THEORETICAL AND EMPIRICAL BASIS OF TRANSPERSONAL PSYCHOLOGY AND PSYCHOTHERAPY:
OBSERVATIONS FROM LSD RESEARCH'

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During the last five years much has been said and written about transpersonal psychology. Psychological and psychiatric conferences have had transpersonal sections; special professional meetings have been devoted entirely to this subject, and several years ago a new journal was started by Anthony Sutich for publication in this field. Transpersonal psychology has been frequently referred to as the "fourth force" following psychoanalysis, behaviorism and humanistic psychology as another major influence in the field. In spite of the increasing popularity of this movement, there are still many professionals who look at transpersonal psychology as basically an unscientific and irrational approach, and the product of undisciplined thinking of li group of extravagant, mystically oriented professionals. According to them, referring to transpersonal psychology in the same sentence with psychoanalysis or behaviorism appears to be an uncritical and inappropriate overestimation of this movement.

growth of transpersonal psychology

I would like to address myself in this paper to the important question of whether or not there is scientific and empirical justification for the existence oftranspersonal psychology as a theoretical system, and of trans personal therapy as a valid clinical approach. Several years ago I spent many hours in discussions with Abraham Maslow, Anthony Sutich, Jim Fadiman, and Victor Frankl, all of whom played a crucial role

the question a/validity

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in formulating the principles of transpersonal psychology. In these discussions, they all agreed that observations related to the lise of psychedelic substances in psychotherapy (and to a certain degree those related to their abuse by the general population) are of utmost relevance for personality theory and clearly demonstrate the need for a new discipline. Highly relevant material demonstrating the need for transpersonal psychology and psychotherapy can be drawn from many different sources, such as from Maslow's studies of spontaneous peak experiences, from spiritual practices of Oriental and ancient cultures, as well as from a variety of recent innovative techniques of psychotherapy. I will focus in this paper only on the evidence from psychotherapy with LSD and other psychedelic drugs, an area in which I have had the most experience.

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During the last 17years, the use of psychedelics for personality diagnostics and psychotherapy has been the area of my major professional interest. I have used these drugs in a wide variety of subjects ranging from "normal" volunteers (scientists, artists, philosophers, theologians, students and nurses) and a variety of psychiatric patients (psychoueurotics, alcoholics, hard drug addicts, sexual deviants, patients with psychosomatic disorders, and schizophrenics) to terminal cancer patients. The two major approaches that have been used in these sessions were described in detail elsewhere (Grot', 1969. 1970f). During the first eleven years when I worked in the Psychiatric Research Institute in Prague, I used the *psycholyttc approach,* namely administration of a series ranging from 15 to 80 LSD sessions with *medium* dosages *(100-250 meg)* in the framework of psychoanalytically oriented psychotherapy. Since my arrival in the United States in 1967.I have been using mostly the *psychedelic treatment technique,* which employs a limited number of *high* dose sessions *(300-500 meg)* with the aim of facilitating a mystical experience. The latter proced ure is much more internalized; the patients are encouraged to use eyeshades and headphones, listening to selected stereophonic music.

psycholytic approach and psychedelic treatment

This presentation is based on observations from over 2,600 LSD sessions that (conducted personally and approximately 800 sessions run by my colleagues who shared their material with me. In addition, I have had experience with the clinical use of other psychedelic substances, such as mescaline, psilocybin, dipropyitryptaminc (OPT) and methylendioxyamphetamine (MDA).

scope of research

The implications of psychedelic research for the concept of transpersonal psychology and psychotherapy, as I see them on the basis of the above experience, can be discussed in three separate categories: (I) Theoretical reasons for the existence of transpersonal psychology as a separate discipline; (2) Practical justification of transpersonal psychotherapy as a new therapeutic approach; (3) The problem of stratification of the unconscious and the techniques of transpersonal psychotherapy.

three categories of discussion

I. THEORETICAL REASONS FOR THE EXISTENCE OF TRANSPERSONAL PSYCHOLOGY AS A SEPARATE DISCIPLINE

Before we begin the following discussion it is necessary to demonstrate that psychedelic drugs have heuristic value as tools for the exploration of the human unconscious and that it is legitimate to draw more general conclusions from the work with these compounds. There has been a tendency among professionals to discard the experiences in psychedelic sessions as manifestations of toxic psychosis, that have little, if any, relevance for the understanding of the human mind. This is especially true for many psychoanalytically oriented psychotherapists. Such an approach makes it possible for them to assert that many psychedelic experiences do not fit the psychoanalytic framework and cannot be explained in Freudian terms, and at the same time makes it possible for them to maintain the belief that psychoanalysis in its present form is an adequate tool for understanding human mental processes. It is not difficult for me to sympathize with this point of view, since this was my own orientation when I started my LSD research in 1956 as a convinced and dedicated psychoanalyst. In the light of everyday clinical observations in LSD sessions, I found this conception untenable. At the present time I see LSD as an unspecific amplifier or catalyst of mental processes that confronts the experiencer with his own unconscious. Many reasons could be mentioned here to support this point of view; I will briefly outline only several of the most important facts. A few years ago I analyzed the records of more than 2,000 LSD sessions, looking for-among other things-standard and invariant elements that could be considered actual pharmacological effects of LSD, per se. I have not been able to find a single phenomenon that could be considered an invariant product of the chemical action of the drug in any of the areas studied-sperceptual, emotional, ideational, and physical. Even as simple a symptom as mydriasis

heuristic value of psychedelic drugs

LSD seen as catalyst

(prolonged dilation of the pupils of the eyes), which is relatively constant in LSD subjects, does not seem to represent such an invariant symptom. In addition, many typical LSD experiences are indistinguishable from those induced by a variety of non-drug methods, such as various spiritual practices, hypnosis, sleep and sensory deprivation, new experiential psychotherapeutic techniques, etc. Another important observation should be mentioned in this connection. In *psycho/yUctherapy* the content of LSD sessions changes in a rather characteristic and systematic way as their number increases; different types of experiences occur in a certain sequence. In the early sessions of the series there is a predominance of aesthetic and psychodynamic experiences; in the middle part of the treatment perinatal phenomena are prevalent, and the advanced sessions involve almost exclusively trans personal experiences. A similar regularity can be observed in regard to increasing dosage in psychedelic sessions. Last, but not least, all the LSD phenomena, including the physical manifestations, are extremely sensitive to psychological influences and can be modified by a variety of cxtrapharmacological factors and psychotherapeutic approaches. The nature of the LSD sessions thus appears to represent an amplification and unfolding of various levels of the unconscious processes codetermined by a variety of external factors, such as the personality of the therapist, the therapeutic relationship, and the elements of the set and setting in the broadest sense.

characteristic sequenceof types of experiences

If we accept the basic premise that psychedelic drugs make it possible to study the content and dynamics of the unconscious in areas and levels of the human personality that arc difficult to reach with less powerful techniques, the heuristic value of these substances becomes immediately obvious. This capacity of psychedelic drugs to exteriorize otherwise invisible phenomena and processes and make them the subject of scientific investigation gives these substances an unusual potential as research tools for exploration of the human mind. It does not seem inappropriate to compare their potential significance for psychiatry and psychology to that of the microscope for medicine or of the telescope for astronomy. This concept also can explain the unprecedented controversy about the value of psychedelics and their beneficial or destructive potential. Since they are unspecific amplifiers and catalysts of all potentialities intrinsic to human nature, their value and the outcome of experimentation depends on the human use of these compounds.

After this introduction we can try to explore what the work with LSD and other psychedelics teaches us about the human mind. The content of LSD sessions represents usually a multidimensional and multilevel dynamic continuum of mutually overlapping phenomena. Although it involves a certain degree of artificiality and oversimplification, the following four major types, or levels, of LSD experiences can be delineated for the purpose of our discussion: (a) Abstract and aesthetic experiences; (b) Psychodynamic experiences; (c) Perinatal experiences; and (d) Transpersonal experiences.

four major levels of LSD experience

A. Abstract and Aesthetic Experiences in LSD Sessions

These experiences occur usually in the initial stages of the LSD procedure when lower and medium dosages are used, or at the very beginning or end of the first high dose sessions. With the eyes open, the individual experiences impressive perceptual changes in his environment; the colors become unusually bright and beautiful, other persons and inanimate objects are geometrized, everything appears to vibrate and undulate, sensory stimuli elicit responses in inappropriate sensory areas (synaesthesias), and new forms and contents can be seen in perceived objects (optical illusions). Sometimes there is very little actual perceptual distortion of the environment, but the latter is emotionally interpreted in an unusual way. It appears to be incredibly beautiful, comical, sensual, tender, or has a fairy-tale-like quality.

abstract and aesthetic experiences

With the eyes closed the entoptic phenomena are distinctly enhanced. The experiencer sees color spots, after-images, flashes of light, spirals, starlets and other types of elementary visions. Typical also are complex geometrical figures, patterns and ornaments, kaleidoscopic fireworks as well as views of ceilings of gigantic Gothic cathedrals or cupolas of Oriental mosques (arabesques), etc.

The aesthetic experiences seem to represent the most superficial level of the LSD experience and do not have any psychodynamic significance. They are probably produced by a chemical stimulation of the optical apparatus, and reflect its inner structure. Occasionally the ornamental elements appear to have some specific emotional connotation. The subject can, for example, feel that **the** abstract configurations are suggestive of the soft, warm and sensuous world of the satisfied infant. They might also be experienced as disgusting and revulsive, dangerous and aggressive, or lascivious and obscene, Such a

situation represents a transition from the abstract to the psychodynamic level of the LSD experience. The emotions modifying and coloring the abstract imagery belong, in such cases, to relevant biographical material of the experiencer. Sometimes abstract and figurative elements are combined into complex images; the transitional character of this phenomenon is particularly obvious. The following example from an LSD session of a psychiatrist participating in the LSD training program can be used as an illustration:

example of transitional experience

> I was deeply enmeshed in an abstract world of whirling geometrical forms and exuberant colors that were brighter and more radiant than anything I have ever seen in my life. I was fascinated and mesmerized by this incredible kaleidoscopic show.
>
> At one paint the geometrical structures became stabilized and got organized into the shape of a rather complicated ornate frame of a large baroque mirror. It represented a maze of branches with rich foliage carved in wood. The mirror was divided into five or six compartments of irregular size separated by ramified offshoots of the frame.
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> To my great surprise, when I looked into these compartments. various interesting scenes started unfolding in *front* of my *eyes.* The persons participating in these scenes were highly stylized and slightly puppet-like. The general atmosphere was rather amusing and comical, but with a definite undertone of secrecy. mystery and hypocrisy. I suddenly realized that I was watching a symbolic satire on my childhood. that was spent in a little provincial town in the world of'la petite bourgeoisie.' It was populated by characteristic figures representing the 'cream' of the local society; the adults meeting in various combinations, highly inconsistent in their behavior and judgments about other people, indulging in petty gossip, playing endless ridiculous hypocritical social games, and exchanging little 'secrets' of a sexual nature ('so that the children would not hear and know'). I experienced myself as a participant-observer of these grotesque shows, rather curious and excited, but frequently confused. *To* my surprise, all my emotions from that period of my life emerged from the deep unconscious and became real and vivid once again.

B. Psychodynamic Experiences in LSD Sessions

The experiences belonging to this category can be understood in psychodynamic terms; they are related to important memories, emotional problems and unresolved conflicts from various life periods of the individual, Some of these experiences are the actual reliving of traumatic or unusually positive memories of real events; others seem to be screen

memories in the Freudian sense, fantasies, or mixtures of fantasy and reality. In addition to these, this level involves a variety of experiences that represent relevant psychodynamic material in the cryptic form of a symbolic disguise.

psychodynamic experiences and psycholytic therapy

Psychodynamic experiences are particularly common in *psycholytic therapy* of psychiatric patients. In the initial stages of treatment, these experiences can dominate many consecutive sessions before the underlying unconscious material is resolved and the patient can move to the next level. They are much less important in sessions of persons who are emotionally more stable and whose childhood was relatively peaceful. In *high dose* psychedelic sessions psychodynamic experiences usually occur at the *beginning* and in the *termination* period.

applicability oj Freudian concepts

The experiences in psychodynamic LSD sessions can be, to a great extent, understood in terms of the basic Freudian concepts. Many of the principles that Freud described for the dynamics of the individual unconscious, in particular for the formation of dreams, apply as well for LSD sessions. As a matter of fact, many of the phenomena observed in psychodynamic LSD sessions could be considered laboratory proof of the basic premises of psychoanalysis. The phenomenology of these sessions involves regression into childhood and even infancy, reliving of traumatic memories, infantile sexuality, conflicts in various libidinal zones, Oedipus and Electra conflict, castration anxiety, penis envy, etc.

a new principle: COEX systems

However, for a more complete understanding of these sessions and of the consequences that they have for the clinical condition of the patients, as well as for the personality structure, a new principle has to be introduced into psychoanalytic thinking. Many LSD phenomena on this level can be comprehended and some ofthem even predicted, if we think in terms of specific memory constellations, for which I use the term *COEX systems* (systems of condensed experience).' This

'"A *psycholytlc* series can consist of 15-80 LSD sessions usually with an interval of 1-2 weeks between sessions,Intensive psychotherapeutic help is offered to the patient during the drug sessions as well a. in the intervals between the sessions. This method represents an intcnsirtcation and acceleration of dynamic psychotherapy" (Grof, 1972).

'The existence of governing systems as important principles for understanding the dynamic, of psycholytic therapy with LSD was independently discovered and described by H Leuncr (1962). lie coined the term "trnnsphenomcnal dynamic governing systems" *(transphenomenalc dynamische Steurungs-systeme-tydsts}.* Although there are many similarities between the concept of the *COEX system* and that *oftydsl.* the terminological differentiation should be retained because of all the implications attached to the concept of *COEX system* within the framework presented here.

concept emerged from the analysis of the phenomenology of therapeutic LSD sessions in the early phase of my psychedelic research in Prague. It proved unusually helpful for understanding the *initial* stage of *psycholytic therapy* with psychiatric patients.

definitionof COEX system

A CO*EX system* can be defined as a specific constellation of memories consisting of condensed experiences (and/or fantasies) from different life periods of the individual. The memories belonging to a particular COEX system have a similar basic theme or contain similar elements, and are accompanied by a strong emotional charge of the same quality. The deepest layers of this system are represented by vivid and colorful memories of experiences from the period of infancy and early childhood. More superficial layers of such a system involve memories of similar experiences from a later time, up to the present life situation. The excessive emotional charge which is attached to the COEX systems (as indicated by the often powerful abreaction accompanying the unfolding of these systems in LSD sessions) seems to be a summation of the emotions belonging to all the constituent memories of a particular kind.

Individual COEX systems involve special defense mechanisms and are connected with specific clinical symptoms. The detailed interrelations between the individual parts of COEX systems are in most instances in basic agreement with Freudian thinking; the new element from the theoretical point of view is the concept of the organizing dynamic system. The personality structure usually involves a large number of CO EX systems. Their character, total number, extensity and intensity varies considerably from one individual to another.

negative and positive COEX systems

According to the basic quality of the emotional charge, we can differentiate *negative COEX systems* (condensing unpleasant emotional experiences) and *positive COEX systems* (condensing pleasant emotional experiences and positive aspects of past life). Although there are certain interdependencies and overlappings, individual systems can function relatively autonomously. In a complicated interaction with the environment, they influence selectively the SUbject'S perception of himself and of the world, his feelings and thinking, and even many somatic processes.

The following clinical example can be used as an illustration of what is meant by a COEX system; it will perhaps explain this phenomenon better than the above abstract description:

clinical example

The patient involved was intermittently hospitalized and treated in our department during two years preceding the start of *psycholytic therapy*. Intensive psychotherapy and pharmacotherapy brought only superficial and temporary relief. His major problems at that time were symptoms combining obsessive-compulsive and sadomasochistic elements. He felt almost continuously compelled to find a man with certain physiognomic features and preferably clad in black. His basic intention was to make contact with this man, tell him his life story and finally reveal to him his deep desire to be locked in a dark cellar, bound with a rope and be exposed to various diabolic physical and mental tortures. Unable to concentrate on anything else. he meandered through the streets, visited public parks, lavatories, railroadstations and inns trying to find the proper person. He succeeded several times in persuading or bribing the individuals he selected to carry out what he requested. When this happened, he failed to experience masochistic pleasure and was instead extremely scared and disliked the tortures. Having a special gift for finding persons with marked sadistic personality traits, he was twice almost killed. several times seriously hurt and on another occasion, his partner bound him and stole his money. Besides these problems. the patient suffered from suicidal depressions, tensions and anxieties. impotence, and very infrequent epileptic forms of seizures.

Retrospective analysis showed that his major symptoms started during compulsory employment in Germany' at the time of the Second World War, when he was forced by two Nazi officers at gunpoint to engage in their homosexual practices. When the war was over, he discovered that these experiences had established in him a preference for passive homosexual experiencing of sex. Several years later he developed typical fetishism for black male clothes. This gradually changed into the masochistic craving described above that brought him into therapy.

In a series of 15 *psycholytic* LSD sessions, a very interesting and important COEX system was sequentially manifested. Its most superficial layers were represented by recent memories of traumatic experiences with his sadistic partners. In the first sessions of the series he visualized and relived the actual situations in great detail. As a result of the governing influence of this layer of the COEX system, the therapist was perceived as illusively transformed into the patient's past partners or various figures, symbolizing sadistic aggression (butcher, murderer, executioner). The patient anticipated torture from the therapist; he saw his pen changed into a dagger, interpreted the movement of his toe as a tendency to kick him, etc, Later he suggested that the best therapy the doctor could use would be to satisfy his desire to suffer. The

'During the Second World War the Nazis imported large numbers ofyouug people from occupied countries to Germany and used them for slave labor in risky work situations, such us mines and ammunition factories This warctcrrcc 10 by the Germans as *Totalcinsetzune.*

treatment room and the view from the window were illusively transformed to represent various settings where the patient's adventures with the sadistic partners took place,

A deeper layer of the same system was represented by the patient's experiences from the Third Reich, In the sessions influenced by this part of the system, the patient had visions of banners with the Nazi swastikas. pompous SS military parades and large metallic eagle emblems. Innocent monotonous sounds in the room were perceived as Nazi marches, and the sound of a person walking behind the door was transformed into that of lhe heavy *boots* of German soldiers. The treatment room was changed into a prison with bars in the windows and eventually the death cell. The therapist was illusively transformed into Adolf Hitler and various types of SA and SS officers. Besides these symbolic experiences, the patient also relived some of his real traumatic experiences with homosexual German officers.

The core experiences of the same system were related to the patient's childhood. In later sessions he regressed into experiences involving punishments used by his parents. It turned out that his mother used to lock him in a dark cellar for a long time without food, and his despotic father's method of punishing him was to whip him in a very cruel way with a leather strap. The patient at this point realized that his masochistic desires were a replica of the combined parental punishments. The therapist changed in this phase into parental figures,and the patient displayed the pertinent anachronistic behavior patterns toward him.

During the reliving of these memories a striking oscillation of the patient's major problem was observed, but not its long-term total disappearance. Finally, the patient relived the agonizing experience of his birth trauma in its full biological brutality. According to his later comment, it involved exactly those elements which he expected from the sadistic treatment he was so desperately trying to get: dark closed space, restriction of all body movements and exposure to extreme physical and mental tortures. Reliving of the biological birth finally resolved his difficult symptoms.

The reliving of the birth trauma lies beyond the realm of psychodynamics, as usually understood in traditional psychotherapy. It was included in the above case history only for the sake of its logical completion; this phenomenon *belongs* to the next level of the LSD experiences.

C. *PerinatalExperiencesin LSD Sessions*

For the experiences that will be described in this category, no adequate explanation can be found within the framework of

classical Freudian psychoanalysis. In *psycholytic* treatment with LSD, psychiatric patients usually reach these levels after a larger number of sessions. By contrast, in *psychedelic* therapy, elements of perinatal experiences can be observed frequently as early as in the first or second session; here they usually occur between the second and fourth hour of the session when the effect of the drug culminates.

basic characteristics of perinatal experiences

The central focus and basic characteristics of the experiences on this level are the problems related to physical pain and agony, dying and death, biological birth, aging, disease and decrepitude. Inevitably. the shattering encounter with these critical aspects of human existence and the deep realization of the frailty and impermanence of man as a biological creature, is accompanied by an agonizing existentialist crisis. The individual comes to realize through these experiences that no matter what he does in his life, he cannot escape the inevitable: he will have to leave this world bereft of everything that he has accumulated, achieved and has been emotionally attached to. The similarity between birth and death-the startling realization that the beginning of life is the same as its end-is the major philosophical issue that accompanies the perinatal experiences. The other important consequence of the shocking emotional and physical encounter with the phenomenon of death is the opening up of spiritual and religious dimensions that appear to be an intrinsic part of the human personality; they are independent of the individual's cultural and religious background and programming. In my experience, everyone who experientially reached these levels developed convincing insights into the utmost relevance of spiritual and religious dimensions in the universal scheme of things. Even the most hard-core materialists, positivistically-oriented scientists, skeptics and cynics, uncompromising atheists and antireligious crusaders such as the Marxist philosophers, became suddenly interested in spiritual search after they confronted these levels in themselves.

opening of spiritual dimension

universal consequence following basic confrontation

The sequence of dying and being born (or reborn) are frequently extremely dramatic and have many biological concomitants, apparent even to the outside observer. The subjects can spend hours in agonizing pain, with facial contortions, gasping for breath and discharging enormous amounts of muscular tension in various tremors, twitching, violent shaking and complex twisting movements. The color of the face can be dark purple or dead pale, and the pulse rate considerably accelerated. The body temperature usually oscillates in a wide range, sweating can be profuse, and nausea with projectile vomiting is a frequent occurrence.

biological concomitants

"reliving" of birth experience

It is not quite clear, at the present stage of research, how the above experiences are related to the circumstances of the biological birth. LSD subjects often refer to them as reliving of their own birth trauma. In addition, even for those persons who do not make an explicit link, these experiences are frequently accompanied by images of or identification with embryos, fetuses and newborn children. Quite common also are various neonatal feelings as well as behavior, often accompanied by visions of female genitals and breasts. Because of these observations and other clinical evidence, I have labeled the above phenomena *perinatal experiences* and usually refer to this level of the unconscious as Rankian.' With some modifications, Otto Rank's conceptual framework is useful for the understanding of the phenomena in question.

relevance of Rankian concepts

The perinatal experiences are manifestations of a deep level of the unconscious that has not been taken into consideration in psychoanalytic speculations. This is probably due to the fact that they are clearly beyond the reach of the classical Freudian techniques. The clinician can see phenomena from this category in a variety of acute psychotic conditions. This level can also be reached temporarily in a more controlled fashion in a variety of recent innovative experiential techniques of psychotherapy, such as marathons, nude marathons, primal therapy, and bioenergetics. Since time immemorial powerful techniques have existed in many ancient and so-called primitive cultures that make it possible to activate this deep level of the unconscious. They cover a wide range of methods, from the use of psychedelic plants, trance dancing, starvation, sleep deprivation and physical tortures, to elaborate and sophisticated spiritual practices developed in Oriental countries.

transpersonal aspects

The perinatal experiences represent a very important experiential intersection between individual psychology and transpersonal psychology, or for that matter, between psychology and psychopathology on the one hand, and religion on the other. If we think about them as related to individual birth, they would actually belong to the framework of individual psychology in the broader sense. They have, however, certain important characteristics that give them a *very* distinct transpersonal flavor. The intensity of these experiences transcends anything that is usually considered to be the experiential limit of the individual. They are frequently accompanied by identification with other persons, groups of

'The Viennese psychiacnst, Ouo Rank, a renegade from the mainstream or psychoanalysis. emphasized in his book *The Trauma of Birth* (1929) the paramount significance *ctperinaca!* experiences,

persons, or even struggling and suffering mankind. Also other types of clearly transpersonal experiences frequently form an integral part of the perinatal matrices, such as evolutionary and ancestral memories, elements of the collective unconscious and certain Jungian archetypes. The LSD sessions involving this level usually have a multifaceted. and multilevel character, combining a very subjective individual experience 'with clearly transpersonal elements.

transition between Freudian psychodynamic and Rankian perinatal

It seems appropriate to mention in this connection a category of experiences that represent a transitional form between the Freudian psychodynamic level and the Rankian perinatal level. It is the reliving of traumatic memories from the life of the individual that are of a physical rather than a purely psychological nature. Typically such memories involve threats to survival or body integrity, such as serious operations or painful and dangerous injuries; severe diseases, particularly those connected with breathing difficulties (diphtheria, tussis, pneumonia, etc.): instances of near drowning; and episodes of cruel physical abuse (incarceration in a concentration camp, exposure to brainwashing and interrogation techniques of the Nazis or Communists, and maltreatment in childhood). These memories are clearly individual in nature, yet thematically they are closely related to perinatal experiences. Occasionally, reliving of various physical traumas occurs simultaneously as a more superficial facet of the birth agony. Memories of somatic traumatization appear to have a significant role in the psychogenesis of various emotional disorders (particularly depression and sado-masochism), as yet unrecognized and unacknowledged by most current schools of dynamic psychotherapy.

governing and organizing functions of perinatal experiences

In addition to having a specific individual content of their own, the perinatal experiences have also an important dynamic governing function (similar to the COEX systems on the psychodynamic level); they serve as organizing principles for other types of mental phenomena. Most of the elements of the rich and complex content of the LSD sessions reflecting this level of the unconscious seem to appear in four typical clusters, matrices or experiential patterns. Searching for a simple, logical and natural conceptualization of this observation, I was struck by the astounding parallels between these patterns and the clinical stages of delivery. It proved to be a very useful principle for both theoretical considerations and the practice of LSD therapy to relate the above four categories of phenomena to consecutive stages of the biological birth process, and to the experiences of the child in the perinatal

Basic Perinatal Matrices (RPM I-IV)

period. For the sake of brevity, I usually refer to these four major experiential matrices of the Rankian level as *Basic Perinatal Matrices (BPM I-IV).* To prevent misunderstanding, I would like to emphasize that this classification should be considered at the present stage of knowledge only as a very useful theoretical model, not necessarily implying a causal nexus.

brief description and discussion

To avoid repetition, I refer the interested reader to my previous paper in this journal for a detailed description of the perinatal experiences (1972). In this context I will only briefly describe the concept of the Basic Perinatal Matrices (BPM). I use this term for hypothetical *dynamic governing systems* that have a similar function on the Rankian level of the unconscious that the COEX systems play on the Freudian psychodynamic level. These matrices have a specific content of their own; namely, the perinatal phenomena. The latter have two important facets: concrete and rather realistic experiences related to the individual stages of the biological delivery, and their spiritual counterparts (exemplified by the experiences of cosmic unity, universal engulfment, the death-rebirth struggle, and the death-rebirth experience). In addition to this specific content, the basic perinatal matrices function also as organizing principles for the material from other levels of the unconscious; namely, for the more superficial psychodynamic material related to the COEX systems, as well as for some types of transpersonal experiences that occasionally occur simultaneously with perinatal phenomena (e.g., the archetype of the Terrible Mother, group consciousness, racial memories, or phylogenetic experiences). The individual perinatal matrices have fixed associations with certain typical categories of memories from the life of the subjects. They are also related to specific aspects of the activities in the Freudian erotogenic zones, and to specific categories of psychiatric disorders. All these interrelations are shown on the synoptic paradigm on pages 32-33. This paradigm also demonstrates the parallel between the stages of biological delivery and the pattern of the sexual orgasm. The similarity between these two biological patterns makes it possible to shift the etiological emphasis in the psychogenesis of emotional disorders from sexual dynamics to perinatal matrices, without denying or negating the significance and validity of the basic Freudian principles for understanding psychodynamic phenomena and their mutual interrelations.

concrete and spiritual facets

The Basic Perinatal Matrices will be described here in the sequence in which the corresponding phases of delivery follow during childbirth. In serial LSD sessions, this chronological

order is not necessarily maintained and different patterns of sequences can be observed. In severely disturbed patients, it usually takes a long time to work through all the layers of traumatic experiences from the individual's history (COEX systems). The first perinatal matrix appearing in the more advanced sessions is usually BPM II and then BPM Ill, although episodes of experiences related to BPM IV and even BPM I might be observed earlier. When BPM IV is experienced in a pure and final form, this usually opens the pathway directly to BPM 1. All of the advanced sessions are then governed by various aspects of BPM 1. In less disturbed individuals, positive ecstatic experiences related to BPM IV and BPMI can appear even in the first sessions, especially with higher doses and in the termination periods. In this case the elements of the second and third matrix usually govern the first hours of the sessions.

varying order of appearance of BPMs

Perinatal Matrix 1. *(Primal Union with Mother).* This matrix seems to be related to the intrauterine existence of the individual before the onset of delivery. It has its positive and negative aspects; subjects frequently refer to them as the "good womb" or "bad womb" experience. The elements of *undisturbed intrauterine existence* can be relived in a rather concrete biological sense, or in the form of a spiritual ecstatic state, the experience of Cosmic Unity. The *disturbances of intrauterine existence* can likewise be literally relived in a biological sense, or be experienced as phylogenetic evolutionary crises, encounters with various demonic appearances, metaphysical evil forces or malefic astrological influences, as well as elements of "bad karma."

discussion of BPM I

As far as the relation to memory mechanisms is concerned, the positive aspects of BPM I are related to positive COEX systems. The positive facet of BPM I seems to represent the basis for the recording of all later life situations in which the individual is relaxed, relatively free from needs, and not 'disturbed by any unpleasant stimuli. Negative aspects of BPM I have similar links to negative COEX systems.

In regard to the Freudian erotogenic zones, the positive aspects of BPM I coincide with the biological and psychological condition in which there are no tensions in any of these zones and all the partial drives are satisfied. Conversely, satisfaction of needs in these zones (satiation of hunger, release of tension by urination, defecation, sexual orgasm, or delivery of a child) results in a superficial and partial approximation to the tension-free ecstatic experience described above.

discussion of BPM II

Perinatal Matrix II. (Antagonism with Mother}. This matrix is related to the first clinical stage of delivery, when the child is exposed to uterine contractions in a closed system. As far as the phenomenology of this matrix is concerned, it can be experienced on the biological level, or in the form of its psychological and spiritual counterpart, the No-Exit situation or Hell. The colors of the visions are usually dark and ominous; the subject *feels* encaged and trapped in a biological andlor metaphysical sense. He experiences indescribable suffering and cannot see the way out of this situation, neither in time, nor in space. The whole world is seen as an apocalyptic place, full of wars, epidemics and horrors, and human life appears as totally meaningless and absurd.

BPM U seems to represent the basis for recording of all future extremely unpleasant situations, in which the passive and helpless individual is victimized and endangered by an overwhelming and destructive external. force.

In regard to Freudian erotogenic zones, this matrix seems to be related to a condition of unpleasant tension in all of them. On the oral *level,* it is hunger, thirst and painful stimuli; on the anal level, retention of feces; and on the urethral level, retention of urine. The corresponding phenomena on the genital level are sexual frustration and excessive tension, as well as pains experienced by the delivering female in the first clinical stage of labor.

discussion of BPM III

Perinatal Matrix III. (Synergism with Mother). This matrix is related to the second stage of delivery, to the experience of propulsion through the birth canal. In LSD sessions, it is experienced either as an actual biological reliving *or* as a titanic fight, the *Death-Rebirth Struggle.* The *most* characteristic feature of this matrix is the element of "volcanic ecstasy," a highly sensual and dynamic experience in which agony fuses with pleasure. BPM III has three very distinct facets, namely the sadomasochistic. the sexual, and the scatological.

As a memory matrix, RPM III is related to all future experiences of the individual involving intense sensual and sexual elements; to wild, hazardous, and exciting adventures; as well as to scatological exposures.

In regard to the Freudian erotogenic zones, this matrix is related to those activities which bring sudden relief and relaxation after a prolonged period of tension. On the oral level it is the act of chewing and swallowing *of* food *(or* con-

versely, of vomiting); on the anal and urethral level, the process of defecation and urination; on the genital level, the mechanism of sexual orgasm, and the feelings of the female in the second stage oflabor.

Perinatal Matrix IV. (Separation from Mother). This matrix seems to be related to the third clinical stage of delivery, to the final expulsion from the birth canal and the dissection of the umbilical cord. The experiential manifestation of this matrix can involve reliving of the actual situation accompanying the moment of birth, and the obstetric procedures related to this. More frequently, it takes the symbolic spiritual form of the *Death-Rebirth Experience.* The subject experiences enormous expansion of space and has visions of radiant light and beautiful colors. The symbolism associated with this experience usually is religious or mythological, and involves elements of liberation, salvation, redemption, or victory over a powerful enemy.

discussion of BPM IV

experiential manifestations of BPM IV

In regard to memory, BPM IV represents a matrix for the recording of all later situations involving a major personal success, and termination of situations of prolonged serious danger (end of wars or revolutions, surviving an accident, recovery from diseases, etc.),

As far as the Freudian erotogenic zones are concerned, BPM IV corresponds on an the levels of libidinal development with the condition of satisfaction immediately following the activity that reduced or discharged tension (swallowing of food, defecation, urination, sexual orgasm and delivery of a child).

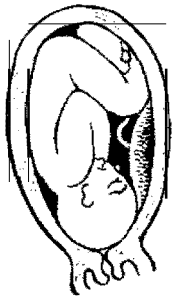
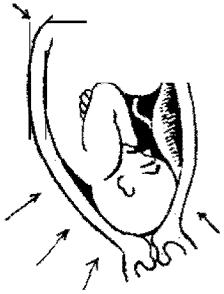
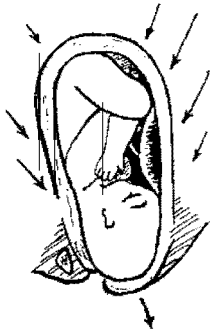
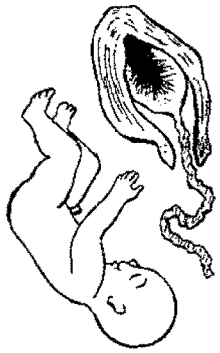
D. Transpersonal Experiences in LSD Sessions

The phenomena belonging to this category only rarely occur in early sessions of *psycholytic therapy;* they become quite common in advanced stages after the subject has worked through and integrated the psychodynamic and perinatal material. After the final experience of ego death and rebirth, transpersonal elements dominate all the subsequent LSD sessions of the individual. Occasionally, transpersonal experiences can occur in culmination periods of the early high dose LSD sessions of the psychedelic treatment.

After years of careful observation and analysis of these experiences in LSD sessions of others, as well as my own, there is little doubt in my mind that they represent phenomena *sui*

BASIC PERINATAL MATRICES

	BPMI	BPM II	BPM III	BPMIV
RELATED PSYCHOPATHOLOGICAL SYNDROMES	schizophrenic psychoses (paranoid symptomatology, feelings of mystical union, encounter with metaphysical evil forces, karmic experiences); hypochondriasis (based on strange and bizarre physical sensations); hysterical hallucinosis and confusing daydreams with reality.	schizophrenic psychoses (elements of hellish tortures, experience of meaningless "cardboard" world); severe inhibited "endogenous" depressions; irrational inferiority and guilt feelings; hypochondriasis (based on painful physical sensations); alcoholism and drug addiction.	schizophrenic psychoses (sadomasochistic and scatological elements, automutilation, abnormal sexual behavior);agitated depression.sexual deviations (sadomasochism, male homosexuality, drinking of urine and eating of feces); obsessive-compulsive neurosis; psychogenic asthma, tics and stammering; conversion and anxiety hysteria; frigidity and impotence; neurasthenia; traumatic neuroses; organ neuroses; migraine headache; enuresis and encopressis; psoriasis; peptic ulcer.	schizophrenic psychoses (death-rebirth experiences, messianic delusions, elements of destruction and recreation of the world, salvation and redemption., identification with Christ); manic symptomatology; female homosexuality; exhibitionism.
CORRESPONDING ACTIVITIES IN FREUDIAN EROTOGENIC ZONES	libidinal satisfaction in all erotogenic zones; libidinal feeling during rocking and bathing; partial approximation to this condition after oral, anal, urethral or genital satisfaction and delivery of a child.	oral frustration (thirst, hunger, painful stimuli); retention of feces and/or urine; sexual frustration; experiences of cold, pain and other unpleasant sensations.	chewing and swallowing of food, oral and destruction of an object; process of defecation and urination; anal and urethral aggression; sexual orgasm; phallic aggression; delivering of a child, st a-toacoustic eroticism (jolting, gymnastics, fancy diving, parachuting).	satiation of thirst and hunger; pleasure of sucking; libidinal feelings after defecation, urination, sexual orgasm or delivery of a child.
ASSOCIATED MEMORIES FROM POSTNATAL LIFE	situations from later life where important needs are satisfied, such as happy moments from infancy and childhood (good mothering, plays with peers, harmonious periods in the family, etc.), fulfilling love romances; trips or vacations in beautiful natural settings; exposure to artistic creations of high aesthetic value; swimming in the ocean and clear lakes, etc.	situations endangering survival and body integrity (war experiences, accidents, injuries, operations, painful diseases, near drowning, episodes of suffocation, imprisonment, brainwashing and illegal interrogation, physical abuse, etc.); severe psychological traumatisations (emotional deprivation, rejection, threatening situations, oppressing family atmosphere, ridicule and humiliation, etc.).	struggles, fights and adventurous activities (active attacks in battles and revolutions, experiences in military service, rough airplane flights, cruises on stormy ocean, hazardous car driving, boxing); highly sensual memories (carnivals, amusement parks and nightclubs, wild kicks and parties, sexual etc.); childhood observations of adult sexual activities; experiences of seduction and rape; in females delivery of their own children.	lucky escape from dangerous situations (end of war or revolution, survival of an accident or operation); overcoming of severe obstacles by active effort; episodes of strain and hard struggle resulting in a marked success; natural scenes (beginning of spring, end of an ocean storm, sunrise, etc.),

PHENOMENOLOGY IN LSD SESSIONS	*undisturbed intrauterine life:* realistic recollections of "good womb" experiences; "oceanic" type of ecstasy; experience of cosmic unity; visions of Paradise; *disturbances of intrauterine life;* realistic recollections of "bad womb" experiences (fetal crises, diseases and emotional upheavals of the mother, twin situation, attempted abortions), cosmic engulfment; paranoid ideation; unpleasant physical sensations ("hangover," chills and fine spasms, unpleasant tastes, disgust, feelings of being poisoned), association with various transpersonal experiences (archetypal elements, racial and evolutionary memories, encounter with metaphysical forces, past incarnation experiences, etc.j,	immense physical and psychological suffering; unbearable and inescapable situation that will never end; various images of Hell; feelings of entrapment and encagement (no exit); agonizing guilt and inferiority feelings; apocalyptic view of the world (horrors of wars and concentration camps, terror of the Inquisition; dangerous epidemics; diseases; decrepitude and death, etc.); meaningless and absurdity of human existence; "cardboard world" or the atmosphere of artificiality and gadgets; ominous dark colors and unpleasant physical symptoms (feelings of oppression and compression, cardiac distress, flushes and chills, sweating, difficult breathing).	intensification of suffering to cosmic dimensions; borderline between pain and pleasure; "volcanic" type or ecstasy; brilliant colors; explosions and fireworks; sadomasochistic orgies; murders and bloody sacrifice, active engagement in fierce battles; atmosphere of wild adventure and dangerous explorations; intense sexual orgiastic feelings and scenes of harems and carnivals; experiences of dying and being reborn; religions involving bloody sacrifice (Aztecs, Christ's suffering and death on the cross, Dionysos, etc.); intense physical manifestations (pressures and pains, suffocation, muscular tension and discharge in tremors and twitches, nauseaand vomiting, hotfiushes and chills, sweating, cardiac distress, problems of sphincter control, ringing in the ears).	enormous decompression, expansion of space, visions of gigantic halls; radiant light and beautiful colors (heavenly blue, golden, rainbow, peacock feathers); feelings of rebirth and redemption; appreciation of simple way of life; sensory enhancement; brotherly feelings; humanitarian and charitative tendencies; occasionally manic activity and grandiose feelings; transition to elements of BPM 1.; pleasant feelings can be interrupted by *umbilical crisis:* sharp pain in the navel, loss of breath, fear of death and castration, shifts in the body, but no external pressures.
STAGES OF DELIVERY				

transpersonal experiences not reduceable to psychodynamic terms

generis that originate in the deep unconscious, in realms that have been unrecognized and unacknowledged by classical psychoanalysis. They are not explainable in Freudian terms and cannot be reduced to any other category of psychodynamic elements.

Some professionals have occasionally expressed the opinion that a psychoanalytically oriented LSD therapist tends to get from his patients Freudian experiences, whereas an LSD therapist with a Jungian orientation gets Jungian material. There is no doubt that the therapist is an important factor in LSD therapy and can facilitate certain types of experiences. It is also true that it is generally possible to interpret the same content in both Jungian and Freudian terms. In such a case, however, one of the interpreters usually failed to understand the real nature of the experiences involved. He very probably neglected certain experiential and phenomenological characteristics and ignored the context in which the experiences occurred, Careful analysis that takes these factors into consideration makes it almost always possible to identify the nature of a certain phenomenon and the level of the unconscious on which *it* originated. A short example *can* illustrate this point:

clinical example

> Several years ago I was called as consultant to a patient hospitalized for a psychotic breakdown triggered by LSD, He was on high dosages of Melleril and was seen regularly by a psychoanalytically oriented psychotherapist. In spite of an enormous investment of time and energy on the part of the clinical staff, essentially no therapeutic progress had been made during six months of treatment. When I saw him, he complained that his analyst did not understand what he was talking about and constantly tried to interpret a variety of experiences from his twenty-five unsupervised LSD sessions in Freudian terms, He felt no respect for his analyst, considered him ignorant and did not develop a workable relationship with him.
>
> A brief discussion revealed that in his LSD sessions he had not only a variety of aesthetic and psychodynamic experiences, but also perinatal phenomena, and that he repeatedly experienced ego death. Many of his experiences from recent sessions were of a mystical, religious and archetypal nature. The analyst was making a constant effort to interpret this material in Freudian terms, and where this was not possible, labeled the phenomena as psychotic. For many hours the discussion resolved around a vision that the patient had in his last LSD session, and that he referred to as Cosmic Phallos, It occurred in a typically Jungian framework, associated with a number of archetypal experiences. and had a definite religious and mystical emphasis. To save myself a long

description, I will only mention that the symbolic vision in question seemed to be closely related to the Hindu concept of *Shiva lingam.*

The analyst made numerous attempts to convince the patient that this vision indicated he must have had at some time in his childhood the traumatic experience of seeing his father's penis. When the patient did not accept this interpretation and was trying to describe the transpersonal nature of this symbol, the analyst spent hours in frustrating attempts to analyze his "resistance." When in our discussion I recognized and acknowledged the nature of this symbol and discussed it in appropriate connections, the patient developed a very positive relationship and proved to be rather interested and cooperative.

types of transpersonal experiences

After this introduction, I would like to briefly mention the most important types of transpersonal experiences. Once again I refer the reader to my recent paper in this journal (1972) for a more detailed discussion of these experiences. There I have defined a transpersonal experience as one involving expansion or extension of individual consciousness beyond the usual ego boundaries and limitations of time and space. I have offered a system of classification based on the distinction of whether or not the content of the transpersonal experience consists of elements of the phenomenal world ("objective reality") as we know it from our usual state of consciousness. The group of experiences based on consensually agreed-upon reality was further subdivided into experiences involving extension of the dimension of time. and those involving extension of space.

Typical examples of the experiences that involve extension of. the time element are embryonal and fetal experiences, ancestral experiences, collective and racial experiences, phylogenetic (evolutionary) experiences, and "past incarnation experiences." The ESP phenomena belonging to this group are precognition, clairvoyance, and "time travels." Extension of the spatial dimension characterizes the experience of ego transcendence in interpersonal relations, identification with other persons and group consciousness, animal identification, plant identification, identification with all life, consciousness of inorganic matter, planetary consciousness, and extraplanetary consciousness. ESP experiences involving spatial extension are out-or-body phenomena, traveling clairvoyance, space travels and telepathy.

The transpersonal experiences, the contents of which are not based on generally accepted "objective reality," are the following: spiritistic and mediumistic experiences. experiences

of an encounter with suprahuman spiritual entities, archetypal experiences, and experiences of an encounter with blissful and wrathful deities. Special types of rare and advanced spiritual experiences are the activation of different *chakras* and arousal of the Serpent Power *(Kundalinii,* consciousness of the Universal Mind, and the Supracosmic and Metacosmic Void.

As will be demonstrated later, knowledge of transpersonal experiences *is* essential for understanding a variety of important psychopathological and cultural phenomena. It is my belief that for serious study of endogenous psychoses, particularly schizophrenia, it *is* indispensable to have detailed maps ofthese levels of the unconscious. A similar cartography is necessary for understanding the great religions of the world, various schools of mystical tradition, temple mysteries, mystcry religions and books of the dead, as wen as trance and possession states, rites of passage, and religions and cosmologies of so-caned primitive cultures.

implications of perinatal and transpersonal experiences

Of the above four categories of phenomena encountered in the LSD sessions, namely the aesthetic, psychodynamic, perinatal and trans personal experiences, the perinatal and transpersonal experiences appear to have fundamental heuristic significance and require drastic changes in our psychiatric and psychological thinking. Their existence has far-reaching consequences for the understanding of the dimensions of the human personality and the nature of man, The model of personality and image of man emerging from LSD research is much closer to Hindu philosophy than to the Freudian concepts that are at present widely accepted by Western science and philosophy (Grof, 1970a, 1972/3). The general picture of human personality as depicted by the Hindus shows the human mind as a multilayered dynamic structure with elements of the individual and collective unconscious, as well as karmic and ancient evolutionary (phylogenetic) memories buried in its depths. From this point of view, even the "depth psychological" approach of classical and neoclassical Freudian analysis barely scratches the surface. We could use here a paraphrase of the metaphor that Freud once used to illustrate the role of the individual unconscious in the human mind. According to this metaphor, the mind can be likened to a large floating iceberg. The one tenth above the surface represents the conscious mind and the remaining invisible nine tenths symbolize the unconscious. According to the new model, everything that "depth psychology" has been able to explore, could be likened to the exposed part of an iceberg; the areas now accessible with the use of psychedelics would then

represent its submerged part Even this would probably be an understatement; ultimately, the final frontiers of the human mind appear to coincide with those of the universe. Paradoxically, the most recent discoveries in the area of mind research seem to coincide with concepts developed several thousand years ago. This paradox of seemingly regressive development could probably be understood, at least partially. if we take into consideration recent studies according to which the development of Hindu thinking could well have been based on the religious use of hallucinogenic plants. Wasson (1972) has recently published the results of his studies indicating that *soma,* the legendary deified potion that played such a crucial role in the *Rig Veda,* was actually a variety offly agaric *(Ammanita muscaria),* a mushroom with psychedelic properties. Thus the Indoaryans might have had at their disposal powerful tools for mind exploration, only recently rediscovered by Western science. Strangely enough, the new concepts of consciousness and the human mind arc also quite compatible with evolutionary theory (Muses, 1968) and with some recent developments of modern physics, such as Einstein's unified field theory (Mitchell. 1972) and quantum mechanics (Walker, 1970).

need for expanded conceptual framework

The existence of a vast variety of phenomena that cannot be adequately accounted for and explained by any of the existing theoretical systems is sufficient reason for creating expanded conceptual frameworks or a new discipline, such as transpersonal psychology. In addition, according to my opinion, a new personality theory including the perinatal and transpersonal levels of the unconscious could provide a simpler, more complete and adequate explanation for a variety of psychopathological facts and cultural phenomena than any of the existing theories. One such tentative model of human personality encompassing the experiences observed in psychedelic sessions was described in detail elsewhere (Grof, 1970). In this context, I will only briefly outline the basic characteristics of this model and give several typical examples to demonstrate my point.

The problem of psychogenesis of emotional disorders appears in a completely new light if we postulate that the basic perinatal matrices (BPM), as described previously. represent fundamental and universal dynamic structures existing in every individual. An intriguing possibility is to link the origin of these matrices to physiological engrams imprinted during the hours of the individual's biological birth. This is an assumption that would have to be tested in the future by special

research, such as in LSD experiments with subjects delivered by elective Cesarean section; this issue is not of crucial significance for our discussion. The first important step is to accept the existence of perinatal matrices as a clinical fact. The next step then would be to explore their nature and find out whether they arc meaningfully related to the biological birth trauma, or whether they represent archaic ancestral imprints, phylogenetic structures, or archetypal matrices in the Jungian sense-ito name just a few possibilities.

relation 10 pathological syndromes

The basic components of perinatal experiences seem to represent the most essential aspects of psychopathological syndromes: anxiety, aggression, depression, feelings of helplessness and inferiority. guilt. preoccupation with *physiological functions and biological material,* and a variety of *psychosomatic symptoms* such as headache, suffocation, cardiac distress, nausea and vomiting, muscular tremors and various diskinesias. The explanation involving the birth trauma is tempting because most of the above clements could be naturally and logically explained in this framework.

COEX systems

In addition to the perinatal matrices, the new model involves the psychodynamic structures organized in systems of condensed emotional experience (COEX systems). These arc subordinated to perinatal matrices and operate in close functional interrelationships with the latter. The multifaceted perinatal matrices represent the basic source of energy and general patterns underlying many clinical syndromes. Whether or *not* psychopathology develops and what particular type of psychopathology depends entirely on the nature of postnatal experiences which are manifested in the COEX systems.

new model is more comprehensive

As I tried to demonstrate elsewhere (l970c), this model can explain more satisfactorily and completely than the old explanatory systems the symptomatology of various emotional disorders, such as inhibited and agitated depression. sexual deviations. hypochondriasis, alcoholism. drug addiction, conversion hysteria. obsessive-compulsive neurosis. various phobias, organic neuroses and traumatic emotional neuroses. It is also interesting and helpful for the understanding of the phenomena related to sadomasochism, the psychoanalytic interpretation of which has been particularly unsatisfactory (Freud, 1922). Furthermore, this new model throws new light on the phenomenon of suicide, its basic types, underlying motivating forces. and the choice of methods, Various particularly shocking types of behavior that are difficult to derive

from frustrations and conflicts in childhood (such as sadistic murders, the kamikaze phenomenon. or self-mutilating bloody suicides) are more comprehensible when related to RPM III with its strong sadomasochistic emphasis and life-death relevance.

Incorporation of the perinatal and transpersonal experiences into psychiatric thinking appears to be essential for the understanding of schizophrenia. Many psychoanalysts have excluded schizophrenia in theory and practice from the list of
e disorders understandable in psychological terms; others have made attempts to explain the symptomatology of this disease from traumatic experiences in early infancy. These explanations cover at best only some of the more superficial aspects of schizophrenia and have not offered a satisfactory comprehensive interpretation.

It seems that the concept of perinatal and transpersonal experiences contributes an important dimension to these efforts. Different manifestations and aspects of schizophrenia can be related to various perinatal matrices: in most patients, however, the emphasis is on BPM I, the primal union with mother. Exceptionally, some schizophrenic patients have episodes of relatively pure ecstatic feelings of cosmic unity that meet the criteria of Pahnke's mystical categories (Pahnke& Richards, 1969). Instead of being understood as universal phenomena, which is typical for great religious teachers and mystics, such experiences arc interpreted by these patients in terms of grandiose delusions of individual uniqueness. Basically, the difference between the experiences of mystics and schizophrenic patients does.not seem to be primarily in the nature and content of the experience, but in the general attitude and approach toward them, and in the way in which they are integrated into everyday life:

Significance of attitude

Clinical material from advanced LSD sessions indicates that the catatonic stupor of some schizophrenic patients, frequently associated with the fetal position and with disregard for intake of food and for the excretory functions, seems to be related to BPM 1.The experiences of disturbed intrauterine existence in LSD sessions are accompanied by many phenomena essential for the phenomenology of schizophrenia, such as bizarre somatic symptoms, visions of demons and metaphysical evil entities, and experiences of noxious radiation, gases or poisons.

'According to a beautiful parable in J. Campbell's *Myliis* ro *Live By* (1971). the schizophrenicis drowning in the same waters in which the mysticswimswith delight.

These episodes, as well as the subjective awareness of the adverse biochemical changes heralding the onset of delivery, could be the basis for feelings of a universal undefined threat and danger, typical for paranoid patients. The experiences of external influences attributed to hypnosis or an assault by various technological devices, as well as intrapsychic and acoustic hallucinations, appear to be related to the state of the original, undifferentiated unity with mother. The wishful delusions and elements of uncontrolled daydreaming as well as autistic thinking can be understood as an unconscious attempt to reinstitute the original undisturbed intrauterine situation.

The phenomenology of BPM II contributes to the schizophrenic picture in terms of elements of the Last Judgment and of eternal damnation, visions of a meaningless and bizarre "cardboard" world, never-ending tortures in various versions *of* Hell, and other types of no-exit situations.

The participation of BPM III seems to add to the picture of schizophrenia the elements of bloody aggression and sado-masochism (automutilation or murder. and physical tortures often attributed to persecutors or a diabolic machine), episodes of sexual tension, scatological and perverted sexual interests, and bizarre motor phenomena. Together with BPM IV it is responsible for episodes of death and rebirth, feelings of identification with Christ, and experiences of salvation and resurrection.

basic difference between psychotic and neurotic experiences

We can hypothesize that the elements of perinatal matrices can be activated and approximated to the ego by various traumatic experiences from different periods of the schizophrenic's complicated childhood history. This could explain the frequent admixture of infantile childhood material in the symptomatology of schizophrenia. The basic difference between the experiences of psychotic and neurotic patients from this point of view seems to be in the level of unconscious that is influencing them. The schizophrenic seems to be perceiving himself and the world in a distorted way under direct influence of the basic perinatal matrices, whereas the experience of the neurotic is influenced primarily by the COEX systems. In addition, the schizophrenic can be in direct touch with a whole gamut of transpersonal experiences.

It is reasonable to assume that different stages of schizophrenia might also involve a variety of biochemical factors. It appears, however. erroneous to see the symptoms as direct products of

biochemical alteration. The biochemical factors would only contribute to the activation of COEX systems and perinatal matrices; these appear to be a standard and universal component of the human personality makeup. Whereas a normal person has to take a powerful chemical such as LSD or use a special non-drug procedure to consciously experience deep dynamic matrices of his unconscious, in a schizophrenic this situation occurs spontaneously under the influence of factors that are at present poorly understood. In addition, it appears that the unconscious of a schizophrenic contains a larger amount of negative material than that of a normal person.

role of biochemical factors

The significance of perinatal and transpersonal experiences is not limited to psychopathology alone. The understanding of these phenomena is important, even essential, for the understanding of the psychology and psychopathology of religion (Grof, 1970e, 1971). Any attempt to explain the religions of the world, or religion as a phenomenon, that limits its theoretical repertoire to psychodynamic factors of the individual unconscious as described by Freud, is necessarily inadequate, superficial and incomplete. It seems that it was the conscious manifestation of the perinatal and transpersonal levels of the unconscious, the visionary experience, that was at the cradle of all great religions. The ability to mediate such experiences, or at least stimulate the subliminal awareness of these levels, appears to be the basis of the influence that religious movements have on their followers. Any theoretical approach that disregards this fact and equates religion with its ideational content or its symbolic rituals, necessarily misses its very essence. The key to the understanding of religion seems to be the actual experience of transcendental realities that are intrinsic to the human personality and human nature. A simplifying approach to religion can be best exemplified by Freud's attempts at analysis of religious phenomena in *Totem and Taboo* (1952) and in *The Future of an Illusion* (1928).

cradle of great religions

The recognition of perinatal and transpersonal levels and the understanding of their dynamics also add an important dimension to the study of psychology and psychopathology of art. In a paper focusing on the implications of LSD research for the study of a variety of cultural phenomena (1970e, 1971), I tried to demonstrate that many art movements and products of individual artists can be meaningfully related to individual perinatal matrices as they manifest themselves in psychedelic sessions. Because of the scope and complexity of the subject, the ideas expressed in this paper remained on the level of allusions and suggestions of a rather general nature. An at-

tempt at a more specific application of transpersonal psychology to cultural phenomena, namely the analysis of the grotesque in art and religion, has been published elsewhere (1970d).

Many other cultural phenomena such as the healing ceremonies of various ancient and so-called primitive societies, trance and possession states, temple mysteries, initiation rites and rites of passage, *the* Books of the Dead (such as the Tibetan and Egyptian) remain rather obscure when their analysis is *not* based on intimate knowledge of cartography of trans-individual levels of the unconscious. An interesting model of the human personality encompassing the trans personal aspects was described by Green and Green (1971) in a previous issue of this journal.

II. PRACTICAL JUSTIFICATION OF TRANSPERSONAL PSYCHOTHERAPY AS A NEW THERAPEUTIC Al'PROACH

necessity of transpersonal therapy

Manv unusual and interesting observations from the therapeutic use of serial LSD sessions indicate clearly the need to incorporate transpersonal aspects and approaches into everyday psychotherapeutic practice. A therapist who is unaware of or closed to the trans-individual levels of the unconscious will probably, other things being equal, be less effective with patients whose psychopathology has a strong perinatal or transpersonal emphasis. He will also fail to meet the usually intense spiritual needs of these patients and 10 give them sensitive guidance.

It is a common observation in the early sessions of *psycholytic therapy* that clinical symptoms are temporarily alleviated, replaced by others, or even completely disappear. I refer to dynamic shifts on the level of the COEX systems, that underlie such changes in symptomatology, as COEX transmodulation. The following clinical example can perhaps best demonstrate the degree of such changes that can be observed quite frequently in LSD therapy:

clinical example

> The patient in question was a 26-year old male homosexual, who had suffered for the last four years preceding *psycholytic therapy* from severe continuous depression, bouts of anxiety, chronic insomnia, heart palpitations, agonizing cardiac pains, and intense headaches, He had attempted suicide on six different occasions, one of them with rat poison. The patient related most of his symptoms to disturbances in his sexual life. He had never had heterosexual intercourse and his excessive masturbation was ac-

companied by strong feelings of guilt. At irregular intervals he had homosexual relations in which he always played a passive role. Here he could achieve sexual satisfaction, hut the subsequent guilt feelings were even stronger than in the case of masturbation. In utter despair. he llnally tried to castrate himself by a large dose of estrogens.

He was started on *psycholytic therapy* after a long unsuccessful treatment with other methods. In his eighteenth session this patient experienced a shift from one major COEX system (related to RPM II) to another (subordinated to BPM III). As a result of this shift. his depression, anxiety, pain and insomnia completely disappeared. and were replaced by it classical hysterical paralysis of the right hand, The Iauer had all the typical features of a hysterical conversion reaction, including the "belle indifference," a rather cool and indifferent emotional attitude toward a seemingly serious crippling symptom.

1\vcry interesting development could be observed when the LSD sessions were continued. Whenever the LSD started having effect, the patient all of a sudden could move his paralyzed hand. Two important areas of the problems and conflicts underlying this symptom had to be worked through in these sessions. One of them was related to the patient's father, who was a brutal and despotic alcoholic. He abused physically both the patient and his mother; several times the patient was so badly wounded hy his father that he had to be taken to the hospital. In adolescence, the patient used to have fantasies and dreams about killing his futher.

In the LSD sessions of this period, he was reliving his conflicts related to patricide. He saw the therapist transformed into his father, and as soon as his hand could *move* under the influence of the drug, he would inevitably aim his fist toward the therapist's face, His hand would, however, then stop several inches in front of the therapist's nose and be withdrawn again. In this way, the patient's fist oscillated at times for several hours under the influence of contrary (Id and Superego) imputses. During this time, the patient relived various traumatic memories involving his father and also had symbolic visions dealing with patricide.

The second area of problems underlying the paralysis was related 10 masturbation. When he was reliving the conflict between a strong desire to masturbate and the guilt and fears associated with it. his hand oscillated between his genitals and a position near his right hip. He relived a situation when he was caught masturbating by his father and was punished for it; in addition, he had visions of various sexual scenes.

It took seven sessions to work through both areas of conflict. This was followed by a deep ecstatic episode: after the session when this

happened, his hand became completely free. Several weeks later he had the first heterosexual intercourse in his life.

Considerable improvements can be frequently observed while the LSD sessions still show a predominance of Freudian psychodynamic material. Some of the symptoms can disappear completely from the clinical picture as a result of the working through of this material. This probably coincides with the results achieved in successful psychoanalysis.

need/or working through

It was, however, a common occurrence in *psycholytic therapy* that patients transcended the psychodynamic level in their LSD sessions and still were showing serious psychopathology. Many symptoms and clinical problems appeared to have their roots in the perinatal levels of the unconscious and could not be eradicated unless and until the patient faced and integrated the experiences related to the perinatal matrices. So, for example, working through the elements of BPM II appeared to be necessary to reach an enduring resolution (and not only a temporary remission) of severe claustrophobia and deep inhibited depression. Severe suicidal tendencies disappeared completely when the patients worked through and integrated the perinatal material and experienced the final ego death. I have never seen a person who progressed in his self-exploration beyond the point of ego death and still contemplated suicide, Several such patients independently shared with me the insight that their previous suicidal urge was actually an unrecognized craving for ego transcendence. Since they were unaware of this fact, they chose something more easily available that closely resembled the ego death, namely physical destruction. After the ego death the individual sees human existence in a much broader spiritual framework-no matter what the personal problems are, suicide does not appear to be a solution anymore.

ego-death and broader spiritual framework

A similar situation was observed in regard to alcoholism and narcotic drug addiction. Subjects who experienced feelings of cosmic unity typically developed a negative attitude toward the dull and uninteresting state of mind produced by intoxication with the above substances. If they continue drinking socially, it is because of the taste of the alcoholic beverage (more frequently wine than hard liquor), and *in spite* rather than *because* of the alcoholic content.

There is a definite tendency among alcoholics (Pahnke et al., 1970; Kurland et al., 1971) and heroin addicts (Savage, Mcf.abe, & Kurland, 1972) to discontinue their habit follow-

ing a psychedelic peak experience. This is an interesting illustration of William James' (1929) observation that the best cure for dipsomania is religiomania. In an open-ended treatment situation, where repeated LSD sessions can be administered, complete working through of the perinatal levels seems to result in lasting abstinence and a total transformation of the alcoholic's or addict's personality. The insights of these patients into the nature of their habit resemble those of the suicidal patients. After they have reached the experience of cosmic unity, they usually recognize that this is the state of mind they have really craved. The use of alcohol and heroin was pursued because of its superficial resemblance to the unitive experience (undifferentiated consciousness, loss of subjective awareness, and reduction of painful stimuli). Instead of mediating the full state of cosmic unconsciousness, the continued use of these drugs leads to biological addiction and destroys the individual physically, emotionally, and socially. Thus, after the experience of ego death, suicide, as well as the abuse of alcohol or heroin, are seen as tragic mistakes, and the result of spiritual craving that was unrecognized, misunderstood and responded to in a self-destructive way.

BPMsand violence

Another clinical problem that clearly has perinatal roots is impulsivity, as well as the tendency to violence, and sadomasochism. According to my experience, irrational, aggressive, and destructive impulses always disappeared when BPM **III** was fully experienced and integrated. Patients suffering from these problems who reached the experience of BPM I showed a considerable increase in relaxation, a high degree of centeredness and tolerance, as well as compassion and reverence towards life.

A variety of other disorders can be occasionally traced to perinatal levels; this was described in detail elsewhere (Grof, 1970c). In this context I will only mention certain sexual neuroses and sexual deviations, and psychosomatic diseases, such as asthma and psoriasis.

symptoms and transpersonal experiences

Occasionally some of the clinical symptoms continued in spite of the fact that the patient moved beyond both the psychodynamic and perinatal levels, and that purely transpersonal material dominated his sessions. I remember instances where certain symptoms disappeared following specific transpersonal experiences. Thus in one patient severe hay fever seemed to be related to unusual phylogenetic sensations and was resolved on that level. In another subject a variety of unpleasant states of mind and a difficult problem with sexual

identity could be traced back to an experience of possession involving an archetypal image of a witchlike female figure, Occasionally some symptoms disappeared after the LSD subjects relived scenes identified as past incarnation experiences (bad karma) that were thematically related to their problems. It is interesting to mention in this connection the work of Denys Kelsey and Joan Grant (1968) who induce a hypnotic trance and then suggest to their subjects to search in the past for the sources of their symptoms. They have described the disappearance of various symptoms after their subjects relived specific experiences that had a past incarnation experiential quality.' Also, the readings of Edgar Cayce often contain references to karmic levels as a source of the client's problems (Langley, 1967).

psychosis and transpersonal experiences

Particularly instructive from the point of view of our discussion are the observations from *psycholytic therapy* of several psychotic patients. Although their number was too small to allow for far-reaching generalizations, it was interesting that a whole gamut of trans personal experiences had to be faced and integrated before a lasting clinical improvement took place. This process was associated with restructuring of the personality that reached a degree unrivalled by any of the conventional therapies. We could mention in this context

Maitri project

Chogyarn Trungpa's plans for the Maitr i project as an interesting example of a non-drug approach based on a similar principle. He intends to create retreats where the maps of consciousness developed by Tibetan Buddhism would be used to guide schizophrenic patients through their psychological and spiritual crises, This discussion can be concluded with a condensed clinical case history that illustrates the theoretical and practical significance of transpersonal experiences for the approach to the problem of schizophrenia:

condensed case history

> The patient, whose condensed case history will be used here for illustration, was a 38-year-Old female psychologist. For many years before the LSD treatment she had suffered from a complicated mixed neurotic disorder involving a variety of obsessive-compulsive symptoms, hysterical conversion phenomena and organ-neurotic manifestations. She started systematic

'One of their patients should be briefly mentioned in this connection, since the mechanism involved bears such a close resemblance to what I observed several times during LSD therapy, A patient suffering from a severe phobia of bird feathers lost this difficult symptom utter she relived and abreacted u sequence lhal had a pasl incarnation experieruial quality. She experienced herself in a male incarnation us ıı Persian warrior wounded hy an arrow and dying on the bauleticld. The vultures were gathering around her awaiting her death. peeking at her and healing with their wing, around her (Grunt, personal cornmunicauon).

psychoanalytic treatment, but four months later had to be hospitalized, because she developed acute psychotic symptoms. An important part of her psychotic symptomatology was an erotomanic delusion; she was convinced that her boss was deeply in love with her and also felt irresistible affection and sexual attraction toward him. She was convinced that a strange erotic and spiritual communion existed between them that was shared intrapsychically beyond the facade of rather formal social interaction. Several weeks later she also started hallucinating his voice. In these hallucinations her boss was expressing his passionate feelings for her, describing their beautiful joint future and also making various specific suggestions, During the evening and night hours the patient experienced powerful sexual sensations that she interpreted as intercourse-at-a-distance, magically performed by her "lover."

Her hospitalization became unavoidable when she started acting under the influence of her delusions and hallucinations. One day she left her husband and made an attempt to move into her boss' apartment with her children, because his "voice" told her that he had arranged divorces for both of them and that she could now live with him, After many months of unsuccessful treatment with a variety of tranquilizers, as well as individual and group psychotherapy, she was selected for *psycholytic therapy* with LSD,

Following twelve LSD sessions, the psychotic symptoms disappeared and the patient developed full insight in regard to her psychotic behavior, In over thirty subsequent sessions she worked on a variety of complicated neurotic problems, reliving traumatic memories from different periods of her life, and tracing her present problems to their emotional sources in her unhappy childhood. Much time was spent on her family situation, her cruel, insensitive and physically abusive husband involved in a fast-paced political career, and her two children. both of whom had serious emotional problems requiring professional help. Then the sessions moved into the perinatal realm and the patient experienced the typical sequences of dying and being born as described above, After she relived on a brutally biological level her own birth and experienced the final ego death, J expected a marked improvement, as was the case in most neurotic patients. To my great surprise, J witnessed a complete reappearance of the original psychotic symptomatology, which the patient had not shown for many months. The only difference was that this time I became the main target of all the psychotic phenomena; through preceding LSD therapy the patient developed a transference psychosis,

At this point she believed herself to be under my hypnotic influence and felt in constant communion with me. in the LSD sessions as well as during the free intervals, She experienced a mutual exchange of thoughts and even verbal communication. It

was interesting that in some of these hallucinated interviews, I "continued psychotherapy." The patient "discussed" various aspects of her life with me and carried out activities suggested by my illusory voice, such as several hours of bathing and physical training every day, exercises in feminine housework; etc. In these hallucinated conversations I told her that I had decided to drop the therapeutic game and become her lover and husband; I also allowed her to use my last name instead of her husband's name. She was repeatedly assured of my love, informed that her divorce was already arranged, and asked to move with her children into my apartment. It was obvious from the context of the sessions that this wishful magical thinking was a transference phenomenon derivative of her early symbiotic relationship with her mother. She also talked about the "hypnogamic lessons" she was getting from me in the evening and night hours. Sexual sensations and hallucinations of intercourse were interpreted by her as deliberate lessons in experiencing sex that I decided to give her in order to accelerate therapy, She described beautiful orgasms that she *never* experienced in her real sex life.

At one point. she spent many hours a day in catatoniform *postures*; it was possible, however, to interrupt them by addressing her. She would then resume a normal posture and explain her behavior. Her mental and emotional condition at this time was dependent on the position of her body; in some postures she experienced ecstasy and cosmic unity, in others depression, nausea, and anxiety. She herself related this phenomenon to the competition for the womb with her twin brother.

On the basis of previous experiences with other patients, I continued the LSD sessions in spite of this acute transference psychosis. These sessions consisted almost entirely of a variety of transpersonal experiences. There was an important emphasis on reliving unpleasant intrauterine memories, which she related to emotional stresses and diseases of her mother during pregnancy, and mechanical discomfort of the twins in the uterus.

Several sessions later a most unusual phenomenon occurred; namely, the paradoxical effect of LSD. The patient was still psychotic in the free intervals, but *in* the LSD sessions appeared normal and regained insight and critical judgment. Finally, in her ninetieth session she experienced profound ecstatic feelings of cosmic unity as the prevailing pattern. She emerged from this session without the previous psychotic and neurotic symptoms and with a completely restructured personality. She described that she was now able to experience herself and the world in a completely different way than ever before. She had zest for life, a new appreciation for nature and art, a purified attitude toward her children, and the ability to give up her previous unrealistic ambitions and fantasies. She was able to resume her job and function adequately, obtain a divorce from her husband and live indepen-

dently while taking care of her two children. During seven years following the LSD therapy, she has not needed any in- or out-patient psychiatric care.

Ill. THE PROBLEM OF STRATIFICATION OF THE UNCONSCIOUS AND THE TECHNIQUES OF TRANSPERSONAL PSYCHOTHERAPY

interrelations of levelsof the unconscious

In the preceding sections I have occasionally used expressions and metaphors that have topological and topographical connotations. When we talk about depth psychology, more superficial and deeper levels of the unconscious, "cartography" of different types of experiences, and "maps of consciousness," this indicates that the material in the unconscious is arranged in certain specific and relatively constant interrelations. Some of these terms also suggest a vertical stratification of different types of experiences.

retrospective analyses

My use of this language is based on the fact that in *psycho lytic treatment* some experiences seemed to be more readily available than others. Thus in retrospective analyses of serial sessions of psychiatric patients I could distinguish three relatively distinct stages. Early sessions of the series, the Freudian stage, had a predominance of aesthetic and psychodynamic material. In the sessions in the middle part of the series, the Rankian stage, the major emphasis was on perinatal experiences; and the advanced sessions, the Jungian stage, consisted almost exclusively of transpersonal phenomena. A similar situation exists in regard to dosages of LSD; *low* dose sessions are mostly aesthetic and psychodynamic, and *high* dose sessions show a greater incidence of the perinatal and transpersonal materiaL. This concept suggests that in order to elicit "deeper" phenomena, one must use more powerful techniques, such as high dosages of drugs, extreme psychological pressure, or drastic physiological measures. Although there is a definite element of truth in this opinion. I can see at the present time other, maybe even more critical, variables. The belief system of the patient and of the therapist, as well as the set and the setting of the procedure, seem to be powerfu1 factors that should not be underestimated.

Several examples could illustrate this point. The psychoanalysts hardly ever saw in years of work the relivings of birth experiences in their patients freely associating on the couch; yet such phenomena happen frequently in encounter groups, nude marathons and in primal therapy. My clinical observations seemed to suggest that past incarnation

experiences orrgrnate in deep levels of the unconscious, because a large number of sessions had to be used to obtain these phenomena. During Joan Grant's and Denys Kelsey's stay in Baltimore, I witnessed repeatedly in others, as well as in myself, that with their technique they were able to elicit comparable phenomena quite regularly in the first hypnotic sessions with the subject without explicitly suggesting them. Conversely, LSD therapists who discourage mystical and religious experiences by interpreting them as defenses against the really relevant psychodynamic material, or labelling them as psychotic, seldom bring their patients to the trans personal levels. By my standard, phylogenetic experiences were considered as phenomena from the deep unconscious because they spontaneously occurred in rather advanced sessions of my patients. The illiterate Amanuaca Indians in Peru evoke quite routinely and predictably in their *yaje ceremonies* experiences of identification with specific animals in order to learn their habits; they supposedly obtain in this way reliable information that can be used pragmatically for the purposes of the hunt (Dobkin de Rios, 1971). Similarly, archetypal images of various deities used to belong in my cartography to deep unconscious phenomena. Yet in religious and healing ceremonies of various cultural groups rather specific archetypal experiences can be evoked by drug as well as non-drug practices. Thus for example, possession by the goddess Erszulie is frequently experienced in the ceremonies of Haitian voodoo, and specific *orishas* such as Shango, Babalu-Aye and Oshun are manifested in the ceremonies of the Afrocuban Santeria (Halifax, 1972). Similarly, Tibetan Buddhism *has* a rather complex and sophisticated non-drug technology using chanting and musical instruments to evoke images of specific deities. The arousal of the Serpent Power *(Kundalini)* occurred in my research only extremely rarely and in rather advanced LSD sessions. Yet certain Kundalini Yogis can supposedly occasionally trigger such an experience with the use of relatively simple maneuvers.

Numerous additional examples could be used here to demonstrate that specific techniques can be developed to reach certain types of experiences. It is clear that the order which J followed in my *psycholytic* research in Prague does not always have to be observed. It might have easily reflected my reluctance to give up certain scientific and other widely accepted frameworks *and* acknowledge the world of perinatal and transpersonal phenomena reported by my patients. Such a stratification can also reflect a similar process in the patients themselves; it is certainly easier for the patient (as well as the

therapist) to accept the possibility of reliving of the biological birth than seriously consider the existence of past incarnation experiences. What from a certain point of view can appear as stratification intrinsic to the unconscious and the human personality makeup, can thus be strongly influenced by the developmental programming of the individual, as well as by the conceptual framework and belief system influencing the approach of the therapist.

infiuence of therapist

In conclusion, according to my opmlOn the existence of perinatal and transpersonal experiences can be considered a well established clinical fact. Their recognition and acceptance seems to be essential, not only for the understanding of the inner world and problems of psychedelic drug users, but also for a variety of psychopathological problems, particularly schizophrenia. In addition, a transpersonal approach to psychology contributes a new dimension to the study of religion, art and social movements,

From the practical point of view, it seems that the confrontation of transpcrsonal levels of the unconscious might be a *conditio sine qua non* for effective treatment of certain clinical conditions. ln this paper the significance of this approach could be demonstrated only in very general terms. Future research might further clarify and specify the relations between different types of perinatal and transpersonal experiences and various aspects of psychopathology. Specific therapeutic approaches might be developed to bring certain transindividual experiences to consciousness and integrate them into the individual's everyday life.

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