of death, changes his or her attitude toward it, and influences the actual experience of dying. However, eliminating the fear of death also inevitably transforms the individual's way of being in the world. For this reason, there is no fundamental difference between the practices of preparing for death and dying, on the one hand, and spiritual practice leading to enlightenment, on the other. This is why the ancient books of the dead were used in both situations.

Western Science and the Holotropic Paradigm

As we have seen, people dying in preindustrial cultures had a significantly easier time of it than we do in our Western technological civilization. Might this advantage have been primarily due to lack of reliable information about the nature of reality, compounded by wishful self-deception? If so, we could regard much of our difficulty in facing death as the toll we pay for our deeper knowledge of the universal scheme of things. We might justifiably choose, then, to bear the consequences of knowing the truth.

Closer examination of the existing evidence clearly shows that this is not the case. The single most important and fundamental difference between the Western industrial world view and that of all other human groups throughout history has not been the superiority of materialistic science over primitive

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superstition. Rather, it is our profound ignorance about holotropic states. When we systematically practice various forms of holotropic states ritualized in ancient and aboriginal spiritual cultures, it inevitably has a profound influence on our understanding of the nature of reality. We will discover that the relationship between consciousness and matter is fundamentally different from the way it is propounded by materialistic science of the technologized societies.

I have yet to meet a single Western academician who, having experienced the transpersonal realm, continues to subscribe to the scientific understanding of consciousness, psyche, human nature, and the nature of reality currently taught in Western universities. This observation holds true, entirely independent of the educational background, IQ, and specific area of expertise of the individual involved. The difference between those who do and do not accept the possibility of consciousness after death thus exactly reflects the difference in attitudes toward holotropic states. Those who have successfully traversed these nonordinary states of consciousness are invariably liberated from the spell of the Newtonian-Cartesian paradigm.

CONSCIOUSNESS AFTER DEATH: FACT OR FICTION?

In questioning the materialistic understanding of biological death, it is important to keep an open mind and focus as much as possible only on the facts of observation. The unshakable *a priori* commitment of mainstream science to the existing paradigm is an attitude familiar to us from the world of fundamentalist religions. Unlike scientism of this kind, science – in the true sense of the word – is open to unbiased investigation of any existing phenomena. With this in mind, we can divide the existing evidence into two categories:

1. Experiences and observations that challenge the traditional understanding of the nature of consciousness and its relationship to matter
2. Experiences and observations specifically related to the understanding of death and survival of consciousness

CONSCIOUSNESS AND ITS RELATIONSHIP TO MATTER

The vast body of evidence generated from the work with holotropic states represents a serious challenge to monistic materialism. The materialistic paradigm of Western science has presented a major obstacle to any objective evaluation of the data describing events at the time of death. The observations from modern consciousness research clearly suggest an urgent need for a radical revision of

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this paradigm's most fundamental assumptions. They point to a new world view, within which survival of consciousness after death would appear possible or even plausible.

As we have seen, the most critical data in this arena come from the study of transpersonal experiences and the phenomena associated with them. In studying transpersonal phenomena, we are forced to revise the concept that human beings are essentially Newtonian objects. A completely new formula – remotely reminiscent of the wave/particle paradox in modern physics – describes humans as paradoxical beings with two complementary aspects: they can show properties of Newtonian objects, and also those of infinite fields of consciousness. Which of these descriptions is appropriate at any given time depends on the state of consciousness in which the observations are made. Physical death seems to terminate the first half of this definition, while the other half comes into full expression.

Materialistic science holds that any memory requires a material substrate, such as the neuronal network in the brain or the DNA molecules of genes. However, it is impossible to imagine any material medium for the information conveyed by various forms of transpersonal experiences. This information has clearly not been acquired by conventional means – that is, by sensory perception – during the individual's lifetime. It seems to exist independently of matter, and to be contained in the field of consciousness itself or in some other types of fields undetectable by scientific instruments.

Other avenues of research support observations from the study of transpersonal experiences. Challenging the basic metaphysical assumptions of monistic materialism, scientists like Heinz von Foerster, Rupert Sheldrake, and Ervin Laszlo seriously explore such possibilities as “memory without a material substrate”; “morphogenetic fields”; and the record of all events from the history of the universe in the subquantum “psi-field.”

UNDERSTANDING DEATH AND THE SURVIVAL OF CONSCIOUSNESS

Phenomena on the threshold of death

Researchers have reported various interesting phenomena occurring at the time of death. These include numerous visions of people who had just died, reported by their relatives, friends, and acquaintances. These visions have been shown to appear, with statistically significant rates of correlation, within a twelve-hour period surrounding the death of the person involved. Unexplained physical events

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at the time of death have also been reported: watches stopping and starting, bells ringing, paintings or photographs falling off walls, and other portents that seem to announce a person's death.

Individuals approaching death often experience encounters with their dead relatives, who seem to welcome them to the next world. These deathbed visions are very authentic and convincing; they are often followed by a state of euphoria and seem to ease the transition. In a number of reported cases, the dying individual did not know that the person in his or her vision had died. These instances have been referred to as “peak-in-Darien” cases.

Of particular interest are near-death experiences (NDEs). These occur in about one-third of all people who face life-threatening situations, such as car accidents, near drowning, heart attacks, or cardiac arrests during operations. Thanatologists have researched this phenomenon extensively. They describe a characteristic experiential pattern that typically includes a life review, passage through a dark tunnel, personal judgment with ethical evaluation of one's life, encounter with a radiant divine being, and visits to various transcendental realms. Less frequent are painful, anxiety-provoking, and infernal types of NDEs.

In our psychedelic therapy program with terminal cancer patients at the Maryland Psychiatric Research Center, we have been able to observe the similarities between NDEs and experiences induced by psychedelic substances. We have documented several cases where patients first underwent psychedelic experiences, then later experienced an actual NDE when their disease progressed (e.g. a cardiac arrest during an operation). They reported that these situations were very similar and described the psychedelic sessions as invaluable experiential training for dying.

The most extraordinary and fascinating aspect of NDEs is the occurrence of “veridical” (truthful) out-of-body experiences (OOBEs), a term used for experiences of disembodied consciousness with accurate extrasensory perception (ESP). Current thanatological research confirms some preliminary observations of these experiences occurring in congenitally blind persons. Classical descriptions of OOBEs can be found in spiritual literature and philosophical texts of all ages. The modern study of thanatology verifies the descriptions in the Tibetan Book of the Dead (Bardo Thödol), in which an individual after death assumes a “bardo body” that transcends the limitations of time and space and can freely travel around the earth.

Veridical OOBEs do not occur only in the context of near-death situations,

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vital emergencies, and episodes of clinical death. They can emerge in sessions of powerful experiential psychotherapy (such as primal therapy, rebirthing, or holotropic breathwork); during experiences induced by psychedelics (particularly the dissociative anesthetic ketamine); and also spontaneously. OOBEs with confirmed ESP of the environment are significant in the study of consciousness after death, since they demonstrate the possibility of consciousness operating independently of the body.

If consciousness is a function of the brain, as proposed by Western materialistic science, it is absurd to think that it could detach itself from the body and maintain its sensory capacity. Yet this is precisely what occurs in many well-documented cases of an OOBEs. Naturally, people who have had an OOBEE might have come close to death without actually dying, such that they still had operational brain functions. Still, the very nature of the OOBEE – whether the subject is alive or not – demonstrates that consciousness can function independently of the body. If it can do so during one's lifetime, it seems reasonable to infer that it could do the same after death.

Past-life experiences

The historical and geographical universality of past-life experiences suggests that they represent a very important psychological and cultural phenomenon. They also have critical implications for understanding the nature of consciousness, the psyche, and human beings – as well as for the theory and practice of psychiatry, psychology, and psychotherapy.

The concepts of karma and reincarnation represent the cornerstone of Hinduism, Buddhism, Jainism, Sikhism, Zoroastrianism, Tibetan Vajrayana, and Taoism. Similar ideas can be found in many geographically, historically, and culturally diverse groups. For members of these groups – and also for open-minded and knowledgeable consciousness researchers – reincarnation is not a matter of belief, but an empirical issue. Anyone tempted to dismiss the plausibility of reincarnation should review the fascinating data on which this belief is based. These include (1) spontaneous past-life memories in children; (2) spontaneous and induced past life memories in adults; and (3) Tibetan practices related to reincarnation.

Spontaneous past-life memories in children. Many instances have been reported of small children who seem to remember and describe a previous life in another body, another place, with other people. Such memories usually emerge spontaneously, shortly after these children begin to talk. They frequently complicate the lives of these subjects, and can be even associated with “carry-over pathologies” such

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as phobias, strange reactions to certain people, or various idiosyncrasies. Child psychiatrists have reported cases of this kind. Access to these memories usually disappears between the ages of five and eight.

Ian Stevenson, professor of psychology at the University of Virginia in Charlottesville, VA, has conducted meticulous studies of over three thousand such cases. His findings appear in his books *Twenty Cases Suggestive of Reincarnation*, *Unlearned Languages*, and *Children Who Remember Previous Lives*. Stevenson reported only the several hundred cases that met his highest standards of investigation. Thus, only the strongest reports were included.

His findings were quite remarkable. By independent investigation, Stevenson was able to confirm the children's past-life stories – often with incredible details – even after eliminating any possibility that the information could have been obtained through conventional channels. In some cases, he actually took children into villages that they remembered from their previous lives. Although they had never been there in their current lifetime, they were familiar with the local topography, were able to find the home they had allegedly lived in, and recognized the members of their “family” and other villagers and knew their names.

The children's most vivid memories involve events leading up to death. They may, in fact, remember their previous lives because of the circumstances of death – particularly those involving shock that, as Stevenson suggests, “can possibly break through the amnesia.” Typically, these children do not know anything about events that occurred in the former personality's environment after his or her death. This is an important point in deciding whether they genuinely remember details of a former life or are unconsciously reconstructing them by telepathically reading the minds of those who knew the deceased. Possibly the strongest evidence in support of the reincarnation hypothesis is the incidence of striking birthmarks reflecting injuries and other events from the remembered life.

In evaluating this evidence, it is important to emphasize that Stevenson's cases were not only from “primitive,” “exotic” cultures with *a priori* belief in reincarnation, but also from Western countries, including Great Britain and the United States. Further, his research meets high standards, and has earned considerable esteem. In 1977, *The Journal of Nervous and Mental Diseases* devoted almost an entire issue to this subject. Stevenson's work was also reviewed in *The Journal of the American Medical Association*.

Spontaneous and evoked past-life memories in adults. Vivid reliving of past-life

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memories occurs most frequently during spontaneous episodes of holotropic states (spiritual emergencies); however, various degrees of remembering can also happen in more or less ordinary states of consciousness, during everyday life. Academic psychiatry and current theories of personality are based on the “one-timer” view, which sees past-life experiences as indications of serious psychopathology.

Past-life experiences can also be elicited by many techniques that mediate access to deep levels of the psyche, such as meditation, hypnosis, psychedelic substances, sensory isolation, bodywork, and various powerful experiential psychotherapies (primal therapy, rebirthing, or holotropic breathwork). They often appear, unsolicited, in sessions with therapists who do not aim for them and do not even believe in them, catching them completely off guard.

The emergence of past-life memories is completely independent of the subject's previous philosophical and religious belief system. In addition, these experiences occur on the same continuum with accurate memories from adolescence, childhood, infancy, birth, and prenatal memories that can be reliably verified. Sometimes they coexist or alternate with them.

We can safely assume that past-life experiences are authentic phenomena *sui generis*, and that their heuristic and therapeutic potential have important implications for psychology and psychotherapy. Supporting these assumptions are the following findings:

- The experiences not only feel extremely real and authentic; they often mediate access to accurate information about historical periods, cultures, and events that the individual could not have acquired through ordinary channels
- In some instances, the accuracy of these memories can be objectively verified – sometimes in extraordinary detail
- Past-life memories are often involved in pathodynamics of various emotional, psychosomatic, and interpersonal problems that cannot be explained on the basis of present biography
- They have great therapeutic potential, more powerful than do memories from the present lifetime
- They are often associated with extraordinarily meaningful synchronicities

The criteria for verifying past-life experiences are the same as those for determining what happened, say, last year: we must identify specific memories and secure independent evidence for at least some of them. Naturally, past-

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life memories are more difficult to verify. They do not always contain specific information that lends itself to verification procedures. Evidence is harder to come by, since the memories are much older and involve other countries and cultures. It is important, however, to consider that only some of our current memories can be reliably corroborated. It is interesting that most evoked memories do not permit the same degree of verification as do Stevenson's spontaneous memories, which are typically more recent and involve locations within a relatively small geographic radius.

I have myself observed and published several remarkable case histories, where most unusual aspects of such experiences could be verified by independent historical research. Two of them were particularly striking and deserve special attention.

The first involved a neurotic patient undergoing psychedelic therapy. In four consecutive sessions, she experienced episodes from the life of a seventeenth-century Czech nobleman. This man had been publicly executed in the Old Town Square in Prague, together with twenty-six other prominent aristocrats. The ruling Hapsburg clan had staged this public execution in an attempt to break Czech morale after having defeated their king in the Battle of the White Mountain. In this case, unbeknownst to the patient, her father conducted independent genealogical research of the family's pedigree, confirming that they were, indeed, descendants of one of these unfortunate men.

The second example was a man who, in his primal work and later during holotropic breathwork sessions, relived a number of episodes from the sixteenth-century war between England and Spain. They revolved around the mass slaughter of Spanish soldiers by the British in the besieged Dunanair fortress, on the western coast of Ireland. During these sessions, the man experienced himself as a priest who accompanied these soldiers and was killed with them. At one point, he saw a seal ring with engraved initials on his hand, and drew a picture of it.

Through later historical research, this subject was able to confirm the veracity of the entire episode – about which he had previously known nothing. In an archival document, he found the name of the priest who had accompanied the Spanish soldiers on their military expedition. To his surprise and ours, the initials of this name were identical with those carved on the seal ring he had seen – and drawn in detail – during his session.

Tibetan reincarnation practices. Tibetan spiritual literature suggests that certain highly developed human beings can gain far-reaching knowledge about the process of reincarnation. According to these teachings, initiates can influence the time of

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their death, predict or even direct the time and place of their next incarnation, and maintain consciousness through the intermediate states (bardos) between death and reincarnation. Conversely, through various clues received in dreams, meditation, and elsewhere, accomplished Tibetan monks can locate and identify the child who is the *tulku* (reincarnated teacher). This child is then exposed to a test during which he or she must identify, from several sets of similar objects, those that belonged to the deceased. Some aspects of this practice could, at least theoretically, be subjected to rigorous testing following Western standards.

Apparitions of the dead and communication with them

Direct experiences of encounter and communication with deceased persons do not occur only around the time when these people died or as part of NDEs. They have also been reported to manifest spontaneously or during holotropic states induced by psychedelics, experiential psychotherapies, or meditation.

Naturally, the simple fact of a private experience of this kind can easily be dismissed as a wishful fantasy or hallucination. Some additional factors must be present before the experiences constitute interesting research material. One helpful criterion lies in distinguishing between those apparitions that seem to satisfy some strong need of the percipient and those in which no such motivation can be found.

Some apparitions have certain characteristics that make them very interesting, even challenging, for researchers. A number of cases reported in the literature describe apparitions of persons unknown to the percipient, who are later identified through photographs and verbal descriptions. It also is not uncommon that such apparitions are witnessed collectively or by many different individuals over long periods of time, as is the case in “haunted” houses and castles. In some instances, percipients have reported distinguishing bodily marks that, unbeknownst to them, the apparition accrued around the time of death. Of particular interest are those cases where the deceased convey some specific and accurate new information that can be verified or is linked with an extraordinary synchronicity.

The highly charged, controversial area of spiritistic seances and mental or trance mediumship is especially intriguing, in that it offers quasi-experimental evidence of the survival of consciousness after death. Although some professional mediums have been caught cheating, others – such as Mrs. Piper, Mrs. Leonard, and Mrs. Verall – withstood all tests and gained the high esteem of reputable researchers. The best mediums have been able to accurately reproduce the deceased’s voice,

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speech patterns, gestures, mannerisms, and other characteristic features.

On occasion, the received information was unknown to any of the people present – or even to any living person whatsoever. Witnesses have also experienced sudden, uninvited, “drop-in” intrusions by entities whose identities were later confirmed. In other instances, relevant messages were received in “proxy sittings,” where a distant and uninformed party sought information on behalf of a person close to the deceased. In cases of “cross correspondence,” bits and pieces of a comprehensive message are conveyed through several mediums. An interesting innovation in this area is the procedure described in Raymond Moody’s book *Reunions*. Using perceptual ambiguity involved in mirror-gazing, Moody induces in his subjects convincing visionary encounters with deceased loved ones.

Some spiritistic reports considerably stretch the world view of the average Westerner – let alone that of a traditionally trained scientist. For example, an extreme form of spiritistic phenomena called “physical mediumship” includes telekinesis and materializations; upward levitation of objects and people; projection of objects through the air; manifestation of ectoplasmic formations; appearance of writings or objects without explanation (“apports”); and still other manifestations. Brazilian mediums perform psychic surgeries using their hands or knives, allegedly under the guidance of deceased people’s spirits. These surgeries do not require any anesthesia, and the wounds close without sutures. Events of this kind have been repeatedly studied and filmed by Western researchers of the stature of Walter Pahnke, Stanley Krippner, and Andrija Puharich.

A relatively recent development in the efforts to communicate with spirits of the dead is an electronic approach called instrumental transcommunication (ITC). This avenue opened when, in 1959, Scandinavian filmmaker Friedrich Juergensen was recording the sounds of passerine birds. The audiotape picked up human voices of allegedly dead persons. Inspired by Juergensen’s experience, psychologist Konstantin Raudive conducted a systematic study of this phenomenon, and recorded over a hundred thousand multilingual, paranormal voices allegedly communicating messages from the Beyond.

More recently, a worldwide network of researchers that includes Ernest Senkowski, George Meek, Mark Macy, Scott Rogo, and Raymond Bayless has initiated a group effort to establish “interdimensional communication.” These scientists claim to have received many paranormal verbal communications and pictures from the deceased through electronic media, such as tape recorders, telephones, fax machines, computers, and TV screens. Among the spirits

The Experience of Death and Dying

communicating from Beyond are supposedly some former researchers in this field, such as Juergensen and Raudive.

The Implications of Research on Death and Dying

The experiences and observations I have explored certainly do not constitute unequivocal proof that consciousness survives after death, that discarnate beings inhabit documented astral realms, or that the individual unit of consciousness continues its physical existence in another lifetime. The same data could be interpreted differently; concluding that, for example, human consciousness is capable of extraordinary and amazing paranormal capacities (superpsi), or supporting the Hindu concept of the universe as *lila*, the divine play of consciousness of the cosmic creative principle.

However, one thing seems clear: no interpretation based on careful analysis of these data could agree with the Newtonian-Cartesian paradigm of Western materialistic science. Whatever the conclusions reached, systematic examination and unbiased evaluation of this material must lead to an entirely new understanding of the nature of consciousness, its role in the universal scheme of things, and its relationship to matter and – more specifically – the brain.

Mainstream academic science has defended, often quite aggressively and authoritatively, its basic metaphysical assumption that human consciousness is the product of neurophysiological processes in the brain and is fully contained inside the skull. This position, inherited from seventeenth-century philosophy and science, has thus far been impervious to modern discoveries ranging from transpersonal psychology and consciousness research to quantum-relativistic physics. It can be maintained only by systematic suppression of a vast amount of data from various disciplines. This basic strategy is characteristic of fundamentalist religions, but should not exist in science.

Apart from their theoretical relevance, the issues addressed in *The Transpersonal Vision* also have great practical significance. Elsewhere, I have explored at some length the importance of death for psychiatry, psychology, and psychotherapy. Our past encounters with death – in the form of vital threats during our postnatal history, the birth trauma, and embryonal existence – are deeply imprinted in our unconscious. In addition, the motif of death is central to powerful archetypal and karmic material that arises in the transpersonal domain of the human psyche. In

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all these varieties, the theme of death and dying contributes significantly to the development of emotional and psychosomatic disorders.

Individuals who are willing to face the issue of death in systematic, experiential self-exploration can expect emotional and psychosomatic healing, positive personality transformation, and consciousness evolution. As we discussed in connection with the ancient mysteries of death and rebirth, “dying before dying” deeply influences our quality of life and basic strategy of existence. It reduces irrational drives (“rat-race” or “treadmill” lifestyles) and increases the ability to live in the present, enjoying simple life activities.

Freeing oneself from the fear of death also opens one radically to a universal, nondenominational spirituality. This tends to occur whether the encounter takes the form of a real brush with death in an NDE, or occurs in meditation, experiential therapy, or a spontaneous psychospiritual crisis (spiritual emergency).

Whether or not we believe in the survival of consciousness after death, reincarnation, and karma, these have very serious implications for our behavior. No less a figure than Plato suggested that belief in immortality has profound moral implications. In his *Laws*, Socrates calls indifference to the postmortem consequences of one’s deeds “a boon to the wicked.” Modern authors, such as Alan Harrington (1969) and Ernest Becker (1973), have argued that massive denial of death leads to social pathologies, with dangerous repercussions for humanity. Modern consciousness research, including my own, certainly supports this point of view.

Today, unbridled greed, malignant aggression, and weapons of mass destruction threaten the survival of life on this planet. In view of the seriousness of this situation, it is important to consider any avenue that offers some hope. I am not suggesting that we uncritically and indiscriminately embrace the material that suggests the survival of consciousness after death. Nonetheless, our current global crisis should at least motivate us to review the existing data open-mindedly and in the spirit of true science. The same applies to the powerful experiential technologies involving holotropic states of consciousness that make it possible to confront the fear of death, and that can further facilitate deep positive personality changes and spiritual opening. Given our grave planetary situation, radical inner transformation and elevation to a new level of consciousness might be the only real hope we have.

5

The Cosmic Game

How did our universe come into being? Is the world in which we live merely a product of mechanical processes involving inanimate, inert, and reactive matter? Can material reality be explained solely in terms of its fundamental building blocks and the objective laws that govern their interaction? Or does it involve forces and principles that elude such descriptions? Do we have convincing evidence that superior cosmic intelligence participated in the creation and evolution of the cosmos?

Human beings have been asking these fundamental questions of existence since time immemorial. They transcend the psychological and psychiatric concerns *The Transpersonal Vision* has explored thus far to embrace the philosophical, metaphysical, and spiritual dimensions of our experience.

Still more questions haunt our species: how, for example, can we come to terms with conundrums like the finiteness of time and space versus eternity and infinity? Where do order, form, and meaning originate in the universe? What is the relationship between life and matter? Between consciousness and the brain? How can we explain the existence of evil and its overwhelming presence in the universal scheme of things? Is our existence limited to just one lifetime, spanning the period from conception to death, or does consciousness survive our biological demise and undergo consecutive incarnations? And – perhaps most pressing – what are the practical implications of these questions and their answers for our everyday life?

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The study of holotropic states has yielded a vision of reality that stands in sharp conflict with the philosophy and world view of materialistic science. It portrays a universe created and permeated by superior cosmic intelligence: Absolute Consciousness, or the Universal Mind. My factual experiences and observations reveal far-reaching parallels with the basic tenets of the world's great mystical traditions – Aldous Huxley's "perennial philosophy." They are also surprisingly compatible with the revolutionary advances of modern science, usually referred to as the "new (or emerging) paradigm."

The Supreme Cosmic Principle

Individuals who have used holotropic states for systematic self-exploration repeatedly describe this process as a philosophical and spiritual quest. Since this description suggests a goal or final destination, I searched records of psychedelic and holotropic sessions, as well as of spiritual emergencies, for experiences that would convey a sense of culmination. Subjects who experienced an Absolute that fully satisfied their spiritual longing typically did not see any specific figurative images. Their descriptions of the supreme principle were highly abstract and strikingly similar.

THE RADIANT DIVINE

Those who reported an experience of the Supreme said that it transcended all the limitations of the analytical mind, all rational categories, and all the constraints of ordinary logic. Their experience was not bound by our everyday limitations of three-dimensional space and linear time. It also contained all conceivable polarities in an inseparable amalgam, thus transcending dualities of any kind.

Time after time, people compared the Absolute to a radiant source of light of unimaginable intensity – though they emphasized that it differed in some significant aspects from any forms of light that we know in the material world. To describe the Absolute as light seems appropriate in a certain sense; yet this description entirely misses some of its essential characteristics. Foremost among these is the fact that the supreme cosmic principle is also an immense, unfathomable field of consciousness endowed with infinite intelligence and creative power.

The Absolute can be experienced in various ways. Sometimes, all personal boundaries dissolve or are drastically obliterated. We completely merge with the

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divine source, becoming one with and indistinguishable from it. At other times, we maintain a sense of separate identity, assuming the role of an astonished observer who is witnessing, as if from the outside, the *mysterium tremendum* of existence. Or, like some mystics, we might feel the ecstasy of an enraptured lover encountering the Beloved. Spiritual literature of all ages abounds in all these descriptions of experiences of the divine.

THE VOID

Encountering or identifying with Absolute Consciousness is not the only way to experience Ultimate Reality. There is an alternative route that may appear surprising, since it has no specific content. It is identification with cosmic emptiness and nothingness, described in the mystical literature as the Void. Of course, not every experience of emptiness we can encounter in nonordinary states qualifies as the Void. People very often use this term to describe an unpleasant absence of feeling, initiative, or meaning. To deserve the name “Void,” the state I am describing must meet very specific criteria.

We experience the Void as primordial emptiness of cosmic proportions and relevance. We become pure consciousness, aware of this absolute nothingness; but at the same time, we have a paradoxical sense of its essential fullness. The cosmic vacuum is also a plenum, since nothing seems to be missing in it. While it does not contain anything concrete or manifest, it seems to comprise all of existence in a potential form. Thus, the experience of the Void allows us to transcend the usual dichotomy between emptiness and form, or existence and nonexistence. Such a resolution cannot be adequately conveyed in words, however; it must be experienced to be understood.

According to those who report having experienced it, the Void transcends the usual categories of time and space. It is unchangeable, and lies beyond the polarities of light and darkness, good and evil, stability and motion, microcosm and macrocosm, agony and ecstasy, singularity and plurality, form and emptiness, and even existence and nonexistence. Some people call it “supracosmic” and “metacosmic,” proposing primordial nothingness as the principle underlying the phenomenal world as we know it – and, at the same time, being its source, supraordinated to it. This metaphysical vacuum, pregnant with potential for everything there is, appears to be the cradle of all being, the ultimate source of existence. According to this paradigm, the creation of all phenomenal worlds is equivalent to the realization and concretization of its preexisting potentialities.

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DEFINING THE INFINITE

The supreme principle can be directly experienced in holotropic states of consciousness, but it eludes any attempts at adequate description or explanation. The language we use to communicate about matters of daily life is simply not adequate for this task. Individuals who have had this experience seem to agree that it is ineffable. The words and structure of our language are painfully inappropriate tools to describe its nature and dimensions – particularly when trying to convey the experience to those who have not had it. When our experiences touch the ultimate problems of existence, such as the Void, Absolute Consciousness, and creation, ordinary language leaves us unequipped to communicate our insights.

Those familiar with Eastern spiritual philosophies often resort to terms from various Asian languages – Sanskrit, Tibetan, Chinese, or Japanese – for this purpose. These languages were developed in highly sophisticated spiritual cultures. Unlike Western languages, they contain many technical terms specifically describing nuances of the mystical experience. Ultimately, however, even these words can be fully understood only by those who have been there.

Poetry, although still a highly imperfect tool, seems to be a more adequate and appropriate means for conveying the essence of spiritual experience and transcendental reality. For this reason, many great visionaries and religious teachers have used poetry to convey their metaphysical insights. People who have experienced transcendental states often recall and quote passages from visionary poets.

The Process of Creation

What would motivate the divine creative principle to generate experiential worlds? One category of insights from holotropic states of consciousness emphasizes the fantastic resources and inconceivable capacities of Absolute Consciousness. Another group of revelations suggests that, in the process of creation, Absolute Consciousness seeks something that it lacks in its original, pristine state. From an ordinary mind state, these insights appear contradictory. In holotropic states, however, the conflict disappears and the two perspectives can easily coexist.

THE “WHY” OF CREATION

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The impulse to create is often described as an elemental force reflecting the unimaginable inner richness and abundance of the divine. The creative cosmic source is so immense, so overflowing with limitless possibilities, that it cannot contain itself. It has to express its full potential. This drive toward self-expression is also motivated by the Universal Mind's desire to know itself fully. It can only do so by exteriorizing and manifesting all its latent possibilities in the form of a concrete creative act – that is, by splitting itself into the knower and the known. Thus, the process of creation requires polarization into subject and object; the dichotomy of the observer and the observed.

We often hear about the playfulness, self-delection, and cosmic humor of the Creator. These elements have best been described in ancient Hindu texts, which describe universe and existence as *lila*, or divine play. According to this view, creation is an intricate, infinitely complex cosmic game that the godhead, Brahma, creates both from and within himself.

Then again, perhaps creation is a colossal experiment that expresses the immense curiosity of Absolute Consciousness. We could see it as a passion analogous to the infatuation of a scientist who dedicates his or her life to research. Some holotropic insights into the motives for creation also emphasize its aesthetic aspect. From this perspective, the universe we live in and all the experiential realities in other dimensions manifest as ultimate works of art. The impulse to create them can be likened to the creative inspiration of a supreme artist.

The insights we have discussed here reflect overflowing abundance, richness, ultimate self-sufficiency, and mastery of the cosmic creative principle. But some subjects have linked the forces underlying creation with a certain sense of deficiency, need, or want. One might, for example, discover that Absolute Consciousness – in spite of its immensity and perfection – realizes that it is alone. This loneliness finds its expression in an abysmal yearning for partnership, communication, and sharing: a kind of divine longing. In this context, the most powerful force behind creation is the need of the creative principle to give and receive love.

In other sessions, people have sensed a primordial craving of the divine source for the experience of a tangible, material world. According to these insights, Spirit has a profound desire to experience what is opposite and contrary to its own nature. It wants to explore all the qualities that it does not have in its pristine nature, and to become everything that it is not. Being eternal, infinite, unlimited, and ethereal, it longs for the ephemeral, impermanent, limited, solid, and corporeal.

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Also occasionally mentioned as an important “motive” for creation is the element of monotony. However immense and glorious the experience of the divine might appear from our human perspective, for the divine it is always the same – and, in that sense, monotonous. Creation can then be seen as a titanic effort that expresses transcendental longing for change, action, movement, drama, and surprise.

Those who have experienced these profound insights into the cosmic laboratory of creation agree: nothing that can be said about this level of reality could possibly do justice to what they have witnessed. The monumental impulse of unimaginable proportions that is responsible for creating the worlds of phenomena seems to manifest all the “motivations” we have discussed, and many more – however contradictory and paradoxical they might appear to our everyday sensibility. Despite our best efforts to comprehend and describe it, the nature of the creative principle and the process of creation remains shrouded in unfathomable mystery.

THE “HOW” OF CREATION

As we have seen, holotropic sessions have yielded many insights into the “why” of creation. But what of the specific dynamics and mechanisms of the creative process – the “how” of creation? How does the technology of consciousness generate experiences with different sensory characteristics? And how does it orchestrate these characteristics in a coherent way to create virtual realities? The answers we have heard vary in terms of details, language, and the metaphors used to illustrate them; yet throughout, two interrelated and mutually complementary processes consistently emerge to describe the supreme creative process.

The first of these is a complicated sequence of divisions, fragmentations, and differentiations that splits the original, undifferentiated unity of the Universal Mind into multiple derived units of consciousness (much as a cell will divide and subdivide). The final product is a series of experiential worlds, each of which contains countless separate entities. These, in turn, are endowed with specific forms of consciousness and selective self-awareness. Those who have been privy to this process generally agree that each of these entities and worlds is a splinter of the originally undivided field of cosmic consciousness. That is, the divine does not create something outside of itself, but rather transforms its own being into the myriad worldly phenomena.

The second process involved in creation consists of a unique form of partitioning, dissociating, or forgetting. The conscious entities created by the

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Universal Mind progressively lose contact with their original source, and thus also with the awareness of their pristine nature. In the process, they also develop a sense of individual identity and absolute separateness from each other. Ultimately, intangible but relatively impermeable screens develop between these split-off units – and also between each of them and the original undifferentiated pool of Absolute Consciousness.

The unique, complex relationship between Absolute Consciousness and its parts cannot be understood in terms of conventional thinking and ordinary logic. Our common sense tells us that a part cannot simultaneously be the whole; and that the whole, being an assembly of its parts, must be larger than any of its components. Yet in the universal fabric, separate units of consciousness transcend their individuality and differences to remain essentially identical with both their source and one another. They have a paradoxical nature, being wholes and parts at the same time.

Holotropic research portrays all of existence as an astonishing play of the cosmic creative principle that transcends time, space, linear causality, and polarities of any kind. From this perspective, all phenomenal worlds (including the material world) appear as virtual realities generated by the technology of consciousness; that is, by an infinitely complex orchestration of experiences. These worlds exist on many different levels, ranging from the undifferentiated Absolute Consciousness through rich pantheons of archetypal beings to the countless individual units that constitute the world of matter.

THE WAYS TO REUNION

The process of successive divisions and progressive alienation represents only one half of the cosmic cycle. Insights from holotropic states repeatedly reveal events in consciousness reflecting a movement in the opposite direction – from plurality and separation toward increasing dissolution of boundaries and merging into ever-larger wholes.

These two cosmic movements – one splitting and the other reuniting – have been described in various spiritual and philosophical systems. The founder of Neo-Platonism, Plotinus, described them as “efflux” and “reflux.” In the East, a similar concept found its most articulate expression in the writings of the Indian mystic and philosopher Sri Aurobindo. He referred to “the involution and evolution of consciousness.” Modern discussion of the ascending and descending dynamics of the cosmic process can be found in the writings of Ken Wilber.

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Holotropic research suggests that the universal process offers both infinite possibilities for becoming a separate individual and an equally ingenious range of opportunities to dissolve boundaries and return experientially to the source. The unitive experiences make it possible for individual units of consciousness to overcome their alienation and free themselves from the delusion of separateness. In the process of transcending what once seemed like absolute boundaries and of progressive merging, larger and larger experiential units come into being. Ultimately, this process dissolves all boundaries and culminates in a reunion with Absolute Consciousness. These fusions occur in many forms and on many different levels, contributing to the cyclical pattern of the cosmic dance.

VARIETIES OF UNITIVE EXPERIENCES

Spontaneous experiences of cosmic unity emerge most often when we are exposed to the wonders of nature or artistic creations of extraordinary beauty. Athletic activity, sexual union, delivery, and nursing are other triggers for unitive experiences. They can also be induced by various ancient, aboriginal, and modern “technologies of the sacred,” as we have discussed.

While the environments most conducive to unitive experiences are positive, emotionally charged situations, they can also occur under circumstances that are highly unfavorable, threatening, and critical. In this case, ego consciousness is shattered and overwhelmed, rather than dissolved and transcended. This happens during severe acute or chronic stress, at times of intense emotional and physical suffering, or when the body’s integrity or survival are seriously threatened. Many people discover the mystical realms during near-death experiences arising from accidents, injuries, dangerous diseases, and operations.

Traditional psychiatrists, as we have seen, do not distinguish between mysticism and psychosis. They thus regard unitive experiences as manifestations of mental illness. The credit for demonstrating the serious error of this approach belongs to Abraham Maslow, the founder of humanistic and transpersonal psychology. In a study of many hundreds of individuals, Maslow showed that these “peak experiences” are supernormal, rather than abnormal phenomena. Under favorable circumstances, he found, they could lead to superior emotional well-being, physical health, and self-realization or self-actualization.

“The Taboo against Knowing Who You Are”

If our deepest nature truly is divine, and if we are identical with the creative principle of the universe, how do we account for the intensity of our conviction that we are physical bodies existing in a material world? What is the nature of this fundamental ignorance concerning our true identity – this mysterious veil of forgetting that Alan Watts called “the taboo against knowing who you are”? How can an infinite, timeless spiritual entity possibly create from and within itself sentient beings who experience themselves as separate from their source and from each other? How are the actors in the world drama deluded into believing in the objective existence of their illusory reality?

The best explanation I have heard from the people with whom I have worked is that the cosmic creative principle traps itself by its own perfection. In order to realize its best opportunities for adventures in consciousness, the divine play must generate experiential realities – including the illusion of a material world. These realities must be convincing and believable in all details, or they would not be able to fulfill the task for which they were created.

Consider, as examples, works of art such as plays or movies. These can occasionally be presented so perfectly that they make us forget the illusory nature of the events we are witnessing. We react to them as if they were real. By the same token, good actors can sometimes discard their true identities and temporarily merge with the characters they are impersonating.

The world in which we live manifests plurality, polarity, density, physicality, change, and impermanence – all properties that Absolute Consciousness, in its pure form, is missing. This is why it creates an artistically and scientifically perfect facsimile of our material reality, complete with all these “missing” qualities. In kabbalistic terminology, “people need God and God needs people.”

So convincing is the illusion of a tangible world that the split-off units of the Universal Mind (ourselves included) mistake it for reality. The divine artistry is, in fact, so seamless that it supports the atheist as thoroughly as it does the true believer: bringing forth arguments, not only against its own involvement in creation, but even against its very existence.

THE PERFECT ILLUSION

A central ploy in maintaining the illusion of an ordinary material reality is the existence of the trivial and ugly. If we all were radiant ethereal beings, drawing

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our life energy directly from the sun and living in a world where every landscape looked like the Himalayas or unspoiled Pacific islands, it would be too obvious to us that we are part of a divine reality. The divine nature of our world would be difficult to deny if all our buildings looked like Xanadu or the Cathedral in Chartres; if we were surrounded by Michelangelo's sculptures; and if the music of Beethoven or Bach wafted constantly on the breeze.

But instead, we have physical bodies with all their secretions, excretions, odors, imperfections, and pathologies – as well as a gastrointestinal system filled with repulsive contents. We vomit, burp, pass gas, defecate, and urinate. The human body itself eventually decomposes. All of these bald facts effectively obscure and confuse our claim to divinity. Beyond our own bodies, we find our world littered with junkyards, Superfund cleanup sites, foul-smelling toilets with obscene graffiti, urban ghettos, and millions of funky dwellings. Little wonder, then, that we miss the realization that our life is a divine play. The existence of evil and the fact that the very nature of life is predatory makes such insight almost impossible for the average person. For educated Westerners, the world view created by materialistic science is a serious additional hurdle.

The divine play is not a completely closed system, of course; it offers protagonists the possibility of discovering the true nature of creation, including their own cosmic status. But to make the possibility of divine reunion even more remote, all the routes leading in that direction are fraught with hardships, risks, and challenges. Any opportunity for spiritual opening is typically accompanied by a variety of strong opposing forces.

Some of the intrapsychic obstacles to liberation are difficult and dangerous enough to deter less courageous and determined seekers. These include encounters with dark archetypal forces, fear of death, and the specter of insanity. Even more problematic are various interferences from the external world. In the Middle Ages, for example, people who had spontaneous mystical experiences risked torture, trial, and execution by the Holy Inquisition. In our time, stigmatizing psychiatric labels and drastic therapeutic measures have replaced accusations of witchcraft, tortures, and *autos-da-fe*.

Twentieth-century materialistic scientism has ridiculed and pathologized any spiritual effort, no matter how well founded and sophisticated. The authority that science enjoys in modern society makes it difficult to take spirituality seriously; much less, to pursue the path of spiritual discovery. Furthermore, mainstream religious dogmas tend to obscure the fact that true spirituality can be found only inside the

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individual psyche. Rather than helping us connect with the divine, organized religion at its worst actually functions as a grave impediment to any serious spiritual search.

Aboriginal technologies of the sacred have, as we have seen, been dismissed in the West as products of magical thinking and primitive superstitions. The mainstream rejection of spiritual exploration has been further legitimated by unfortunate abuses of various mystical tools. The tantric potential of sexuality, for example, is easily distorted by sex as a powerful animal instinct. Used responsibly, psychedelics can open wide the gates to the transcendental dimension. Soon after their advent, however, widespread unsupervised experimentation increased the risks involved. The ensuing legal sanctions, together with the threat of chromosomal damage and fear of insanity, made this powerful way to reunion very difficult and problematic.

The Problem of Good and Evil

Coming to terms with the existence of evil is among the most challenging tasks of the spiritual journey. Deep experiential insights into ultimate realities, reported in some holotropic states, have suggested that evil is an essential element in the universal drama. Since cosmic creation is *creatio ex nihilo* (creation out of nothing), it has to be symmetrical. This fundamental paradigm dictates that everything that emerges into existence must be counterbalanced by its opposite. From this perspective, polarities of all kinds are absolutely indispensable prerequisites for the creation of phenomenal worlds.

As discussed earlier, one of the “motives” for creation seems to be the creative principle’s “need” to get to know itself, so that “God can see God” or “Face can behold Face.” If the divine creates in order to explore its own inner potential, failing to express the full range of this potential would mean incomplete self-knowledge. And if Absolute Consciousness is also the ultimate Artist, Experimenter, and Explorer, it would compromise the richness of the creation to leave out some significant options. Artists do not limit their topics to those that are beautiful, ethical, and uplifting. They portray any aspects of life that render interesting images or promise intriguing stories.

The existence of the shadow side of creation enhances its light aspects by providing contrast, giving extraordinary richness and depth to the universal drama. The conflict between good and evil in all domains and on all levels of

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existence is an inexhaustible source of inspiration for fascinating stories. A disciple once asked Sri Ramakrishna, the great Indian visionary, saint, and spiritual teacher, “Swamiji, why is evil in the world?” After a short deliberation, Ramakrishna replied succinctly, “To thicken the plot.”

In view of the nature and scope of suffering in the world, this answer might appear cynical. It is difficult to imagine a creative force allowing the starvation of millions of children, the insanity of wars throughout history, countless sacrificed and tortured victims, and the desolation of natural disasters – all merely to “thicken the plot.” However, things change when we conduct a mental experiment in which we eliminate from the universal scheme everything we consider bad or evil (including violence and disease). It soon becomes clear that such ethical sanitation also eliminates much that we value and appreciate enormously: the history of medicine; all those who dedicated their lives to alleviating suffering; the heroism of freedom fighters; triumphs of victory over evil forces; and all the works of art inspired by the conflicts of good and evil. Such radical purging of the universal shadow strips creation of its immense depth and richness, resulting in a very colorless and uninteresting world.

This way of looking at ethical issues can be quite disturbing, in spite of the fact that it is based on very convincing personal experiences in holotropic states. The practical problems become obvious as we try to apply it to our everyday life and conduct. At first glimpse, seeing the material world as a virtual reality and comparing human existence to a movie seems to trivialize life and make light of human misery. It might appear that such a perspective fosters an attitude of cynical indifference, where nothing really matters. Accepting evil as an integral part of creation could easily serve to justify the suspension of ethical constraints and unbridled pursuit of egotistical goals. It might also seem to sabotage any effort to actively combat evil in the world.

But here again, we must consider that transcendental insights into good and evil are accompanied by a new and deeper understanding of our own roles in their creation. Experiential exploration typically reveals important biographical, perinatal, and transpersonal sources of violence and greed in our unconscious. By focusing psychological work on these areas, we significantly reduce our own aggression and increase our tolerance.

Practical experience also shows that awareness of the emptiness behind all forms is not at all incompatible with genuine appreciation and love. We experience transpersonal identification with various aspects of creation, leading

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to deep reverence for life and empathy with all sentient beings. In this way, the same process that reveals to us the emptiness of forms and the relativity of ethical values simultaneously teaches us the love and compassion necessary to reduce our proclivity to immoral and antisocial behavior.

The new system of values we develop is based, not on conventional norms, precepts, commandments, and fear of punishment, but on our knowledge and understanding of the universal order. We realize that we are an integral part of creation and that by hurting others, we would be hurting ourselves. In addition, deep self-exploration leads to the experiential discovery of reincarnation and the law of karma. This makes us keenly aware of serious experiential repercussions of harmful behaviors – even those that escape societal retributions.

Entering the Cosmic Dance

Many religions deal with the hardships of life by playing down the importance of the earthly plane and focusing on transcendental realms. In this view, the material world is an inferior, imperfect, impure domain conducive to suffering and misery. These religions recommend a shift in emphasis from the material world to other realities. This world appears to be a vale of tears and incarnate existence a curse; a quagmire of death and rebirth.

These creeds offer dedicated followers the promise of a more desirable domain and fulfilling state of consciousness in the Beyond. In the more primitive forms of popular beliefs, this abode takes various forms of blessed paradises or heavens. These become available after death to those who have met the necessary requirements, as defined by their respective theologies. More sophisticated and refined systems of this kind see such paradises as stages of the spiritual journey, whose final destination is dissolution of personal boundaries and union with the divine. The seeker is transformed into a pristine monad uncontaminated by biology, or actually extinguishes the fire of life to disappear into nothingness. Other spiritual orientations, by contrast, embrace the material world as embodying the divine.

The holotropic perspective raises certain questions regarding these religious teachings. What can we gain from moving away from life and escaping from the material plane into transcendental realities? And, conversely, what is the value of wholeheartedly and exclusively embracing the world of everyday reality? Further,

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what of those spiritual systems that define the goal of the spiritual journey as dissolution of personal boundaries and reunion with the divine?

People who have actually experienced identification with Absolute Consciousness realize that targeting this state as an ultimate goal involves a serious problem. This is because the undifferentiated Absolute Consciousness/Void represents, not only the end of the spiritual journey, but also the source and the beginning of creation. In the divine, we find the resolution of separation from the original unity – and also the principle responsible for that separation, in the first place. Reunion with the Absolute, then, entails both the experiences of ultimate unity and of the primordial division that creates our very existence.

Walking the Mystical Path with Practical Feet

The overall scheme of the cosmic creative drama involves a dynamic interplay of two fundamental forces. One of them is centrifugal (hylotropic, or matter-oriented) and the other centripetal (holotropic, or aiming for wholeness). The undifferentiated Cosmic Consciousness demonstrates the hylotropic tendency to create worlds of plurality containing countless separate beings. Conversely, the individualized units of consciousness, experiencing their separation and alienation as painful, manifest a strong urge to return to the source and reunite with it.

If our psyches are, in fact, governed by these two powerful cosmic forces – the hylotropic and the holotropic – and if these two are in a fundamental conflict with each other, how can we adequately approach our existence? Since neither separate existence nor undifferentiated unity is fully satisfactory in and of itself, what is the alternative?

Clearly, the solution is not to reject embodied existence as worthless and try to escape it. We have seen that experiential worlds, including the world of matter, represent an important, valuable, and absolutely necessary complement to the undifferentiated state of the creative principle. At the same time, our efforts to reach fulfillment and peace of mind will necessarily fail, and possibly backfire, if they involve only objects and goals in the material realm. Any satisfactory solution will thus have to embrace both the earthly and the transcendental dimensions; both the world of forms and the Formless.

The material universe as we know it offers virtually limitless possibilities for extraordinary adventures in consciousness. As embodied selves, we can witness

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the spectacle of the heavens with its billions of galaxies and countless natural wonders on earth. Only in the physical form and on the material plane can we fall in love, enjoy the ecstasy of sex, have children, listen to Beethoven's music, or admire Rembrandt's paintings. We also have available to us the splendid project of probing the mysterious past, from ancient civilizations and the antediluvian world to the events during the first microseconds of the Big Bang.

To participate in the phenomenal world and to be able to experience this rich spectrum of adventures requires a certain degree of identification with the embodied self and acceptance of the world of matter. However, when we identify absolutely with the body/ego and believe unshakably in the material world as the only reality, it is impossible to fully enjoy our participation in creation. From this position, the specters of personal insignificance, impermanence, and death can completely overshadow the positive side of life and rob it of its zest. We also have to contend with our frustration at the futility of realizing our full divine potential within the constraints of the material world.

The solution to this dilemma lies inside ourselves. Repeated experiences of holotropic states tend to loosen our belief that we are "skin-encapsulated egos." We continue to identify with the body/ego for pragmatic purposes, but this identification becomes more tentative and playful. If we have sufficient experiential knowledge of the transpersonal aspects of existence, including our own true identity and cosmic status, everyday life becomes much easier and more rewarding.

THE EMPTINESS OF ALL FORMS

As our inner search continues, we also sooner or later discover the essential emptiness behind all forms. As the Buddhist teachings suggest, knowledge of the virtual nature of the phenomenal world and its voidness can help us achieve freedom from suffering. This knowledge includes the recognition that belief in any separate selves, including our own, is ultimately an illusion. In Buddhist texts, the awareness of the essential emptiness of all forms and the ensuing realization that there are no separate selves is referred to as *anatta*: literally, "no-self."

This revelation of the transpersonal experience – that our nature is divine and that all things are essentially empty – forms the foundation of a metaframework that can help us considerably to cope with the complexity of everyday existence. On this basis, we can fully embrace the experience of the material world and enjoy all that it has to offer: the beauty of nature, human relationships, lovemaking, family, works of art, sports, culinary delights, and countless other things.

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No matter what we do, however, life will always bring obstacles, challenges, painful experiences, and losses. When things get too difficult and devastating, we can call on the larger cosmic perspective we have discovered on our inner quest. The connection with higher realities and the liberating knowledge of anatta make it possible to tolerate what otherwise might be unbearable.

The ability to reconcile and integrate these two aspects of life – pleasure and pain – belongs to the loftiest aspirations of the mystical traditions. With the help of this transcendental awareness, we might be able to experience fully the entire spectrum of life – as Zorba the Greek called it, “the whole catastrophe.”

6

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The Current Global Crisis

Without doubt, the two most powerful psychological forces in human history have been violence and greed. The scope and degree of the worldwide atrocities committed throughout the ages – many of them in the name of God – are truly unimaginable. This trend continued unmitigated during the twentieth century. A total of twenty million men and women were killed on the battlefields of World War II, and an equal number of noncombatants perished as a consequence of the war.

The expansionism of Nazi Germany and the horrors of the Holocaust; Stalin's rule of terror and his Gulag Archipelago; the civil atrocities in Communist China and in the South American dictatorships; the genocide committed by the Chinese in Tibet; the cruelties of South African apartheid; the wars in Korea and Vietnam; and the more recent bloodshed in Yugoslavia and Rwanda – these are just a few salient examples of the senseless violence we have witnessed during the past fifty years.

Human greed, which often fueled these violent acts, has also found new, less overtly aggressive forms of expression in the philosophy and strategy of

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capitalist economy. Under this scheme, emphasis has been placed on increasing the gross national product, unlimited economic growth, reckless plundering of nonrenewable natural resources, conspicuous consumption, and “planned obsolescence.” Moreover, much of this wasteful economic policy – which has disastrous ecological consequences – has been oriented toward producing weapons of increasing destructive power.

In the past, these internecine episodes of greed and violence had a tragic impact on the lives of those directly or indirectly involved in them, and caused much suffering. However, these historical events did not threaten the evolution of the human species as a whole, and certainly did not endanger the planetary ecosystem and biosphere. Even after the most violent wars, nature was able to recycle the aftermath and completely recover within a few decades.

This situation changed very radically in the course of the twentieth century. Rapid technological progress, exponential growth of industrial production, massive population explosion – and particularly the discovery of atomic energy – have forever changed the equations involved. Given our lethal new capacity for destruction, continuing our historical trend of problem-solving through violence is seriously endangering the survival of life on our planet.

Diplomatic negotiations, administrative and legal measures, economic and social sanctions, military interventions, and similar efforts have yielded very little success; as a matter of fact, they have often produced more problems than they have solved. It is becoming increasingly clear why their failure is inevitable: it is impossible to alleviate the global crisis by applying strategies rooted in the same ideology that created it in the first place. In the last analysis, our perilous situation is of a psychospiritual nature; it reflects humanity’s level of consciousness evolution. It is therefore hard to imagine resolving it without a radical inner transformation of the human species on a large scale – specifically, its rise to a higher level of emotional maturity and spiritual awareness.

THE CRUCIAL TASK OF CHANGE

The task of imbuing humanity with an entirely different set of values might appear too utopian to offer any real hope. Considering the paramount role of violence and greed in human history, it hardly seems plausible that modern humanity could be transformed into a species capable of peaceful coexistence with one another, let alone with other species. Such a task would require instilling profound ethical values, sensitivity to the needs of others, acceptance of voluntary

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simplicity, and a sharp awareness of ecological imperatives. At first glance, success in such a project appears too fantastic even for a science-fiction movie.

However, although serious and critical, the situation might not be as hopeless as it seems. After intensively studying nonordinary states of consciousness for more than forty years, I have concluded that the theoretical concepts and practical approaches of transpersonal psychology offer very promising new remedies for the crisis we face. While fully agreeing with the great Asian spiritual philosophies and world mystical traditions, these ideas and applications also endeavor to integrate spirituality with the West's new scientific paradigm. As such, they represent a fusion of ancient wisdom and the leading edge of scientific thinking in the industrialized world.

Holotropic Insights Essential to a Planetary Future

There are five major contributions that modern consciousness research, transpersonal psychology, and the emerging scientific paradigm can make to our current global situation:

- a new image of the universe and a more comprehensive understanding of the human psyche, replacing the behaviorist and Freudian models
- a new understanding of the roots of malignant aggression and human violence
- new insights into the nature of insatiable greed
- experiential approaches shown to facilitate positive personal transformation and consciousness evolution
- more effective and realistic strategies with respect to the planetary crisis

A NEW IMAGE OF THE UNIVERSE

The Newtonian-Cartesian paradigm has dominated Western science for the last three hundred years. Recently, many authors have pointed to this model as a significant factor in the development of the global crisis. It portrays the universe as a giant, fully deterministic supermachine governed by mechanical laws. The image

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of the cosmos as a mechanical system has led to the belief that it can be adequately understood by dissecting it and studying all its parts.

In addition, by elevating matter to the most important principle in the cosmos, Western science has reduced life, consciousness, and intelligence to its accidental by-products. In this context, humans appear to be nothing more than highly developed animals. In addition, mind and nature are held to be entirely separate. This view has led to the acceptance of antagonism, competition, and Darwin's "survival of the fittest" as the fundamental tenets of human society. Furthermore, defining organic and inorganic nature as unconscious has justified its exploitation by humans, as so eloquently argued by Francis Bacon.

Freudian psychoanalysis has painted a pessimistic picture of human beings as creatures whose primary motivating forces are bestial instincts. If we were not controlled by the superego (internalized parental prohibitions and injunctions) and afraid of societal repercussions, Freud argued, we would indiscriminately kill, steal, and engage in unbridled promiscuous sex. This image of human nature dismissed complementarity, synergy, mutual respect, peaceful cooperation, and the like as temporary opportunistic strategies or naive utopian fantasies.

It is not difficult to see how these concepts and the system of values associated with them have helped to create the crisis we are facing.

Thankfully, during its thirty years of existence, transpersonal psychology has amassed convincing evidence for a radically different understanding of the cosmos, human beings, and the psyche. It has become increasingly clear that consciousness is not a product of physiological processes in the brain, but a primary attribute of existence. The universe is imbued with creative intelligence, and consciousness is inextricably woven into its fabric.

What is more, modern consciousness research has shown that the conceptual framework of traditional psychiatry and psychology – which reduces the human psyche to biology, postnatal biography, and the Freudian individual unconscious – is superficial, inadequate, and incorrect. In holotropic states (such as systematic meditation, shamanic rituals, near-death experiences, psychedelic sessions, powerful forms of experiential psychotherapy, and spontaneous psychospiritual crises), the psyche can reach far beyond such narrow limits. As we have seen, we can transcend the dynamics of an unconscious dominated by animal instincts to connect with transpersonal domains and what can best be described as the "superconscious."

In the last analysis, the individual psyche is commensurate with the totality of existence; the deepest nature of humanity is not bestial, but divine. This

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understanding of existence naturally supports reverence for life, cooperation and synergy, concerns for humanity and the planet as a whole, and deep ecological awareness.

UNDERSTANDING THE ROOTS OF AGGRESSION AND VIOLENCE

Modern study of human aggressive behavior started with Charles Darwin's epoch-making evolutionary discoveries in the mid-nineteenth century (Darwin 1952). His attempts to explain human aggression from our animal origins inspired such theoretical concepts as Desmond Morris's image of the "naked ape" (Morris 1967), R. Ardrey's idea of the "territorial imperative" (Ardrey 1961), Paul MacLean's "triune brain" (MacLean 1973), and Richard Dawkins's "selfish genes" (Dawkins 1976). More refined models of behavior were developed by pioneers in ethology, such as Konrad Lorenz and Nikolaas Tinbergen. These theories reinforced the mechanical emphasis on instincts through the study of their ritualistic and motivational elements (Lorenz 1963, Tinbergen 1965).

However, the suggestion that humans' tendency to violence simply reflects our animal origin is ultimately unconvincing. Animals exhibit aggression when they are hungry, defending their territory, or competing for sex. The nature and scope of human atrocities, by contrast – Erich Fromm's "malignant aggression" (Fromm 1973) – have no parallels in the animal kingdom.

As it became clear that human aggression is not merely an inborn natural instinct, various psychodynamic and psychosocial theories began proposing that it might be substantially learned behavior. This trend began in the late 1930s, with the monograph *Frustration and Aggression* (Miller and Dollard 1939). Such psychodynamic theories tried to explain human aggression as a reaction to frustration, abuse, and lack of love in infancy and childhood. However, explanations of this kind fall painfully short of accounting for extreme forms of individual violence (as exemplified by the Boston Strangler and Jeffrey Dahmer), crimes committed by criminal groups (like the Sharon Tate murders or prison uprisings), and particularly mass societal phenomena like Nazism, Communism, bloody wars, revolutions, genocide, and concentration camps.

In recent decades, psychedelic research and deep experiential psychotherapies have thrown much light on the problems of human aggression. It has become apparent that the sources of this problematic aspect of human nature are much deeper and more formidable than traditional psychology ever imagined. At the

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same time, though, this research has also revealed extremely effective approaches that can help neutralize and transform our propensity to violence. It has become clear that malignant aggression does not reflect true human nature. Rather, it arises from the unconscious dynamics that separate us from our deeper identity. When we reach the transpersonal realms beyond this screen, we realize that our true nature is divine, rather than bestial. This finding is fully congruent with the image described in the ancient Indian Upanishads by the phrase *Tat Tvam Asi* (Thou art That) – meaning that, in the last analysis, each of us is identical with the creative principle of the universe.

Perinatal sources of violence. There is no doubt that malignant aggression is connected with traumas in childhood and infancy. However, modern consciousness research has revealed that other significant roots of violence lie beyond postnatal biography, in the trauma of biological birth. The vital emergency, pain, and suffocation experienced for many hours during biological delivery generate enormous amounts of anxiety and murderous aggression that remain stored in the organism.

Linking specifically human “malignant aggression” to biological birth naturally raises the question: what makes human birth different from that of other mammals, most of which deliver in a similar way? The two most important factors that make human birth incomparably more difficult than animal birth are the size and shape of the human skull (reflecting the unprecedented development of the neocortex of the brain) and the configuration of the pelvis associated with erect posture.

These physiological impediments are further compounded by a variety of psychological and social factors that interfere with the natural dynamics of birth. Prominent among these are repressive upbringing, which distorts attitudes toward birth and reproductive functions; conflicting feelings about pregnancy, due to interpersonal and sociocultural factors; and the anxiety-provoking atmosphere of the hospital. None of these naturally exists in animals or native societies.

In addition, there is a shadow side to the great advantages of modern obstetrics. Contemporary medical techniques can save the life of the mother and/or the child after many hours of difficult delivery that, under natural circumstances, could not be successfully completed. Thus, many people in Western industrial countries who were saved after hours of life-threatening delivery by last-minute surgical intervention carry an unconscious record of extreme birth trauma, unparalleled in both the animal kingdom and preindustrial cultures.

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When individuals relive the original emotions and sensations of the birth trauma in experiential psychotherapy, they typically experience powerful sequences portraying various violent scenes. Experiences of wars, revolutions, racial riots, concentration camps, totalitarianism, and genocide have often been reported during perinatal processing. This spontaneous emergence of sociopolitical themes and insights leads us to very specific conclusions about the psychological dynamics involved.

Naturally, wars and revolutions are extremely complex phenomena that have historical, economic, political, religious, and other dimensions. The intention here is not to offer a reductionistic explanation, but to contribute some previously neglected or inadequately realized insights into the psychological and spiritual dimensions of these events.

The sociopolitical sequences described tend to emerge in specific relation to the respective stages of the birth process (BPMs). While reliving episodes of undisturbed intrauterine existence (BPM I), subjects typically experience images from early societies with ideal social structures, cultures living in complete harmony with nature (as on pristine Polynesian islands), or future utopian societies where all major conflicts have been resolved. Disturbing intrauterine memories (toxic womb, imminent miscarriage, attempted abortion) are accompanied by images of industrial areas where nature is polluted and spoilt, or societies with all-pervasive, insidious danger and paranoia.

A different picture emerges from regressive experiences related to the first clinical stage of birth (BPM II), during which the uterus periodically contracts but the cervix is not open. Here, we find images of oppressive and abusive totalitarian societies with closed borders that victimize their populations and “choke” personal freedom (Czarist or Stalinist Russia, Hitler’s Third Reich and its concentration camps, South American dictatorships, South African apartheid). Subjects experiencing these scenes of living hell identify exclusively with the victims and feel deep empathy with the oppressed.

During the second clinical stage of delivery (BPM III), the cervix is dilated, and repeated contractions propel the fetus through the narrow passage of the birth canal. Experiences reliving this phase feature a rich panoply of violent scenes: bloody wars and revolutions, human or animal slaughter, mutilation sequences, sexual abuse, and murder. These scenes often contain demonic elements and repulsive scatological motifs. Frequent concomitants are visions of burning cities, rocket launches, and nuclear explosions. Subjects may identify with the victim,

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the aggressor, or an emotionally involved observer.

Memories from the third clinical stage of delivery (BPM IV) – the actual moment of birth and separation from the mother – include images of victory in wars and revolutions, the liberation of prisoners, triumphant celebrations and parades, or the success of collective efforts (such as patriotic movements and post-war reconstruction).

Psychohistory and the roots of violence

I described the links between sociopolitical upheavals and the stages of biological birth in my first book, *Realms of the Human Unconscious* (Grof 1975). Shortly after its publication, I received a letter from Lloyd de Mause, a New York psychoanalyst and journalist. De Mause is one of the founders of psychohistory, a discipline that applies the findings of depth psychology to history and political science. Psychohistory is concerned with the relationships between political leaders' childhood histories and their value systems and decision-making processes. It also studies how child-rearing practices influenced the nature of revolutions in their historical periods and related issues. My findings linking the trauma of birth to possible sociopolitical implications provided independent support for Lloyd de Mause's own research.

For some time, de Mause had been studying psychological aspects of the periods preceding wars and revolutions. He was interested in how military leaders succeed in mobilizing masses of peaceful civilians and transforming them, practically overnight, into killing machines. His approach was very original and creative: in addition to analyzing traditional historical sources, he drew psychologically significant data from caricatures, jokes, dreams, personal imagery, slips of the tongue, side comments of speakers, and even doodles and scribbles on rough drafts of political documents. By the time he contacted me, he had analyzed seventeen situations preceding the outbreak of wars and revolutionary upheavals, spanning the centuries from antiquity to recent times.

De Mause was struck by the extraordinary abundance of figures of speech, metaphors, and images related to biological birth in this material (de Mause 1975). Military leaders and politicians of all ages, he found, described critical situations or declared war using terms that apply equally to perinatal distress. They accuse the enemy of “choking” and “strangling” us; “squeezing the last breath out of our lungs”; or “confining” us, “not giving us enough space to live” (Hitler's *lebensraum*). Equally frequent are allusions to dark caves, tunnels, confusing labyrinths, dangerous abysses, and the threat of engulfment or drowning.

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Significantly, these leaders also used perinatal terms to promise resolution of the crisis. We will be “rescued from the treacherous labyrinth”; “led to the light on the other side of the tunnel”; and everybody will “be able to breathe freely again” after the enemy is overcome.

Lloyd de Mause’s historical examples include Samuel Adams’ reference to the American Revolution as “the child of Independence now struggling for birth.” He reports Kaiser Wilhelm’s declaration in 1914 that “the Monarchy has been seized by the throat and forced to choose between letting itself be strangled and making a last-ditch effort to defend itself against attack.” During the Cuban missile crisis, Krushchev pleaded with Kennedy that the two nations not “come to a clash, like blind moles battling to death in a tunnel.” Even more explicit was the coded message Japanese ambassador Kurusu called in to Tokyo, signaling that negotiations with Roosevelt had broken down and giving the go-ahead to the bombing of Pearl Harbor. He announced that “the birth of a child was imminent” and asked how things were in Japan: “Does it seem as if the child might be born?” The reply was: “Yes, the birth of the child seems imminent.” Interestingly, American intelligence eavesdroppers recognized the meaning of this war-as-birth code.

Particularly chilling was the use of perinatal language in connection with the explosion of the atomic bomb in Hiroshima. The airplane carrying the bomb was named for the pilot’s mother, Enola Gay. The bomb itself carried a painted nickname: “The Little Boy.” The agreed-upon message informing Washington of successful detonation was “The baby was born.” It would not be too far-fetched to see the image of a newborn behind the nickname of the Nagasaki bomb, too: “Fat Man.”

Lloyd de Mause has since collected many more historical examples, and refined his thesis that the birth trauma plays an important role in motivating violent social activity.

The language of nuclear war

Some fascinating elaborations on the metaphors of destruction appear in a paper by Carol Cohn, *Sex and Death in the Rational World of the Defense Intellectuals* (Cohn 1987). Defense intellectuals are civilians who move in and out of government, working sometimes as administrative officials or consultants, sometimes at universities and think tanks. They create the theory behind U.S. nuclear strategic practice: how to manage the arms race, deter the use of nuclear weapons, fight a nuclear war if the deterrence fails, and rationalize the need for nuclear weapons.

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Carol Cohn attended a two-week summer seminar on nuclear weapons, nuclear strategic doctrine, and arms control. What transpired there so intrigued her that she spent the following year immersed in the almost entirely male world of defense intellectuals – where she collected some extremely interesting evidence of the perinatal dimension in nuclear warfare. In her own terminology, what she discovered confirms the primacy of the “male birth/male creation” motif underlying the psychology of nuclear warfare. (This thesis proposes that males, whose participation in creating new life is limited to the fertilizing intercourse, compensate by focusing on creation in science, technology, and art. This idea can be found as far back as in Otto Rank’s original book on the birth trauma.)

In 1942, Cohn found, Ernest Lawrence sent a telegram to a group of Chicago physicists developing the nuclear bomb. “Congratulations to the new parents,” it read. “Can hardly wait to see the new arrival.” Richard Feynman, in his article “Los Alamos from Below,” wrote that while temporarily on leave following his wife’s death, he received a telegram that read: “The baby is expected on [such-and-such a day].” At Los Alamos, the atom bomb was referred to as “Oppenheimer’s baby.”

“Teller’s baby” was the name given to the hydrogen bomb at Lawrence Livermore laboratories; although those who disparaged Edward Teller’s contribution claimed he was not the bomb’s father, but its mother. The real father, they claimed, was Stanislaw Ulam, who had “conceived” the bomb. Teller only “carried” it after that. The motherhood theme was further extended to the “nurturance” (maintenance) of the missiles.

Following the success of the first atomic test, General Groves sent a triumphant, coded cable to Secretary of War Henry Stimson at the Potsdam Conference. “Doctor has just returned most enthusiastic and confident that the little boy is as husky as his big brother,” he boasted. “The light in his eyes discernible from here to Highhold and I could have heard his screams from here to my farm.” Stimson, in turn, informed Churchill by writing him: “Babies satisfactorily born.”

“The big boom came about a hundred seconds after the great flash – the first cry of a new-born world,” enthused William L. Laurence after witnessing the first atomic bomb test. Edward Teller’s exultant telegram to Los Alamos, announcing the successful test of hydrogen bomb “Mike” at the Marshall Islands’ Eniwetok Atoll read: “It’s a boy.” As Carol Cohn put it, the male scientists had effectively given birth to progeny with the ultimate power of domination over the female “Mother Nature.”

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Carol Cohn's paper also mentions an abundance of overtly sexual symbolism in the language of defense intellectuals. The nature of this material – linking sex to aggression, domination, and scatology – shows notable similarity to that of BPM III imagery. For example, American dependence on nuclear weapons was explained as irresistible, because “you get more bang for the buck.” A professor explained why MX missiles should be placed in the newest Minuteman silos, rather than in older, less accurate ones: “You are not going to take the nicest missile you have and put it into a crummy hole.” At one point, there was concern that “we have to harden our missiles,” because “the Russians are a little harder than we are.” One military adviser to the National Security Council referred to “releasing 70–80 percent of our megatonnage in one orgasmic whump.”

Lectures were filled with terms like “vertical erector launchers,” “thrust-to-weight ratios,” “soft lay-downs,” “deep penetration,” and the comparative advantages of “protracted” versus “spasm attacks.” Another example is the popular and widespread custom of “patting the missiles”: an expression of phallic supremacy, but also of homoerotic predilections. Feminist critics of nuclear policies are clearly quite accurate when they refer to “missile envy” and “phallic worship.”

Exteriorizing the enemy

That the unconscious perinatal domain plays a pivotal role in war psychology is further confirmed by Sam Keen's excellent book *The Faces of the Enemy* (Keen 1988). Keen brought together an outstanding collection of distorted and biased war posters, propaganda cartoons, and caricatures from many historical periods and countries. He demonstrated that the way the enemy is described and portrayed during a war or revolution is a relatively predictable stereotype, and that it has very little to do with the actual characteristics of the culture involved.

Keen divided his images into several archetypal categories, according to the prevailing characteristics (e.g. Stranger, Aggressor, Worthy Opponent, Faceless, Enemy of God, Barbarian, Greedy, Criminal, Torturer, Rapist, Death). He argues that the alleged images of the enemy are essentially projections of the repressed and unacknowledged shadow aspects of our own unconscious. Although we would certainly find in human history instances of “just wars,” those who initiate conflicts are typically substituting external targets for elements in their own psyches that should properly be faced in personal self-exploration.

Sam Keen's theoretical framework does not specifically include the perinatal domain of the unconscious. However, analysis of his visual material reveals a preponderance of symbolic images characteristic of BPM II and BPM III.

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The enemy is typically depicted as a dangerous octopus, a vicious dragon, a multiheaded hydra, a giant venomous tarantula, or an engulfing leviathan. Other frequently used symbols include vicious predatory felines or birds, monstrous sharks, and ominous snakes – particularly vipers and boa constrictors. Scenes depicting strangulation or crushing, ominous whirlpools, and treacherous quicksands also abound in images from times of war, revolution, and political crisis. When we lay pictures from nonordinary states of consciousness depicting perinatal experiences side by side with the historical, visual documentation collected by Lloyd de Mause and Sam Keen, the perinatal roots of human violence come clearly into focus.

The insights derived from nonordinary states of consciousness and psychohistory show that each of us carries deeply unconscious, yet powerful, energies and emotions associated with the birth trauma – and that we have not adequately mastered and assimilated these forces. For some of us, this aspect of our psyche is completely unconscious until we undertake in-depth self-exploration with the help of psychedelics, holotropic breathwork, or rebirthing. Others may be aware at various levels of the emotions and physical sensations stored at the perinatal level of the unconscious. Activating this material can lead to serious individual psychopathology, including unmotivated violence.

It seems that, for unknown reasons, awareness of perinatal elements can increase simultaneously in a large number of people – as, for instance, in Nazi Germany. The awareness creates an atmosphere of tension, anxiety, and anticipation. An individual who is under a stronger-than-average influence of perinatal energies then assumes leadership. This person has the ability to disown his unacceptable feelings (Jung’s “Shadow”), and to project them into the external situation. The collective discomfort is blamed on the enemy, whose elimination (by means of military intervention) is offered as a solution.

The ensuing war supplies permission to abandon the psychological defenses that ordinarily keep dangerous perinatal tendencies in check. Freud’s superego, a psychological force that imposes restraint and civilized behavior, is replaced by the “war superego.” We are now praised and decorated for the very behaviors that are unacceptable and punishable in peacetime: murder, indiscriminate destruction, and pillaging. Perinatal elements normally encountered at certain junctures in inner exploration and transformation (BPM II and III) are now externalized in the imagery of our everyday lives – either directly or in the form of TV news. Various no-exit situations (such as sieges, ambushes, and prison

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camps), sadomasochistic orgies, sexual violence, bestial and demonic behaviors, unleashing of enormous explosive energies, and scatology (all of which belong to standard perinatal imagery) are enacted with extraordinary vividness and power during wars and revolutions.

Obviously, the acting out of unconscious impulses – whether on the individual scale or collectively in wars and revolutions – does not result in transformation. The insight and therapeutic intention associated with fully conscious experience are missing. Thus, even if the war or revolution succeeds, the goal of the underlying birth fantasy – the driving force behind these violent events – is not achieved. The most triumphant external victory does not deliver the anticipated inner sense of emotional liberation and spiritual rebirth. After the initial intoxicating feelings of triumph comes a sober awakening; then, later, bitter disappointment. It is usually not long before a facsimile of the old, oppressive system emerges from the ruins of the dead dream, because the same misdirected forces continue to operate in the deep unconscious. From the French Revolution to the Russian Bolshevik uprising and World War II, human history has seen this pattern repeated again and again.

Psychodynamics of Communist ideology. I spent many years conducting deep experiential work in Prague during the Marxist regime in Czechoslovakia. In the process, I collected some fascinating material on the psychological dynamics of Communism. Issues related to Communist ideology typically emerged when my clients were struggling with perinatal energies and emotions. It became obvious that the passionate resistance revolutionaries felt toward oppressors and their regimes was powerfully reinforced by their revolt against the inner prison of perinatal memories. Conversely, the need to coerce and dominate others is an external displacement of the need to overcome fear of being overwhelmed by one's own unconscious. The murderous entanglement of oppressor and revolutionary is thus an externalized replica of the situation experienced in the birth canal.

The Communist vision contains an element of psychological truth that has made it appealing to many people. A dramatic, revolutionary experience is, indeed, necessary to terminate suffering and oppression and institute a situation of greater harmony – but only when understood as a process of inner transformation. This notion is dangerously false when projected into the external world as a political ideology of violent revolution. When this happens, the deeper, archetypal pattern of spiritual death and rebirth is distorted into an atheistic, antispiritual program.

Communist revolutions have been extremely successful in their destructive

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phase. Yet instead of the promised brotherhood and harmony, their victories have bred regimes where oppression, cruelty, and injustice have ruled supreme. Now that the economically ruined, politically corrupt Soviet Union (and the Communist world as a whole) has collapsed, it is obvious to people of sane judgment that this gigantic historical experiment – conducted at the cost of tens of millions of human lives and unimaginable suffering – has been a colossal failure. Thus, it can be inferred that external interventions are incapable of creating a better world, unless they are accompanied by a profound transformation in human consciousness. Some have argued that the Communist experiment could have worked if properly implemented or that some other, superior social movement could succeed in its place; but these arguments miss the fundamental flaw in prescribing external remedies for an internal malady.

Perinatal dynamics in concentration camps

The psychology of concentration camps is another area that has been illuminated by observations from modern consciousness research. Over time, Professor Bastians in Leyden, Holland, has conducted LSD therapy with people suffering from “concentration-camp syndrome”: a condition that develops in former inmates many years after incarceration. Bastians has also worked with former *kapos* on issues of guilt. An artistic description of this work can be found in the book *Shivitti*, written by a former inmate named Ka-Tzetnik 135633 (1989), who underwent a series of therapeutic sessions with Bastians.

Bastians himself describes his work in a paper entitled “Man in the Concentration Camp and the Concentration Camp in Man” (Bastians 1955). There he pointed out, albeit without mentioning the perinatal dynamics, that the concentration camps represent the human projection of a certain unconscious domain. “Before there was a man in the concentration camp,” he proposes, “there was a concentration camp in man.” Studying nonordinary states of consciousness has made it possible to identify the realm of the psyche Bastians was talking about.

On closer examination, we can see that the conditions in Nazi concentration camps were a diabolical and realistic reenactment of the nightmarish atmosphere experienced during biological birth. Barbed-wire barriers, high-voltage fences, watchtowers with submachine guns, minefields, and packs of trained dogs created an almost archetypal image of utter hopelessness and oppression with no possible exit. As we have seen, this is the very experience that characterizes the first clinical stage of birth (BPM II). At the same time, the elements of violence, bestiality, scatology, and sexual abuse – including rape and sadistic practices – all reflect the

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phenomenology of the second stage of birth (BPM III).

Sexual abuse in the concentration camps was conducted on a random individual level, as well as in “houses of dolls”: institutions providing “entertainment” for the officers. The only escape from this hell was death – by hunger, disease, gunshot, or suffocation in the gas chambers, followed by the fires of the crematoria. The books *House of Dolls* and *Sunrise over Hell* (Ka-Tzetnik 1955 and 1977) describe concentration-camp life in shattering detail. According to Ka-Tzetnik, the SS targeted pregnant women for especially vicious bestiality. The scatological dimension of concentration camp tortures reveals their irrational nature and the influence of deep unconscious impulses. Inmates were made to throw eating bowls into latrines and retrieve them, and forced to urinate into each other's mouths – practices that, apart from their bestiality, introduced a real danger of epidemics. In Buchenwald alone, twenty-seven inmates drowned in feces during a single month.

Where did these terrible practices originate? I suggest that the intensity, depth, driving quality, and convincing nature of the emotions and sensations involved in these experiences point to their genesis in the collective unconscious. When our inner exploration brings us to the memory of the birth trauma, the gates to the collective unconscious seem to open, mediating access to the experiences of people who were once in a similar predicament. It is not difficult, then, to imagine that the perinatal level of our unconscious – which intimately “knows” the history of human violence – is actually partially responsible for wars, revolutions, and similar atrocities.

Evidence for the perinatal roots of violence

The role of the birth trauma as a source of violent and self-destructive tendencies has been confirmed by many clinical studies. The data suggest that a traumatic childhood, in and of itself, is not sufficient to produce criminal behavior in later years. To be a significant factor in this regard, postnatal traumatization (such as separation from the mother) must be preceded by a complicated birth. As discussed earlier (chapter 2), studies have shown the relationship between suicide and the trauma of birth. Similar supportive evidence links birth and outward-oriented violence.

French obstetrician Michel Odent (1995), for example, has shown how the hormones involved in the birth process and nursing (oxytocin, endorphins, adrenalin, noradrenalin, and prolactin) influence early imprinting in regard to violent or loving behavior. Oxytocin is known to induce maternal behavior

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in animals; endorphins foster dependency and attachment; and the adrenalin mechanisms have played a critical evolutionary role as mediators of the mother's aggressive protective instinct when birth occurred in unprotected natural environments. These chemical influences offer further evidence of the links between the birth experience and subsequent behavioral patterns.

Thus, we have seen that the circumstances of birth play an important role in creating a disposition to violence and self-destructive tendencies – or, conversely, to loving behavior and healthy interpersonal relationships. If this is true, it should be possible to reduce malignant and self-destructive aggression by changing birth practices. It should not be difficult, with the resources available to us, to provide a quiet, safe, and private birthing environment conducive to positive interpersonal imprinting. The busy, noisy, chaotic milieu of many hospitals interferes with this process, induces anxiety, and imprints the picture of a world that is potentially dangerous and requires aggressive responses.

TRANSPERSONAL SOURCES OF VIOLENCE

As we have seen, a conceptual framework limited to postnatal biography and the Freudian unconscious does not adequately explain extreme forms of individual or collective human violence. However, it seems that the roots of these phenomena reach even further than the perinatal level of the psyche. Consciousness research has revealed significant additional sources of aggression in the transpersonal domain. Here we find, for example, archetypal images of demons and wrathful deities; complex, destructive mythological themes; matrices for animal aggression; and past-life memories involving violence.

C. G. Jung believed that archetypes of the collective unconscious, besides exerting a powerful influence on individual behavior, also govern large historical movements. From this point of view, entire nations and cultural groups might be enacting central mythological themes in their behavior. In the decade preceding the outbreak of WW II, Jung found in the dreams of his German patients many elements from the Nordic myth of Ragnarok, or the twilight of the gods. He concluded that this archetype was emerging in the collective psyche of the German nation; and also predicted that it would lead to a major, ultimately destructive catastrophe.

We have seen how national leaders typically use perinatal images to further their political goals. In addition, however, they also frequently draw on archetypal and spiritual symbolism. The medieval crusaders, for example, were asked to sacrifice their lives for Jesus in a war whose true goal was to recover the Holy Land from

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the Mohammedans and bring it under the control of Europe's nobility. Hitler exploited the mythological motifs of Nordic racial supremacy and the millennial empire, as well as the ancient Aryan symbols of the swastika and the solar eagle. Ayatollah Khomeini and Saddam Hussein have ignited the imagination of their Moslem followers by references to *jihad*, a holy war against the infidels.

Here again, feminist researcher Carol Cohn has reported on how male scientists have tried to appropriate ultimate creative power – in this case, by means of spiritual symbolism and religious imagery embedded in the language of the nuclear culture. The authors of the strategic nuclear doctrine refer to members of their community as “the nuclear priesthood.” The first atomic test was called “Trinity”: the unity of Father, Son, and Holy Spirit – the male forces of creation. The scientists who witnessed the initial bomb test described it thus: “It was as though we stood at the first day of creation.” Robert Oppenheimer went so far as to borrow Krishna's words to Arjuna in the Bhagavad Gita: “I am become Death, the Shatterer of Worlds.”

NEW INSIGHTS INTO THE NATURE OF INSATIABLE GREED

Psychoanalysts attribute the insatiable human need to achieve, possess, and self-aggrandize to the sublimation of lower instincts. According to Freud, “What appears as ... an untiring impulsion toward further perfection can easily be understood as a result of the instinctual repression upon which is based all that is most precious in human civilization. The repressed instinct never ceases to strive for complete satisfaction, which would consist in the repetition of a primary experience of satisfaction. No substitutive or reactive formations and no sublimations will suffice to remove the repressed instinct's persisting tension” (Freud 1955).

More specifically, Freud saw greed as related to disturbances during nursing. He proposed that frustration or overindulgence during the oral phase can reinforce the primitive infantile need to incorporate objects – to such an extent that is transferred in adulthood to other objects and situations. When the acquisitive drive focuses on money, psychoanalysts trace it to a fixation on the anal stage of libidinal development. Insatiable sexual appetite is considered a result of phallic fixation, and many other unrelenting human pursuits are interpreted in terms of sublimated, phallic, instinctual urges.

Modern consciousness research reveals the superficiality and inadequacy of these interpretations. Significant additional sources of acquisitiveness and greed, we

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have found, arise on the perinatal and transpersonal levels of the unconscious.

PERINATAL SOURCES OF INSATIABLE GREED

During biographically oriented psychotherapy, many people discover that certain sectors of their interpersonal relations have been inauthentic. Problems with parental authority, for example, lead to specific disturbances in relation to authority figures. Repeated dysfunctional patterns in sexual relationships can be traced to parents as models for sexual behavior; sibling issues color future peer relationships, and so forth.

When experiential self-exploration attains the perinatal level, people typically discover that their life has been largely inauthentic throughout – not just in partial segments. They also find, to their astonishment, that their entire life strategy has been misdirected and therefore incapable of providing genuine satisfaction. This is because it was primarily motivated by the fear of death and the inadequately processed unconscious forces associated with biological birth (we are born anatomically, but not emotionally).

When underlying memories of the struggle in the birth canal strongly influence the field of consciousness, feelings of discomfort and dissatisfaction are focused on the present situation. These can revolve around a large spectrum of issues: physical appearance, resources and material possessions, social position and influence, levels of power and fame, and many others. Like the child stuck in the birth canal, the individual is driven to find a better situation that seems to lie ahead.

Whatever the reality of present circumstances, they will never feel satisfactory. In our fantasy, some future situation will provide the solution; until we reach it, life is not yet “the real thing.” The lifestyle arising out of this pattern has been described as a “treadmill” or “rat-race” existence. In existentialist terms, we “auto-project” into the future.

When the goal is not attained, continuing dissatisfaction is blamed on failure to implement the imagined corrective measures. When the goal is reached, the dissatisfaction is typically rationalized with the belief that the goal was not quite right, or was not ambitious enough. It must, therefore, be amplified or exchanged for another one. The real reason for the failure of this endeavor – a fundamentally defective strategy incapable of delivering happiness – is not correctly diagnosed. This pattern is responsible for the reckless, irrational pursuit of grandiose goals, and results in much suffering in our world. Since satisfaction remains elusive, the pattern is typically played out repeatedly on many different levels.

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TRANSPERSONAL ROOTS OF INSATIABLE GREED

Modern consciousness research and experiential psychotherapy have discovered that the deepest source of our dissatisfaction lies far beyond even the perinatal domain. The insatiable craving that drives human life is, in fact, ultimately transpersonal in nature. In Dante Alighieri's words, "the desire for perfection is that desire which always makes every pleasure appear incomplete, for there is no joy or pleasure so great in this life that it can quench the thirst in our soul." In the most general sense, the deepest transpersonal roots of insatiable greed can best be understood in terms of Ken Wilber's concept of the "Atman Project" (Wilber 1980). Wilber argues that our true nature is divine – God, Buddha, Brahma, the Tao – and that, although the process of creation alienates us from our source, the awareness of our original divinity is never completely lost. The deepest motivating force in the psyche, on all levels of consciousness evolution, is to return to that experience. However, the constraining conditions of human development prevent a full experience of liberation in and as God.

Real transcendence requires death of the separate self: dying to the exclusive subject. Ego-grasping and fear of annihilation drive the individual to settle for "Atman substitutes," or surrogates specific to a particular stage of development. For an infant, the surrogate would be satisfaction of age-specific physiological needs; for the adult (besides food and sex), money, fame, power, looks, knowledge, etc. Yet all the while, our deep sense is that our true identity is the totality of cosmic creation and the creative principle itself. Thus, substitutes of any degree or scope – "Atman Projects" – will always remain unsatisfactory. Only encountering our divinity in a holotropic state of consciousness can ever fulfill our deepest needs. The ultimate solution for insatiable greed is in the inner world, not in secular pursuits of any kind.

EXPERIENTIAL APPROACHES TO CONSCIOUSNESS EVOLUTION

We have seen, then, that the roots of violence and greed reach far deeper than academic psychiatry ever suspected, and that their reservoirs are truly enormous. This discovery, in itself, could lead to extreme discouragement. Happily, however, it is balanced by the new therapeutic mechanisms and transformative potential emerging from the study of perinatal and transpersonal realities.

Over the years, I have often seen profound emotional and psychosomatic healing in those who were seriously involved in a systematic inner quest. Some

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of these individuals were meditators with regular spiritual practices; others had psychedelic experiences or spontaneous psychospiritual crises; and many participated in various other forms of experiential self-exploration. As they consciously faced and integrated perinatal and transpersonal experiences, their personalities typically underwent radical changes.

When unconscious perinatal content is brought into consciousness, levels of aggression typically decrease. People become more peaceful, more comfortable with themselves, and more tolerant of others. Psychospiritual rebirth and contact with positive postnatal or prenatal memories reduce irrational drives, enhancing enjoyment of everyday activities, nature, music, lovemaking, and the like. Experiences of cosmic unity and one's own divinity further reduce irrational drives, awaken a sense of wonder and the ability to love, and open deep sources of creativity. Most consistently, deep self-exploration inspires mystical, universal spirituality based on personal experience.

Certain experiences in holotropic states radically change the individual's sense of personal identity and attitude toward the world. In this category, we find identification with other people, entire human groups, animals, plants, natural processes, and even inorganic materials. One can have experiential access to events occurring in other countries, cultures, and historical periods – as well as to the mythological realms and archetypal beings of Jung's collective unconscious. As discussed earlier, we know these experiences to be authentic because they often contain accurate information about realms of existence well beyond the subject's experience.

These findings suggest that, on a deeper level, each individual psyche is intimately connected with the rest of the cosmos – and, in a certain sense, is actually commensurate with it. In this way, modern consciousness research has confirmed the basic thesis of the ancient Indian Upanishads: that each of us, in the last analysis, is identical with the totality of existence and the universal creative principle. An individual is not just a body/ego, but also the supreme cosmic principle (Atman-Brahman).

These observations from transpersonal psychology have far-reaching theoretical and practical implications. What began as psychological probing of the unconscious inevitably becomes a philosophical quest for the meaning of life and a journey of spiritual discovery. People who connect with the transpersonal domain tend to develop new appreciation for existence and reverence for all life. One of the most striking consequences is the spontaneous emergence of deep

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humanitarian and ecological concerns. These are based on an almost cellular awareness that the boundaries in the universe are arbitrary, and that each of us is identical with the entire web of being. It is suddenly clear that we cannot do anything to nature without simultaneously doing it to ourselves. Differences among people, whether related to sex, race, color, language, political conviction, or religious belief, now appear interesting and enriching rather than threatening. If transformation of this kind occurred on a sufficiently large scale, the potential for human survival would obviously increase significantly.

UNDERSTANDING AND TREATING THE GLOBAL CRISIS

Some people experiencing holotropic states of consciousness have insights directly related to the current global crisis and its relationship to consciousness evolution. From their reports, we can see that many essential perinatal themes, internally integrated during deep personal transformation, have been exteriorized in contemporary culture. The very elements we might encounter in the process of psychological death and rebirth appear, instead, on our evening news. This is particularly true of the phenomena characterizing BPM III – the life-and-death struggle to emerge from the birth canal.

We certainly see the enormous unleashing of the aggressive impulse in the world's many wars and revolutionary upheavals, rising criminality, terrorism, and racial riots. Unprecedented liberation of the sexual drive is evident throughout our culture in many forms, some of them desirable and progressive, others problematic. Contemporary Western society is experiencing relaxation of hypocritical and unrealistic moral standards regarding sexual behavior; sexual freedom of adolescents; acceptance of premarital sex; open discussion of sexual taboos; gay liberation; and the freedom to portray the full spectrum of sexual themes in art. At the same time, open marriage, promiscuity, group sex, a flourishing market in adult and child pornography, sadomasochistic parlors, sexual slave markets, and other extreme forms of sexual experimentation are also increasingly tolerated.

Meanwhile, the demonic element is gaining increasing ground in our world. The renaissance of satanic cults and witchcraft, the popularity of books and horror movies with occult themes, and the rise of satanically motivated crimes attest to that fact. The scatological dimension, too, is evident in progressive industrial pollution, the global accumulation of waste products, and rapidly deteriorating

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hygienic conditions in large cities.

Many of the people with whom we worked saw humanity at a critical crossroads: we face either collective annihilation or an evolutionary jump in consciousness of unprecedented proportions. Terence McKenna put it very succinctly: “The history of the silly monkey is over, one way or another.” It seems that we all are collectively involved in a process that parallels the psychological death and rebirth so many individuals have experienced in holotropic states. If we continue to act out the problematic destructive and self-destructive tendencies originating in the depth of the unconscious, we will undoubtedly destroy ourselves and life on this planet. However, if we succeed in internalizing this process on a large enough scale, we could undergo evolutionary progress that can take us as far beyond our present condition as we now are from primates. As utopian as the possibility of such a development might seem, it might be our only real chance.

The Future of Transpersonal Evolution

How can we put into action the concepts that have emerged from the transpersonal field and the new paradigm in science? Past accomplishments are very impressive; yet the new ideas still form a disjointed mosaic, rather than a complete and comprehensive world view. Much work needs to be done to accumulate more data, formulate new theories, and achieve a creative synthesis. Existing information must also reach much larger audiences before we can expect a significant impact on the world situation.

Even a large-scale, radical intellectual shift to a new paradigm, however, would not be enough to alleviate the global crisis and reverse our current destructive course. What is required is nothing less than a deep emotional and spiritual transformation of humanity. Using existing evidence, we can suggest certain strategies that would further such a process.

First, efforts to change humanity would have to start with psychological intervention at an early age. Much could be achieved by changing the conditions of pregnancy, delivery, and postnatal care – improving the mother’s emotional preparation during pregnancy, practicing natural childbirth, and encouraging emotionally nourishing postpartum contact between mother and child.

There is a great deal of literature about the importance of child-rearing, and the disastrous emotional consequences of traumatic conditions in infancy and

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childhood. Certainly, continued education and guidance are necessary in this area. However, to be capable of applying positive theoretical principles, the parents must first reach sufficient emotional stability and maturity themselves. It is well known that emotional problems are passed like curses from generation to generation. Here, we face the very complex problem of the chicken and the egg.

The most sensible place to start, it seems, is by spreading information about the possibilities of self-exploration and getting a critical mass of people personally interested in pursuing them. Effective experiential methods of self-exploration, healing, and personality transformation are available in both the therapeutic tradition and in modern adaptations of ancient spiritual practices. Some of these approaches boast very favorable ratios between professional helpers and clients; still others can be practiced in the context of self-help groups. The more people involved in systematic work of this kind, the more hope we have of the collective spiritual opening necessary for the survival of our species.

Humanity is involved in a dramatic race for time unprecedented in our entire history. At stake is nothing less than the future of life on this planet. If we continue our demonstrably destructive and self-destructive old strategies, it is unlikely that the human species will survive. However, if enough people undergo a process of deep inner transformation, we might reach a level of consciousness evolution that lives up to the proud name given to our species: *homo sapiens* – “wise human.”

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