

# Transpersonal Mythology?

By  
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**Stanislav Grof's monumental exposition 'Beyond the Brain: Birth, Death and Transcendence in Psychotherapy' has many points of resonance with some of our published and unpublished material. This responsive commentary expounds the core of Grof's hypothesis, interfacing it with some of our own research, the synthesis of which appears to require a critical reworking of some of Grof's conclusions and application. In particular the question is raised as to whether the metaphysical construct of Stanislav Grof is not in fact a mythology codifying common and still unresolved defences against psychotic anxiety generated at the most acute focus of the trauma of birth.**

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# Transpersonal Mythology?

In Spring 1985 I was fortunate to obtain a copy of an unpublished manuscript by Stanislav Grof\* entitled "Journeys Beyond the Brain: New Visions of Reality and Human Nature" \*\*. His work had many points of resonance with some of our own published and unpublished material. I began making extensive notes which were then expanded with the addition of commentary sections as the material began to serve not simply as a resource, but also as a stimulus for critical questioning of some of the author's conclusions. The understanding of common defences against anxiety emerging from our research into the behaviour of social systems experiencing low resource, high stress and rapid change provides the foundation for a level of synthesis which appears to require a fundamental reworking of some elements of Grof's exposition.

The first few quotations, drawn from the author's sketch of the paradigm shift of the twentieth century, are given without comment.

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"Newtonian mechanics, unlike both the Aristotelian and Cartesian dynamics did not explain the nature of the attractive forces between particles of matter, but simply took gravity for granted. This question was later addressed and answered by the general theory of relativity. The opponents saw in his reliance upon innate forces a return to the Dark Ages." [p.9]

"A new scientific truth does not triumph by convincing its opponents and making them see the light, but rather because its opponents eventually die, and a new generation grows up that is familiar with it." [p.11, quoting Max Planck, Scientific Autobiography and Other Papers, Greenwood Press, West Port, Connecticut, 1968]

"Under the influence of the Freudian model, mainstream psychiatry and psychotherapy has accepted the notion that the newborn child is a 'tabula rasa' and that his or her development is entirely determined by the sequences of childhood experiences. Contemporary medical theory denies the possibility that the experience of biological birth is recorded in the child's memory; the usual reason given for this in medical handbooks is the immaturity of the cerebral cortex of the newborn (incomplete myelinization of the sheaths of the cerebral neurons)." [p.22]

"The prevailing orientation in psychiatric therapy is to eliminate symptoms and unusual phenomena of any kind; and return the individual to agreed-upon-perceptions and experiences of the world." [p.24]

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\*\*Subsequently published as "Beyond the Brain: Birth, Death and Transcendence in Psychotherapy" (State University of New York Press, 1985)

"The stupendous technical achievements [of materialistic science) which have the potential to solve most of the material problems that plague humanity have backfired. It has created a world in which its greatest triumphs - nuclear energy, space-age rocketry, cybernetics, lasers, computers and other electronic gadgets, and the miracles of modern chemistry and bacteriology - have turned into a vital danger and a living nightmare. As a result of it, we have a world divided politically and ideologically which is critically threatened by economic crises, industrial pollution and the specter of nuclear war. In view of this situation, more and more people are questioning the usefulness of precipitous technological progress which is not harnessed and controlled by emotionally mature individuals and a species sufficiently evolved to handle constructively the powerful tools it has created." [p.26]

**Comment:** Grof traces the current ideological splits between East and West, between developed and under-developed, as caused by the precipitous technological development based on the material scientific world-view of the Industrial Revolution. There is no way he can substantiate causal linkage of that kind as if social splitting stemmed from that particular scientific basis. Feudalism, slave-owning, agricultural differences, class warfare and so on are all there in cultures right through the millennia. They are distributed somewhat differently within the different processes of production of the Industrial Revolution, but to attribute causality to what is simply a somewhat different symptomaticity is inherently superficial and leads to fallacious diagnosis and prescription. This may represent Grof's inability to source the origins of splitting between the in-group and the out-group to its matrix within perinatal encounter with the threat of death. In his own mythology it would appear that the perinatal boundary is in fact death-dealing and therefore cannot be reintegrated. If that is so then we would expect splitting as a defence against psychotic anxiety to be projected into all kinds of shattered formations of his construct.

"During my LSD work, I found it impossible a long time ago to continue blinding myself to a steady influx of astonishing data, just because they were incompatible with the basic assumptions of contemporary science. I also had to stop reassuring myself that some reasonable explanations must exist for them in spite of the fact that I could not imagine them in my wildest fantasy. I became open to the possibility that our present scientific worldview might prove to be superficial, inaccurate and inadequate, like many of its historical predecessors. At this point, I started registering carefully all the puzzling and controversial observations without judging them or trying to explain them. Once I was able to give up my dependence on the old models and simply become a participant observer in the process, I gradually became aware of the fact that there exist important models both in ancient or Oriental philosophies and modern Western science that offer exciting and promising conceptual alternatives." [p.34]

**Comment:** Grof's description of his theoretical stance involves the suspension of any critical faculty, laying him open to a syncretistic or pantheistic valuation of all imagery, experience, etc. without any sourcing, psychodynamic judgement or comparative critique. The result is a syncretistic validation of all data as equally 'true' leading him to draw conclusions from hallucinatory and dream material and project these as informational directives about the nature of reality. I think this is essentially the same kind of process as that which underlies the archetypal image-reifying dynamic at the core of the religious experience.

It would appear that Grof has suspended all reality-testing at this point which is very different from the suspension of dependency upon a particular paradigm which is normally a result of intensified reality-testing and the critical challenging of paradigmatic fantasy.

"Clinical observations from LSD psychotherapy suggest that the human unconscious contains repositories or matrices, the activation of which leads to reliving of biological birth and a profound confrontation with death. The resulting process of death and rebirth is typically associated with an opening of intrinsic spiritual areas in the human mind that are independent of the individual's racial, cultural and educational background." [p.36]

**Comment:** This juxtaposing of the reliving of biological birth and the profound confrontation with death is fascinating. It is as if there is a death and rebirth, a complete movement into non-existence and then a new existence on the other side of birth embedded within the perinatal understanding of Stanislav Grof. This projectional discontinuity within a somatically living continuity may well act as the paradigmatic core for his postulation of other such discontinuities of being around points of trauma, rather than points of conception. This would indicate a very near death perinatal experience for Stan Grof, probably prefigured by a very near death first trimester experience interpreted as conception and therefore giving rise to this 'hall of mirrors' feel that there are many different incarnations either side of the discontinuities.

"There are other aspects of the death-rebirth process which are even more difficult to account for. The symbolism that accompanies the experiences of dying and being born can be drawn from many different cultural frameworks, even if the corresponding mythological themes had not been known to the subject previously. On occasion, this involves not only the well-known symbolism for the death-rebirth process that exists in the Judaeo-Christian tradition - the humiliation and torture of Christ, death on the cross, and resurrection - but details of the Isis and Osiris legend, the myths of Dionysus, Adonis, Attis, Orpheus, Mithra or the Nordic god Balder and their very little known Mesoamerican counterparts. The wealth of information involved in this process in some of the LSD subjects is truly remarkable." [p.37]

**Comment:** Grof's assumption appears to be that knowledge or symbolic statement of this kind of material involves prior incarnational existence within those cultures. However, if those religious symbols are themselves reification of the common prenatal and perinatal unconscious, then you would expect that the macro-system resonance involved in those symbolisations would also be shown up by individual projection on many different occasions from individuals whose own perinatal history had congruent characteristics with the particular culture involved. Note also the perinatal experience as a 'death and rebirth' and the mirroring forward to the death and resurrection of Jesus as re-presentation of the death/rebirth process.

At this point in reading I had the following association: That the current wave of international terrorism is a symptom of rising social anxiety, not its cause. It represents the acting out of anarchic rage as we meet the impingement of failing resources, limited boundaries and so forth, either against the environment or turned intra-species against humanity itself. The reaction to suppress terrorism represents the defences against split off parts of the social

unconscious. If terror can be projected into the terror-carriers, the terrorists, then perhaps the rest of us can be delivered from the fear. I think it is quite clear that the reaction to terrorists terrifies the terror-bearers even more and therefore becomes a vicious circle, a feedback loop generating terrorised retaliation in groups which we then call terrorist. This could represent, therefore, the beginnings of an escalating feedback process generating psychotic terror being acted out at the boundaries of the social system.

There appears to be some awareness of the internal process of terror. One woman described President Reagan's reaction to terrorism as itself terrorist and generating terror in her because it would trigger terrorist reaction and retaliation against her brother who was still in Lebanon. In other words where there is a trans-boundary awareness the terror is perceived as both internal and external.

Fascinatingly both sides of the boundary have recourse to prayer to their God for deliverance from the terror of the out-group, so the battle is actually joined between the 'God and Father of our Lord Jesus Christ' and 'Allah', the boundaries of whose protective in-groups are mutually exclusive and whose mutual out-groups are condemned to hell or the jihad.

"As LSD subjects enter the perinatal realm and confront the twin experience of birth and death, they typically realize that the distortion and inauthenticity of their lives does not limit itself to partial segments or areas. They suddenly see their entire picture of reality and general strategy of existence as false and inauthentic. Many previous attitudes and behaviors that used to appear natural and were accepted without questioning are now perceived as irrational and absurd. It becomes clear that they are derivatives of fear of death and remnants of the unresolved trauma of birth. In this context, a driven and hectic life pattern, haunting ambitions, competitive drives, need to prove oneself, and the inability to enjoy are seen as unnecessary nightmares from which one can awaken. Those who complete the death-rebirth process connect with intrinsic spiritual sources and realize that a mechanistic and materialistic world-view is rooted in fear of birth and death ." [ P. 43 ]

**Comment:** Stan Grof's splitting of the world into the metaphysical and mechanistic-materialistic appears to be rooted in the discontinuity of the death process embedded within his birth.

"If one adheres to the old medical model in which there has to be a material substrate for memory, the nucleus of a single cell - the sperm or the ovum - would have to contain not only the information discussed in medical books concerning the anatomy, physiology and biochemistry of the body, constitutional factors, hereditary dispositions to diseases, and parental characteristics, but also complex memories from the lives of our human and animal ancestors and retrievable detailed data about all the cultures of the world. Since the LSD experiences also involve consciousness of plants and inorganic matter down to its molecular, atomic and subatomic structures, as well as cosmogenetic events and geological history, one would have to ultimately postulate that the entire universe is in some way coded in the sperm and ovum. At this point the mystical alternatives to the mechanistic worldview appear to be much more appropriate and reasonable." [P.44]

**Comment:** This appears to be the point of departure into metaphysics on a purely irrational ground or leap. If we build on the work of Bohm and the current state of the art understanding of a 10-dimensional ultra-microscopic world not at the sub-atomic, but at the sub-fundamental particle level of existence, then this kind of informational coding is quite possible. We do not need a meta-physical, spiritual, transpersonal God of the gaps at this point in order to understand the processes of consciousness.

"Science that takes into account the testimony of non-ordinary states of consciousness has no other choice but to free itself from the narrow confines of the Newtonian-Cartesian model." [P.47]

**Comment:** Grof goes on to talk about developments in modern physics which have done precisely that. However, his own plea is not a development into post-Einstein relativistic physics, but a fundamental shift into metaphysics. A phantasy-analysis of some of the words he uses is quite illuminating. He speaks of the need to be 'free from the narrow confines' of the Newtonian-Cartesian model, essentially a perinatal image. This transition is then spoken of in terms of 'revolutionary change', 'revolutionary concept', 'first major departure', 'under the spell of Newtonian thinking'. Existence of ether was 'shattered', 'discoveries in physics that shattered the very foundations' of the Newtonian model. Concept of empty space 'has no meaning'. Developments in physics 'destroyed the image' of solid matter.

The use of terms of magic, revolution, shattering and meaninglessness, to describe a transition from the confines of some constricting paradigm does appear to be a phantasy-projection of perinatal material quite inappropriate to the subject matter and quite inconsistent with his own criteria of the need for a paradigm shift not the annihilation of paradigm. Grof insisted earlier that the new paradigm should include the old within its areas of competence and field of applicability. While his overt treatment of modern physics does indeed follow this level of paradigm shift, the emotional loading of the words he uses does not. A revolutionary shattering of foundations and loss of meaning is hardly the same as a paradigm shift preserving continuity of application of the old paradigm within its own orders of application. Again, on page 49 Grof notes that "the seeming contradiction between the particle and the wave image was solved in quantum theory in a way that shatters the very foundations of the mechanistic world-view". The repetition of 'shatter' at the point of paradigm shift or refinement must be noted. The assumption appears to be that any such transition does indeed involve death, shattering and meaninglessness, and precisely not continuity under conditions of traumatic impingement, generating defences which can later be resolved, integrated and annealed. This denial of fundamental continuity of experience and the subsequent 'shattering' of world view allows the 'shattering' of life itself into a series of reincarnations across discontinuities of birth and death, so accepting the reification of mythological symbols of common psychotic defence as itself a reflection of reality rather than a symptom of the effects of traumatic experience.

"In traditional psychology, psychiatry, and psychotherapy, there is an exclusive focus on psychological traumas. Physical traumas are not seen as having a direct influence on the psychological development of the individual and participating in the genesis of psychopathology. This contrasts sharply with observations from deep experiential work where memories of physical traumas appear to be of paramount importance. In psychedelic work and other powerful experiential approaches, reliving of life-threatening diseases, injuries, operations, or situations of near drowning are extremely

common and their significance clearly exceeds by far that of the usual psychotraumas. The residual emotions and physical sensations from situations that threatened survival or the integrity of the organism appear to have a significant role in the development of various forms of psychopathology, as yet unrecognized by academic science." [P.89]

"The experiences of the death-rebirth process occur in typical thematic clusters whose basic characteristics can be logically derived from certain anatomical, physiological and biochemical aspects of the consecutive stages of birth with which they are associated." [P.92]

**Comment:** Again note the identification of the perinatal experience with a 'death-rebirth' process.

"There exist certain important characteristics of the death-rebirth process which clearly indicate that perinatal experiences cannot be reduced to reliving of biological birth. Experiential sequences of a perinatal nature have distinct therapeutic potential and make it possible to work through difficult emotions and physical feelings. However, they also result in a profound personality transformation. Deep experiential encounter with birth and death is typically associated with an existential crisis of extraordinary proportions during which the individual seriously questions the meaning of existence, as well as his or her basic values and life strategies. This crisis can be resolved only by connecting with deep intrinsic spiritual dimensions of the psyche and elements of the collective unconscious. The resulting personality transformation seems to be comparable to the changes that have been described in the context of ancient temple mysteries, initiation rites or aboriginal rites of passage. The perinatal level of the unconscious thus represents an important intersection between the individual and collective unconscious or between traditional psychology and mysticism or transpersonal psychology." [P.92]

**Comment:** I think this paragraph is quite crucial to understanding Grof's paradigm. Hypothetically I would reconstruct it like this:

That his experience of the birth process leads into a near-death experience which he found shattering and discontinuous. The black hole represented by this level of intense hyper-trauma he then relates to the transpersonal. In other words we are dealing with a split off, schizoid reification of material emanating from the as-yet-unresolved perinatal process, the unpacking of which would lead to a continuity of the birth experience from pre-term to post-natal recovery without the discontinuity of a death experience. This again would lead to a resolution of the paradigm, a reduction in the mythology of death and resurrection, a removal of the concept of death from birth and its replacement with ideas of survival, transition, impingement, loss, life-threat anxiety and defence, but precisely not with termination and recovery. I think it is this unresolved area of near-death split-off in the deep perinatal unconscious which energises the religious metaphysic or transpersonal realm of Stanislav Grof's paradigm.

In support of that hypothesis I would want to draw attention to the reason he gives why perinatal experiences 'cannot be reduced to reliving of biological birth', namely that experiential sequences of the perinatal nature have a therapeutic potential and in addition result 'in a profound personality transformation ... an existential crisis of extraordinary

proportions ... that can only be resolved by connecting with deep intrinsic spiritual dimensions of the psyche and elements of the collective unconscious'. The ground of this argument depends on an inadequate understanding of defences against anxiety which are brought into operation to cope with the level of traumatisation within the perinatal process. Grof here evidences the typical pattern of dissociation, reification, externalisation and re-introjection as an attempt to deal with the intolerable passage of the perinatal near-death experience. Reworking of these traumata, resolution of the underlying stored pain and the reduction of the fundamental defences of the person inevitably result in a major transformation of character. Such a transformation is in no sense the ground of an argument for the transpersonal and 'spiritual'. The appeal to the similarity between the transformations experienced during the resolution of perinatal defences and those of the core world religious mystical tradition represents a tautological defence against identifying the heartland of the perinatal trauma. If our understanding of these world religions is accurate, they are in fact displaced reifications of precisely this material. It is therefore not surprising that as defensive structures they enable someone who has had an intense near death trauma to cope with that trauma without actually gaining access to it. What I think Stanislav Grof is presenting in this section of the paradigm is an autobiographical statement to the effect that he is unable to tolerate recapitulation of his own intense perinatal trauma and therefore utilises the common perinatal defences in order to enable himself to stay 'sane', i.e. maintain repressive defences around this apparently intolerable psychotic level of experience.

"The perinatal unfolding is also frequently associated with various transpersonal elements such as archetypal visions of the Great Mother or the Terrible Mother Goddess, Hell, Purgatory, Paradise or Heaven, mythological or historical scenes, identification with animals, and past incarnation experiences." [P.93]

**Comment:** Grof is using an inversed causality in his argument which would appear to stem from his unawareness of social reification and group mythology processes. In so far as certain areas of trauma are common within a given group, the group generates common patterns of reification, displacement and mythological development to codify the common areas of defence, so leading to common repression of the offending material. These are essentially defence-maintenance constructs of the social group in the sense that they are generated out of the perinatal trauma of individuals over time in social contexts. They can be used and modified slightly by subsequent generations as carriers of the intolerable material associated with the perinatal traumata. This does not constitute them transpersonal elements with which the person reliving perinatal material gets in touch in a metaphysical or mystical manner. Grof's paradigm can only be sustained by the denial of the projection process from the split off, repressed perinatal material into later symbolic constructs. With that denial in place, the constructs are given an ontological validity of their own and designated as transpersonal. Associations between perinatal recapitulation and the transpersonal are then treated as validating indicators of the ontological reality of the transpersonal field. The construct is a re-coding of defence.

I now postulate the dynamic ground of this defence re-coding in Stanislav Grof as two-fold, firstly a shatteringly intense near death trauma within his own pre and perinatal field, leading to the experience of discontinuity or death and resurrection, rather than continuous transition through traumatic process. Secondly, a fundamental unawareness of the interpersonal, group and social systems processes of defence reification, symbolisation and mythology development.



These two grounds are probably linked, since insight into the social process would threaten the fundamental intrapersonal defences, so raising to consciousness the intolerable material for which these defences are in place. We thus have exposed the fundamental collusion structure between the deep intrapersonal and the macro-system mythological. I think it is the common, or social, defences against anxiety which represent the as-yet-unresolved agenda in Stanislav Grof's work.

[**Note:** The author distinguishes four characteristic clusters or stages of experience in the process of birth and of its subsequent recall and symbolic presentation. These he designates the Basic Perinatal Matrices, I, II, III and IV", shortened to BPM I, etc. in the text.)

### **First Perinatal Matrix (Undisturbed intra-uterine existence)**

"The pleasant and unpleasant intrauterine memories can be experienced in their concrete biological form. In addition, subjects tuned into the first matrix can experience an entire spectrum of images and themes associated with it according to the laws of deep experiential logic. The undisturbed intrauterine state can be accompanied by other experiences that share with it lack of boundaries and obstructions, such as consciousness of the ocean, an aquatic life form (whale, fish, jellyfish, anemone or kelp), or the interstellar space. Also images of nature at its best (Mother Nature), which is beautiful, safe and unconditionally nourishing, represent characteristic and quite logical concomitants of the blissful fetal state. Archetypal images from the collective unconscious that can be selectively accessed in the collective unconscious in this context involve heavens or paradises of different cultures of the world. The experience of the first matrix also involves elements of cosmic unity or mystical union.

"The disturbances of intrauterine life are associated with images and experiences of underwater dangers, polluted streams, contaminated or inhospitable nature and insidious demons. The mystical dissolution of boundaries is replaced by a psychotic distortion with paranoid undertones." [P.94]

**Comment:** Again we face the problem of causal direction. The existential experience of the infinitesimal in a finite environment is that of encounter with the infinite. Adult symbolisation of primitive states of blastocystic free-floatingness, or early stages of foetal development within the first trimester can indeed be oceanic, and in the idealised form appear as a heavenly paradise with an infinitely nurturant environment capable of absorbing any pollution we place in it. I would argue that it is out of these commonly shared individual experiences, projected through social systems that the images of 'the collective unconscious' are reified. It is hardly surprising therefore that there is a one-to-one mapping, or at least some resonance, between particular individual regressive imagery and these externalised symbols of the world religions etc. That in no sense justifies the metaphysical extrapolation of a transpersonal world with which we are in touch at this stage of development.

It is fascinating to note that in dealing with the negativities of the deep intrauterine environment Grof does not make the same kind of connection to a transpersonal world of evil but reserves the term 'psychotic' for negative idealisation and 'transpersonal' for positive idealisation. If psychosis is in a sense to be defined in terms of the identification of the

symbol with the ground symbolised, rather than perceiving the symbol as a reified projection of the ground, then both the positive mystical and transpersonal elements as well as the paranoid and negative elements can be described as psychotic.

**Second Perinatal Matrix. (First stage labour, resource attenuation, mounting pressure, no way out in any direction)**

"As in the previous matrix, this biological situation can be relieved in a rather concrete and realistic fashion. The symbolic concomitant of the onset of the delivery is the experience of cosmic engulfment. It involves overwhelming feelings of increasing anxiety and awareness of an imminent vital threat. The source of this danger cannot be clearly identified and the subject has a tendency to interpret the world in paranoid terms. Very characteristic for this stage is the experience of a three-dimensional spiral, funnel, or whirlpool, sucking the subject relentlessly towards its center. An equivalent of this annihilating Maelstrom is the experience of being swallowed by a terrifying monster such as a giant dragon, leviathan, python, crocodile or whale. Equally frequent are experiences of attack by a monstrous octopus or tarantula. A less dramatic version of the same experience is the theme of descent into a dangerous underworld, system of grottoes or a mystifying labyrinth. The corresponding mythological theme seems to be the beginning of the hero's journey; related religious themes are Fall of the Angels and Paradise Lost." [P.95f.]

**Comment:** One way of describing the process by which transpersonal symbols develop is that certain elements in later life act as stimulants or resonators of primal material and by displacement, transference and projection become identified with the sources of the emotion so stimulated. When large enough numbers of people react emotionally to the same symbol in the environment, the symbol itself is endowed with manna, with magical religious significance and is seen as the source of the threat, so becoming a common cultic symbol, carrying by displacement the primal terror or bliss. I think it is in this way that the great religious psychodramas are built up with their themes of blissful heavens, torturous hells, fall, guilt, punishment, deliverance, salvation, sustenance, cleansing, sacrifice and so forth.

"The symbolic counterpart of a fully developed first clinical stage of delivery is the experience of no exit or hell. It involves a sense of being stuck, encaged or trapped in a claustrophobic nightmarish world and experiencing incredible psychological and physical tortures. The situation is typically absolutely unbearable and appears to be endless and hopeless. The individual loses the sense of linear time and cannot see the possibility of an end to this torment or any form of escape from it. This can result in experiential identification with prisoners in dungeons or concentration camps, inmates in insane asylums, sinners in hell, or archetypal figures symbolizing eternal damnation, such as the Wandering Jew Ahasuerus, Flying Dutchman, Sisyphus, Tantalus, or Prometheus.

"While under the influence of this matrix, the subject is also selectively blinded to see anything positive in the world and in his or her own existence. Agonizing feelings of metaphysical loneliness, helplessness, hopelessness, inferiority, existential despair, and guilt are standard constituents of this matrix." [P.95]

**Comment:** It is easier to recognise the paranoid projection into the adult environment from this matrix, than it is from the first matrix. I would however suggest that the mythologies of sustained intrauterine bliss are just as damaging in terms of the ability of either an individual or the species to relate to a real environment as are the paranoid phantasies associated with the second and third matrices. Matrix I phantasies sustain myths of unlimited exponential growth within an infinitely resourceful, infinite pollution-absorbent environment in which there is always room to grow, which can be taken up by right with not very much effort. No responsibility is taken for boundary transactions or for the effects on the environment of the way the organism or system is functioning. Any interface between the realities of the limited world and the myths of the first matrix trigger second matrix phantasies of paranoid catastrophe.

### **Third Perinatal Matrix. (Second stage labour, with direction and movement down the birth canal under intense stress)**

"[Clinically] the uterine contractions continue, but unlike in the previous stage, the cervix is now dilated and allows a gradual propulsion of the fetus through the birth canal. This involves an enormous struggle for survival, crushing mechanical pressures and often a high degree of anoxia and suffocation. In the terminal phases of the delivery, the fetus can experience intimate contact with biological material such as blood, mucus, fetal liquid, urine and even feces." [P.96 f.]

**Comment:** Notice the use of the word 'anoxia' and 'terminal'. Anoxia refers to the total cutting off of all oxygen supply, indicating a complete failure of the placental system, it is therefore not a question of "degree". I understand that this is in fact rare and that the normal condition is one of 'hypoxia' or oxygen-lack to some degree. Use of the word 'terminal' again has overtones of death. It is as if again and again, and from one facet after another, physical birth involves physical death for Stanislav Grof.

### **Describing adult recapitulation of the Third Matrix.**

"Beside actual realistic reliving of various aspects of the struggle in the birth canal, it involves a wide variety of phenomena that occur in typical thematic sequences. The most important of these are the elements of titanic fight, sadomasochistic experiences, intense sexual arousal, demonic episodes, scatological involvement, and encounter with fire. All these occur in the context of a determined death-rebirth struggle.

"The titanic aspect is quite understandable in view of the enormity of the forces involved in this stage of birth. The frail head of the child is wedged into the narrow pelvic opening by the power of uterine contractions that oscillates between fifty and one hundred pounds. The subject facing this aspect of BPM III experiences powerful streams of energy building up to explosive discharges. Characteristic symbolic themes occurring in this context are raging elements of nature (volcanoes, electric storms, earthquakes or tornadoes), violent scenes of war or revolutions, and higher power technology (thermonuclear reactions, atomic bombs, and rockets). A mitigated form of this experiential pattern includes experiences of dangerous adventures - hunting or fights with wild animals, exciting explorations, and conquest of new frontiers. Related archetypal themes are images of Purgatory, Last Judgement,

extraordinary feats of superheroes, and mythological battles of cosmic proportions involving demons and angels or Gods and Titans.

"Sadomasochistic aspects of this matrix reflect the mixture of aggression inflicted on the fetus by the female reproductive system and the biological fury which is the child's response to suffocation, pain and anxiety. Frequent themes in this context are bloody sacrifice, self-sacrifice, torture, execution, murder, sadomasochistic practices and rape.

"The experiential logic of the sexual component of the death-rebirth process is a little less obvious. It can be explained by well-known observations indicating that suffocation and inhuman suffering in general generate a strange form of intense sexual arousal. The experiences on this level are characterized by overwhelming intensity of the sexual drive, its mechanical and unselective quality, and pornographic or deviant nature. The experiences that belong to this category combine sex with death, danger, biological material, aggression, self-destructive impulses, physical pain and spirituality (proximity of BPM IV).

"The fact that on the perinatal level sexual excitement occurs in the context of vital threat, anxiety, aggression and biological material is essential for the understanding of sexual deviations and other forms of sexual pathology." [P.96 f.]

**Comment:** Note the axiomatic introduction of the 'death-rebirth struggle' imagery as if the struggle for survival was a failure and led through death into a process of resurrection and a new start. That is the fundamental myth of birth, holding within its symbol of 'death' the intolerable elements of hyper-stress during the progression from intrauterine to post-natal ecology.

"The demonic element of this stage of the death-rebirth process can represent specific problems for both therapists and clients. The uncanny quality of the material involved can lead to reluctance to face it. The most common themes observed here are elements of the Sabbath of the Witches (Valpurgi's Night), Satanic orgies or Black Mass rituals, and of temptation. The common denominator of the birth experience in this stage and the Sabbath or Black Mass is the peculiar experiential amalgam of death, deviant sexuality, fear, aggression, scatology, and distorted spiritual impulse." [P.98]

**Comment:** Note Grof's autobiographical comment that this stage of the process can present a specific problem for a therapist. Material is described as 'uncanny', presumably raising intolerable fear of the unknown of a paranoid form. There is repetition of 'death-rebirth' as description of the continuous process.

"The scatological facet of the death-rebirth process has its natural biological basis in the fact that in the final stages of birth the child can come into close contact with excreta and other forms of biological material. However, the actual experiences typically by far exceed anything that the newborn might have actually experienced. They can involve the sense of wallowing in excrement, crawling in offal or sewage systems, eating feces, drinking blood or urine, or repulsive images of putrefaction." [P.98]

**Comment:** Abreactive experience apparently goes way beyond the experience of the foetus and would appear to involve the acting out of an idealised bad situation, the absolute idealisation involved here would be a concomitant of the ultimate stressing leading to death in Grof's paradigm. Interestingly Grof refers to the negative field as exceeding the experiential but does not appear to refer to the positive idealised field as also exceeding the experiential. It would appear that he utilises the idealised positive field as a defence against handling confrontation with the idealised negative, which is why the idealised negative presents problems to him in therapy. Again we have a reference to 'death-rebirth process', underlying the discontinuity experienced at this point. It is becoming clearer that we are dealing with extreme schizoid defences, holding intense hyper-stress within the lacunae, splits, or discontinuities of the construct.

"The element of fire is either experienced in its ordinary form - as identification with victims of immolation - or in an archetypal form of purifying fire {pyrocatharsis) that seems to destroy whatever is corrupted and rotten in the individual and prepare him or her for spiritual rebirth. This is the least comprehensible element of the birth symbolism. Its biological concomitant might be the culminating overstimulation of the newborn with indiscriminate 'firing' of peripheral neurons. It is interesting that it has its experiential counterpart in the delivering mother who often feels in this stage that her vagina is on fire. It is also worth mentioning in this context that in the process of burning solid forms are converted into energy; the experience of fire accompanies the ego death, after which the individual identifies philosophically with patterns of energy, rather than solid matter." [P.98]

**Comment:** Use of the word 'newborn' is inaccurate, the foetus is still passing through the canal. This is a logical jump or dislocation between inside and outside. At some point in BPM II it would appear that the foetus is "born". It then dies at the crisis point of BPM II/III only to be resurrected or "reborn" in BPM IV. All the metaphysics of life after death is therefore incorporated and indeed reified to handle this existential crisis which represents the unresolved traumatic hyper-stress of parturition.

I find it puzzling that Grof describes the fire elements as 'the least comprehensible element of the birth symbolism'. This is true stage at which skin rubs against skin as the foetus moves through the birth canal under intense pressure. The vaginal skin is stretched to its limits. The foetal body may have a certain amount of surface hair and in conditions where there is inadequate lubrication the friction burn of tender skin on tender skin does indeed generate an intense experience of skin heat. This interpretation makes a lot of sense of the child-bearing mother's experience at the same time that her 'vagina is on fire'. The reaction is of course equal and opposite, the sense of passing through the fire in order to achieve salvation on the other side is reified symbolically into later rituals of child-sacrifice, baby-sacrifice, Moloch worship, etc. Experiences of burning; and heat in later life will bring a restimulation of this sector of perinatal material and so become symbolic carriers of the primal psychodrama.

The use of fire to destroy the rotten and corrupt focuses the process of idealisation and the destruction of the negative field, paving the way for the retention of the idealised good field as the ultimate form of primal defence.

The element of 'ego death' is again introduced at this point, noting that the experience of fire or the burning of the solid material of the person introduces a schizoid split and shift into a philosophical identification with patterns of energy. This is some kind of ethereal movement out of the body which has become too hot to handle, or too hot to stay in. The flight is into some immaterial 'transpersonality' as a defence against the intense consuming pain experienced somatically during this part of the process. Again the schizoid defence against restimulated hyper-stress is clear.

"The religious and mythological symbolism of this matrix draws particularly on those systems that glorify sacrifice or self-sacrifice. Quite frequent are scenes from Pre-Columbian sacrificial rituals, visions of crucifixion or identification with Christ, worship of the Terrible Goddesses Kali, Coatlicue or Rangda. The scenes of satanic worship and Valpurgi's Night were already mentioned earlier. Another group of images is related to religious rituals and ceremonies combining sex and wild rhythmic dance, such as phallic worship, fertility rites, or various aboriginal tribal ceremonies. A classical symbol of the transition from BPM III to BPM IV is the legendary bird Phoenix, whose old form dies in the fire and new one rises from the ashes and soars toward the sun." [P.98]

**Comment:** Grof's wording here gets very close to indicating that the symbols he describes are reifications from the BPM III experience, yet he still maintains the thin line of reification with denial of projection. I would argue that 'those systems that glorify sacrifice or self-sacrifice' are constructs emanating from BPM III rather than that BPM III abreaction puts one in touch transpersonally with the great mythical and spiritual systems of sacrifice and self-sacrifice within the collective unconscious. Displacement and repetitive psychodramatic enactment of the commonly fixated repressed and denied material is a universally common way of handling the intolerable primal imprint. Note particularly the use of the Phoenix legend as 'a classical symbol of the transition' with the transition managed by the death of the old and the resurrection of the new beyond death through the sacrificial fire. Again there is emphasis on the fundamental discontinuity and the myth that the intense social catastrophe is managed by convulsive death by burning in order that new life may arise. The construct is a fundamental reification of the schizoid defences against recognising continuity across the matrix. This kind of symbolism has a devastating effect upon an individual or social system's ability to manage major transition without catastrophe.

"Several important characteristics of this experiential pattern distinguish it from the previously described no-exit constellation. The situation here does not seem hopeless and the subject is not helpless. He or she is actively involved and has the feeling that the suffering has a definite direction and goal. In religious terms, this situation would be closer to the concept of purgatory than to that of hell. In addition, the subject does not play exclusively the role of a helpless victim. He is an observer and can at the same time identify with both sides, to the point that it might be difficult to distinguish whether he is the aggressor or the victim. While the no-exit situation involves sheer suffering, the experience of the death-rebirth struggle represents the borderline between agony and ecstasy and the fusion of both. It seems appropriate to refer to this type of experience as 'volcanic ecstasy' in contrast to the 'oceanic ecstasy' of the cosmic union." [P.98]

**Comment:** The shift from the blocked helplessness of BPM II is marked. Grof notes that 'the subject does not exclusively play the role of a helpless victim' but instead of moving to speak of the sense of power, drive, push, achievement, breakthrough, gathering strength and momentum, making some headway, seeing light at the end of the tunnel, and so on, there is a significant split into the observer position. This split is characteristic of the schizoid side-step so often encountered in the near death experience and in other re-stimulations of perinatal psycho-drama. Instead of identifying with the material centre of the foetal being, passing through the constriction, the schizoid defence moves out of the body to the observer position, able to identify with the inside, the outside or neither, as it were passively watching the drama unfold. Ambivalence between the inside and the outside and oscillation between identification with one or the other is characteristic of this stage of the defence. If the inside is intolerable then the subject may identify with outside, or split off from identification with either. This is the point of inside/outside reversals, boundary reversals, right/left reversals, content/container reversals and so forth, which then emerge in later life in homosexual patterns of terror of being the contained. Again Grof describes the process as 'the death-rebirth struggle' with its implied discontinuity at some point and a resuscitation or resurrection on the other side of a boundary of termination of life. For Grof birth is a survival struggle which failed. Death won. The foetus died. Deliverance is salvation, resuscitation, resurrection, new life, rebirth. In the denial of continuity is the perseveration of social defence against irruptive psychotic anxiety, rage, terror and loss, associated with this element of the field. It is indeed a volcano with great energies of magma still repressed, held in under the volcanic core, the repressed energy showing itself in the schizoid displacements and reifications into mythological structures and the energy of the transpersonal field.

#### **Fourth Perinatal Matrix.(Emergence into the freedom of life after-birth)**

"In this final stage, the agonizing process of the birth struggle comes to an end; the propulsion through the birth canal culminates and the extreme build-up of pain, tension and sexual arousal is followed by a sudden relief and relaxation. The child is born and after a long period of darkness faces for the first time the intense light of the day (or the operating room). After the umbilical cord is cut, the physical separation from the mother has been completed and the child begins its new existence as an anatomically independent individual." [P.99]

**Comment:** Grof describes the actual birth as bringing to an end 'the agonizing process of the birth struggle'. That is the accurate interpretation of the event process. However, his construct is clearly that of a rebirth or resurrection following the death experienced within the struggle which started with the onset of BPM II. The process is continuous, the construct is faulted, as in this next extract.

"The symbolic counterpart of this final stage of delivery is the death-rebirth experience; it represents the termination and resolution of the death-rebirth struggle. Paradoxically, while only one step from a phenomenal liberation, the individual has a feeling of impending catastrophe of enormous proportions. This results frequently in a strong determination to stop the continuation of the experience." [P.100]

**Comment:** I would submit that the symbolic counterpart of this final stage is precisely not the 'death-rebirth experience'. That symbolisation is of the defence construct used to manage the intolerable stresses of the successfully survived, though intensely difficult, birth struggle.

We have here again further evidence of the way Stan Grof identifies the symbolisation of defence construct with the ground against which the defences are in place. There is an inadequate take-up of the understanding of defences and a total abnegation of any mention of loss, grieving, mourning, depression, reversal, regression and search. This denial would be quite consistent with a fundamental reversal at the point of 'ego death' for Stan Grof which indicates that his BPM IV is in fact a reified BPM I construct, collusionally interpreted as an extra-natal experience of reality, rather than a reified defensive construct. An idealised good womb exists on the outside, on the other side of the birth process. In this case no loss is involved. What Stan Grof is describing as a pre-, peri- and post-natal cycle, appears to contain within it a mirror construct consisting of a pre-natal, boundary and re-internalised intrauterine life. Perhaps the 'termination and resolution of the death-rebirth struggle' does indeed occur for the intensely hyper-stressed foetus at the point at which death is perceived as inevitable. 'I cannot go through with this', catastrophe lies ahead. And so, in defence against entering the future, there is a splitting off into an eternal past, sustained in the present by reified psychotic defences. So facing 'an impending catastrophe of enormous proportions' the psychic attempt is indeed to stop the world, to turn time backwards (vid. Superman I)

"If allowed to happen, the transition from BPM III to BPM IV involves a sense of annihilation on all imaginable levels - a sense of physical destruction, emotional debacle, intellectual defeat, ultimate moral failure, and absolute damnation of transcendental proportions. This experience of 'ego death' seems to entail an instant merciless destruction of all previous reference points in the life of the individual. When experienced in its final and most complete version it means an irreversible end to one's philosophical identification with what Alan Watts used to call 'skin-encapsulated ego'." [P.100]

**Comment:** The control clause, 'if allowed to happen' is interesting. It is not at all clear whether this allowing involves the permission of the therapist or the permission of the person undergoing perinatal abreaction. There are indicators, and this is the third, that the negatively idealised material poses for Stanislav Grof an extremely difficult area. 'It poses problems for the therapist', 'It has uncanny resonance as material'. The controls are intense, the therapist may not allow the transition to surface. If my argument is correct, that the negative experience to which Grof refers is in fact the negative idealised pole of the schizoid defence, then what he is describing is not the transition from BPM III to IV, but the identification under that level of transitional stress with an idealised negative position. As such it is absolutely intolerable, death-dealing, annihilatory, an unspeakable hell of hells from which all positive and ameliorating experience has been denied and emptied. The primitive defence of idealisation, core of the paranoid schizoid position, is here reified as representing the reality of a transition encountered within the perinatal struggle. It is a mis-take which allows the perpetuation of the schizoid defences and prevents the resolution of the underlying trauma with its concurrent de-escalation or annealing of the idealisation process. Defences against entering this idealised negative position are indeed intensely strong, individually, therapeutically and socially. It is the core of psychotic terror, of Freud's death instinct, or in Warren Kinston's terms, of the primal unconscious.

"This experience of total annihilation and of 'hitting the cosmic bottom' is immediately followed by visions of blinding white or golden light of super-natural radiance and beauty. It can be associated with astonishing displays of divine archetypal entities, rainbow spectra or intricate peacock designs. Also, visions of



nature reawakened in spring or refreshed after a tempest and cloud-burst can appear in this context. The subject experiences a deep sense of spiritual liberation, redemption and salvation. He or she typically feels freed from anxiety, depression and guilt, purged and unburdened. This is associated with a flood of positive emotions towards oneself, other people, and existence in general. The world appears to be a beautiful and safe place and the zest for life is distinctly increased." [P.100]

**Comment:** As a footnote Grof comments "This description reflects the ideal situation of a normal and uncomplicated birth. Prolonged and debilitating course of the delivery, use of forceps, general anesthesia and other complications would introduce specific experiential distortions into this matrix." In contra-distinction to the experience of idealised bad, comes its shadow image of the idealised good field, the ultimate heaven of heavens. In distinction from the impingement of the birth struggle, the experience of release is indeed a dramatic salvation, corresponding with the idealised intrauterine environment as a recovery of Paradise Lost. The intensification of positive perception of the environment in this position is quite as psychotic as the intensification of negative perceptions within its paranoid mirror. The two positions represent the two sides of the same coin, the two sides of the same split. They are the thesis and antithesis emerging from the matrix of primal trauma for which life is a constant moulding of synthesis. Tragically the synthesis represents a perseveration of splitting and is not a resolution of the matrix. It is a re-arrangement of the pain into a more tolerable configuration within the defence structure. I think that in Grof's therapy, there is an attempt to rework perinatal defences into a dominance of the idealised good field, a denial and rejection of the idealised bad field, and in effect a return not simply to the good-enough womb, but to the ideal womb as the ground of psychic health and salvation. These elements of transpersonal bliss are held up as the goal of the spiritual pilgrimage and it is from the idealised good pole of the schizoid defences that the transpersonal supra-consciousness, or higher-consciousness of both Grof and Wilber is constructed.

Note that when you hit bottom you bounce. The cosmic bottom is the impinging cervix through which there is no tolerable exit. Death lies that way. Reversing into the mirror-world of the idealised good womb leads to the BPM I characteristics of the BPM IV symbolism. These do not represent a post-natal construct. Deliverance is backwards into the idealised good womb, not forwards through the tunnel into the world beyond. Here is regression reified and identified with the transpersonal unconscious. We have Wilber redivivus.

"The symbolism of the death-rebirth experience can be drawn from many areas of the collective unconscious, since every major culture has the appropriate mythological forms for this phenomenon. The ego death can be experienced in connection with various destructive deities - Moloch, Shiva, Huitzilopochtli, Kali or Coatlicue - or in full identification with Christ, Osiris, Adonis, Dionysos or other sacrificed mythical beings. The divine epiphany can involve an entirely abstract image of God as a radiant source of light or more or less personified representations from different religions. Equally common are experiences of encounter or union with Great Mother Goddesses such as the Virgin Mary, Isis, Lakshmi, Parvati, Hera, or Cybele." [P.101]

**Comment:** Of course every major culture has the appropriate mythological form for this phenomenon, since every member of every culture has passed through this particular struggle. The defences utilised in the repression of the intolerable idealised bad elements are

ritualised, displaced, and acted out within the common religious constructs. Grof appears to ignore completely the psychodynamic generating power of primal experience in the creation of the symbols of the collective unconscious and so endorses the re-enactment of the primal psychodrama by displacement. In so doing he also endorses the reification of the defence construct utilised to sustain repression of the intolerable elements of the primal struggle. The schism, or split, within Grof's construct emerges extremely clearly within his next section, entitled Realms of Transpersonal Experiences,

"Transpersonal experiences have many strange characteristics that shatter the most fundamental assumptions of materialistic science". [P.102]

**Comment:** I think he is absolutely correct in describing the transpersonal experiences as characterised by shattering, since they are in fact codifications of being shattered. In so far as the primal shattering is then re-coded and projected into the real adult universe, or environment, it is little surprising that the construct appears to be shattering and having the power to shatter that which receives the projection of displaced material from the earlier shattering experience. It is not at all obvious here whether the shattering is a transference into the objective world view or an accurate reading of a more objective world view. I think, however there is ample evidence within Grof's writing to treat the process as transference and projection.

"Perinatal experiences seem to represent an intersection or frontier between the personal and transpersonal - a fact that is reflected in their connection with birth and death, the beginning and end of individual experience. The transpersonal phenomena reveal connections between the individual and the cosmos which seem at present beyond comprehension. All we can say in this respect is that somewhere in the process of perinatal unfolding a strange qualitative Moebius-like leap seems to occur in which deep exploration of the individual unconscious turns into a process of experiential adventures in the universe-at-large that involves what can best be described as the super-conscious mind." [P.102]

**Comment:** So the perinatal saga is the point at which the personal and transpersonal intersect. The intersection comes from the experience of death within birth. Now for no living being was birth death. We are dealing here with a reified myth. The word 'death' in Grof's writing is a symbol for the experience of transmarginal stress. It is not terminal, life-extinction. In that sense death for Grof is a myth. To speak of perinatal experience as an end of individual existence is a fundamental misnomer. The emergence of the transpersonal at the point of the perinatal experience is a direct concomitant of the interpretation of that stage of the struggle as death. It is precisely a schizoid defence. It is at this point that Grof reaches the boundary of the tolerable within his own experience, represented by the boundary of the understandable within his construct. Across this boundary lies mythology, or reified defence by which are handled the intolerable experiences as yet unresolved within the primal unconscious. I think Grof is absolutely right in saying that at this point within the process of perinatal unfolding a 'strange qualitative leap seems to occur'. There is a split off from the analytic and abreactive resolving of primal stress, and a modification into mythical displacement or cosmic experience. I would postulate therefore that Grof's realm of the transpersonal or super-conscious mind represents the schizoid idealised split-off defence against the residual intolerable levels of primal stress. Insofar as the birth struggle moves to the point of death, followed by ultimate polarisation, idealisation and transpersonal encoding,

just so far is birth an impenetrable wall through which there is no continuous passage. The foetal unconscious is contained by the matrix and lives again on the other side of death as the transpersonal. Insofar as the negative field of the primal struggle can be tolerated I would expect this intense polarisation of idealisation to be lowered and as continuity between intra and extra-utero is established, there would be a reduction of energy vested by displacement and projection into the transpersonal super-conscious and metaphysical constructs.

Much of Grof's later writing within this book appears to be a kind of theological exposition of primal defence, an exploration of reified mythology, and is in that sense therefore a collusional exercise of defence maintenance. The problem is that once boundaries of reality are denied at one point under traumatic impingement and the defence construct associated with that fixated position is reified, all other events and boundaries come under the same kind of interpretative paradigm. So if birth is death, then death is birth. If the beginning is the end, then the end is a beginning and conversely, if the end of the womb-world represents the death of the organism, then the beginning of conceived life represents continuity from other incarnations. The construct lives in multiple reflections as a candle between two parallel plain mirrors. Boundaries between inside and outside are subject to the leap, or split, and so are the boundaries of time and space, skin boundaries are dissolved and there is a mirroring outwards and inwards in multiple levels of consciousness read back from the many reflections of projections and introjections. The reality is one candle flame, the experience of the burning on the boundary is of multiple experiences of burning reflected back into an infinite regression internally and projected outwards into an infinite egression externally. Self and the cosmos are one.

Grof describes this "expanded cartography of the unconscious" described above as of :

"critical importance for any serious approach to such phenomena as psychedelic states, shamanism, religion, mysticism, rites of passage, mythology, parapsychology, and schizophrenia. This is not just a matter of academic interest ... it has deep and revolutionary implications for the understanding of psychopathology and offers new therapeutic possibilities undreamt of by traditional psychiatry." [P.104]

**Comment:** I would argue that Grof's 'expanded cartography of the unconscious' is a construct of perinatal defence, uncritically accepted and projected and re-introjected into the cultic symbols of the human race. As such his exposition is a justification of species-specific psychosis and precisely not a paradigm of human wholeness.

### **On the Spectrum of Consciousness:**

"I observed quite early in my psychedelic research that an average patient during psycholytic therapy with LSD tends to move from a Freudian to a Rankian-Reichian-existentialist and then to the Jungian stage. The names of these stages reflect the fact that the corresponding conceptual systems seemed to be the best available frameworks to describe the phenomena observed in these consecutive periods of therapy. It also became obvious that no Western psychotherapeutic system was adequate to describe certain phenomena occurring in advanced stages of therapy or levels of psychedelic experience. Here one had to resort to the ancient and Oriental spiritual philosophies such as Vendanta, different systems of yoga, Kashmir Shaivism, Mahayana Buddhism, Vajrayana, Taoism, or Sufism. It became quite clear

that the entire spectrum of human experience cannot be described by a single psychological system and that each major level of consciousness evolution requires an entirely different explanatory framework." [P.105]

**Comment:** The progress from Freudian, through Rankian-Reichian-existentialist to Jungian appears to encode the move from the post-natal psyche to post-natal soma, followed by the move into pre-natal psyche/soma which then moves toward the perinatal split. This then gives rise to the perinatal schizoid defence construct projected and reified into the Jungian archetypes which represent a description but not a resolution of perinatal unconsciousness. Once that schizoid leap is accepted, then it is precisely in the sophisticatedly reified systems of oriental spiritual philosophy that one finds the most perfectly matched symbolic constructs. The identification of cultic defence reification with the process of human integration and wholeness is a fundamental flaw for both Stanislav Grof and Ken Wilber, to whom he subsequently turns for supportive analysis.

Grof notes that for Wilber "The process of evolution of consciousness then involves the outward arc, or movement from sub-consciousness to self-consciousness, and the inward arc, or the progression from self-consciousness to superconsciousness." The mirror points within Wilber's construct are quite clear. His move is from A to B to C, with his fundamental assertion that A is not C, or pre is not trans. However "Wilber's description of the outward arc of consciousness evolution starts with the pleromatic stage, the undifferentiated state of consciousness of the newborn, which is timeless, spaceless and objectless and does not know the distinction between self and the material world". Wilber takes no cognisance of the intrauterine or perinatal stages of psychological development and experience, nor of the associated defence structures emanating from traumatic impingement during these periods. He therefore lacks any possible key for the translation of the structures which he systematises so methodically, committing the Kleinian fallacy of asserting that life begins after birth. As such his post-natal construct represents a reification of prenatal experience. Wilber does not deal overtly with pre and perinatal psychology because his construct is a prenatal construct. It is just that he has placed the starting of it at the wrong point. The undifferentiated pleromatic stage is more appropriately located at conception and the blastocystic free-floating point. In this sense the outward arc is the development of egoic consciousness up to the point of perinatal trauma, at which point there is a splitting, a regression and a reversal back into the idealised intrauterine environment carried forward, fixatedly into the post-natal world as a mirror structure - the inward arc. If Wilber's construct is interpreted then as an intrauterine journey, beginning with conception and mirrored back from the birth trauma to an idealised deep intrauterine, state then his whole structure makes a lot of sense. In that case the pre/trans fallacy in Wilber's construct is shown up to be precisely the denial of perinatal impingement, codified in social construct. The ultimate goal to which all cosmic evolution drives, in Wilber's schema is in fact the return to the drop in the ocean, the ultimate detachment and identification of the infinitesimal within the finite of deep intrauterine experience.

Far from Wilber's concepts becoming "standard elements of transpersonal psychology of the future", I think time will show that his work is a classic encoding of perinatal defence construct, essentially a collusional paradigm. Fascinatingly Grof notes that Wilber "succeeded in demonstrating in a most convincing way that the motivating force on all the levels of evolution ... is a determined search of the individual for the original cosmic unity" (p.109). So from conception the drive is outwards, developmentally toward the perinatal

trauma, at which point the inward arc goes back in search of the cosmic unity to the elements of the transpersonal self and the ultimate detachment in the void back up the end of the fallopian tubes. This process is of course applicable not only to individual development but also to human history and at this point Wilber unconsciously matches up to Lloyd deMause's brilliant treatment of the foetal origins of history, with the proviso that Wilber denies the intrauterine while unconsciously codifying it, while Lloyd deMause consciously codifies the intrauterine symbols, psychodynamics and social psychodrama. Both, however, appear to be unconscious of the common defence structures associated with the core of the perinatal experience which lead to this acting out of intrauterine idealised material within social space. The common fixation generates a cyclic approach to trauma, engagement with terror, reinforcement of the defences and subsequent regression into the idealised utopian space. In both constructs the social system is condemned to remain forever unborn and fundamentally unconscious of the post-natal state.

Stanislav Grof's critique of Wilber is important and significant, he notes:

"It is quite surprising that [Wilber] has not taken into consideration a vast amount of data from both ancient and modern sources suggesting paramount psychological significance of prenatal experiences and the trauma of birth. In my opinion, knowledge of the perinatal dynamics is essential for any serious approach to such problems as religion, mysticism, rites of passage, shamanism, or psychosis. Wilber's description of consciousness evolution begins with the undifferentiated pleromatic consciousness of the newborn and ends with the ultimate unity of the Absolute ... The complexity of the embryonal development and of the consecutive stages of biological birth receives no attention in this sophisticated system." [P.109]

**Comment:** I would endorse Grof's critique but add to it simply that not only do we need to take into account pre and perinatal psychodrama but also the psychodynamic defences utilised for the repression and displacement of intolerable stress during parturition. It is these defences which are reified in later life into the religious constructs treated by Wilber, and also deemed by Grof, to be "codifications of the transpersonal". I would prefer the term "reifications of defence".

Grof is also critical of Wilber's treatment of death which is "associated with transformation of consciousness from one level to the next one. He equates dying with abandoning the exclusive identification with a particular structure of consciousness which makes it possible to transcend it and move to the next level. In this context, no distinction is made between dying to a developmental level and the experience associated with biological death." [p.110]. It must be noted that for Wilber there is a complete elision of pre and perinatal material, including the life-threatening experience of the titanic struggle of the process of birth. If we are correct in seeing that struggle itself as laying down the paradigm whereby we interpret and anticipate death, then there is no wonder that there is a major disturbance of Wilber's construct since birth is never met within it. In the absence of birth, death is interpreted as birth and holds the perinatal boundary to his unconscious intrauterine construct. Transformation from one level to another across the boundary of death is therefore a schizoid codification of the birth process itself, moving from one level of consciousness, i.e. the intrauterine, to the next level, i.e. the post-natal. Again because of the lack of location of this particular transition within the life experience for Wilber there is a multiplicity of such boundaries and we again have the candle between the two plane mirrors and the multiple

levels of such Thanatos shifts, rather than the identification of the single burning flame at the point of parturition.

Grof notes that

"it is essential to distinguish the process of transition from one developmental stage to another from the birth trauma and other events that endanger the survival of the organism ... Thus critical survival threat can occur during the embryonal existence, in any stage of the birth process, or at any age, without regard to the level of consciousness evolution. Vital threat during the prenatal existence or in the process of childbirth actually seems to be instrumental in creating a sense of separateness and isolation, rather than destroying it as Wilber suggests (In the symbiotic state of union with the maternal organism, there is no dichotomy between subject and object. Disturbances of the intrauterine state or the pain and distress of birth seem to create the first distinction between 'the suffering me' and 'the hurting other'." [p.110].

Two comments must be made here. Firstly, Grof is himself caught in ambivalence in his use of terms. In distinction from Wilber he is driven to use the phrase 'critical survival threat' at precisely the position at which he has spoken of 'death' before. What I think we are dealing with here is the intolerable fear of death which emerges under conditions of hyper-stress during the perinatal impingement. That is not death. That is birth in its fullness. Secondly, Grof rightly notes that experience of impingement or fear of death generates distinction between the inner and the outer, between the threatened and the threatener, therefore generating the differentiation and the sense of separateness and isolation. In that sense Grof is moving positively towards a maturation of the ego from the deeply undifferentiated symbiotic early first trimester conditions. Wilber reverses the process, because he is moving backwards in time, rather like the Red Queen who cries before the trauma and moves into bliss after it. In reversed time the distinction, separateness, and isolation precede the trauma and the undifferentiated bliss or the destruction of differentiation follows the trauma. Wilber, I suggest, moves in reversed time on the inward arc in regression from the perinatal boundary.

I endorse Grof's statement "in my opinion without a genuine appreciation of the paramount significance of birth and death, the understanding of human nature is bound to be incomplete and unsatisfactory" [p.110]. However, where Grof places birth and death we have to understand that he is encoding the fear of death in the survival-threatening struggle of birth itself. 'Death' in this context is survived into a new world. That is not a paradigm of Thanatos. So to Grof's comment on Wilber must be added the distinction between birth processes and the termination of post-natal life in death. It is also important to distinguish between symbolic presentations of defence construct and recapitulation of the primal psychodrama and its associated events.

The final critique which Stanislav Grof offers of Wilber's construct is that his absolute differentiation between pre-personal and trans-personal is too sharp. He notes "the distinction between pre- and trans- has a paradoxical nature. They are neither entirely different from each other, nor are they completely identical". The precise relationship between pre- and trans- in Wilber can only be gained from the dual insight, firstly that Wilber is encoding in a post-natal construct a pre-natal world, and secondly that the pre-, or very

early prenatal experience, is mirrored by the trans-, or reflected-back-from-birth-trauma structure. However, the pre/trans identification is not quite carried through owing to the defence construct taken on board at the point of mirroring. In other words there is an idealisation of the extremely early carried back in retrojection and imposed upon the fundamental cellular and blastocystic experiences of the pre period. Trans therefore represents the reified defence construct or idealised perception of pre, as perceived through the mirror construct of perinatal impingement.

"The need to distinguish between defensive or benign aggression which is in the service of survival of the individual and of the species from malignant destructiveness and sadistic cruelty. The latter seems to be specific for humans and tends to increase rather than decrease with the advance of civilization. It is this malignant form of aggression without any serious biological or economic reason, non-adaptive and not programmed phylogenetically, that constitutes the real problem for humanity. In view of the powerful modern technology that it has at its disposal, it has become in the last few decades a serious threat not only to the existence of the human species, but to survival of life on this planet...

"The observations from clinical psychotherapy with LSD and other experiential techniques ... strongly indicate that the patterns of malignant aggression are understandable in terms of the dynamics of the unconscious, if the model of the human mind is extended to include the perinatal and transpersonal levels. This finding has some far-reaching theoretical and practical consequences. It shows malignant aggression not as a phenomenon that is fatally rooted in the hardware of the central nervous system and its rigid instinctual programs, but as a manifestation of flexible and changeable functional matrices, or software of the brain." [P.202]

**Comment:** This insight roots the death instinct of Freud in a non-instinctive, innate, learned response or reaction to pre and perinatal impingement. As such it is reversible, reworkable, albeit at the cost of some pretty intensive species-wide cathartic, abreactional and integrational therapy. It presents a possible way forward to high quality levels of life and sustained species and ecological survival, though one which inevitably involves the reworking of all the major anxiety defence structures from deep intrapersonal to the macro system, historic constructs of world religion and ideological paradigms.

"As the process of experiential self-exploration deepens, it becomes obvious that the secret of the enormity of the emotions and sensations involved lies in the underlying perinatal level and in meaningful thematic connections between the biographical material involved and specific facets of the birth trauma which is the true source of these aggressive impulses.

"Thus extreme oral aggression with murderous feelings and vicious tendencies to bite experienced in relation to some unsatisfactory aspect of nursing is suddenly identified as being also the rage of a baby who is desperately fighting for life and breath in the clutches of the birth canal. Emotions and sensations that were originally attributed to the trauma of circumcision and related castration fears are recognized as belonging to the frightening separation from the mother when the umbilical cord was cut at birth. A combination of violent aggressive impulses, anal spasms and fears of biological material that seemed related to severe toilet training is reinterpreted as reaction to the

life and death struggle during the final stage of the birth process. And similarly, rage associated with suffocation that on the biographical level seemed to be a metaphorically somatized reaction to the coercive, restricting and 'choking' influence of a domineering mother is experientially linked to the literally confining and strangling maternal organism during the time of biological delivery.

"Once it becomes clear that only a small portion of the murderous aggressive impulses belong to the traumatic situations from childhood and that their deeper source is the trauma of birth, the amount, intensity and malignant nature of the violent impulses begins to make sense. The vital threat to the organism involved in the birth process, extreme physical and emotional stress, excruciating pain and fear of suffocation make this situation a plausible source of malignant aggression. It is understandable that the reactivation of the unconscious record of an event in which survival was seriously threatened by another biological organism could result in aggressive impulses that would endanger the life of the individual or others ." [P.203 f.]

**Comment:** I think Grof is absolutely right in earthing the core of human aggression in its neurotic, dysfunctional mode, to this area. The whole insight has enormous consequences, which I think will only become really clear as we understand the individual and social defences normally used to contain this material in its repressed, unconscious burial ground. I want to make several observations. Firstly, that attempts at disarmament without dealing with the root of psychotic aggression, fear, paranoia and fundamental character armouring are doomed to failure. They simply shift around the defences and the armouring. The more terrified we become of the reified projections of primal terror in our environment, the more the armouring increases and we move into a vicious circle feedback loop escalating the armouring of the species and driven by the unconscious projection from pre and perinatal terror and rage.

My second observation is that any attempt to expose the roots of this syndrome will themselves be subject to the same defence as the material itself, and as its reified projectional objects in the contemporary environment. Somehow we have to generate acceptance, understanding and a tolerable process for dealing with the problem that does not itself re-generate trauma as a fundamental defence against dealing with the material in the here and now.

Thirdly, Grof appears not to pay very much attention to defence structures. I think these have got lost in his transpersonal field which is somehow dealing with a reified area of consciousness that is beyond the individual, generated out of the 'death' experience of birth. I think we have to unpack that and take back into the pre and perinatal zone that which is at the moment, schizoidly split off into the transpersonal field as a defence structure against dealing with the impingements and particularly with the loss involved in parturition. Without adequate understanding of the defence structures used both individually and corporately, it is quite impossible to resolve the engram of violent impingement and its associated reactions.

One other point where I would wish to take issue with Grof concerns his comment that 'emotions and sensations that were originally attributed to the trauma of circumcision and related castration fears are recognised as belonging to the frightening separation from the mother when the umbilical cord was cut at birth '



To be sure, traumatic cutting of the umbilical cord does generate reactive response, but I do think that the fears of castration are deeper than umbilical severance and represent a displacement into the part of fears about the whole. They therefore represent a projection onto say, the glans penis, of terrors about intense cranial encirclement, crushing and cutting off as the head gets out leaving the body inside. The terror, I think, is of being beheaded. This links up with certain very primitive rituals of child-sacrifice as well as the symbolic crowning of heads of state. Insofar as the penis in its re-penetration of the vagina stands in for the head, emerging in the primal penetration, the connection seems to me to be fairly clear.

"It is hard to imagine a situation that would involve more helplessness than that of a fetus confronted with the brutal and elemental forces of the birth process." [P. 212]

**Comment:** If impingement in a condition of helplessness is Winnicott's definition of trauma then Grof is asserting that birth is traumatic. By extension, if alienation means oppression in a condition where you cannot retaliate, the impingement of the powerful upon the powerless, then here is the ground of alienation and precisely not in the estrangement from the economic means of production. That is a socialised, displacement of primal material and indicates that the whole Marxist and Communist construct is itself a para-religion, a reified system of primal defence.

"The individual who gets experientially in touch with the amount of suffering associated with the memory of birth, has two possibilities. The first one is to accept the fact that we live in an entirely capricious universe, where the most horrible things can happen to us without any good reason, quite unpredictably and without us having the slightest degree of control. The second alternative interpretation involving the sense of guilt emerges when the individual is unable or reluctant to accept this image of the universe and has a deep need to see the cosmos as a system governed by fundamental law and order." [P.213]

"Sensitive handling of the newborn, reinstatement of the symbiotic interaction with the mother, and sufficient time allowed for bonding seem to be factors of critical importance that can counteract much of the deleterious impact of the birth trauma. In view of the observations from modern consciousness research, a basic revision of the present medical approaches that emphasize impeccable body mechanics but violate fundamental biological and emotional bonds between mother and child is of critical importance for mental health of humanity." [P.216]

"Individuals who relive their birth in psychedelic sessions or some non-drug experiential work repeatedly report that they have discovered a deep connection between the pattern and circumstances of their delivery and the over-all quality of their life. It seems as if the experience of birth determines one's basic feelings about existence, image of the world, attitudes toward other people, the ratio of optimism and pessimism, the entire strategy of life, and even such specific elements as self-confidence and capacity to handle problems and projects ." [P.216]

"The dominant medical belief is that the child is not conscious of the environment and does not experience pain. Neurophysiology even denies the possibility of birth

memory, because the cerebral cortex of the newborn is not mature and lacks the myelin sheaths on neurons. In the light of all the clinical evidence from modern consciousness research, this position is due to psychological repression and wishful thinking and should not be considered a serious scientific theory." [P.217]

"The experience of birth functions psychologically as the prototype of all future situations which represent a serious challenge for the individual." [P.217]

"The symbiotic situation on the good breast is quite close to the one experienced in the womb. Under these circumstances, bonding can occur that, according to some recent studies, seems to have decisive influence on the entire future relationship between mother and child. If the child is then put into lukewarm water that stimulates the intrauterine conditions, as is done in the Leboyer approach, this is another powerful soothing and healing element. It is as if the child is being told in a language that he or she understands: 'Nothing horrible and irreversible happened; things were difficult for a while, but now, by and large, you are where you were before. And this is the way life is; it can get rough, but if one persists it will be good again.' This approach seems to imprint in the child almost on a cellular level a general optimism or realism toward life, healthy self-confidence and ability to face future challenge. It answers positively for all of the individual's life the question that Albert Einstein considered the crucial problem of existence: 'Is the universe friendly?' " [P.220]

**Comment:** Bonding and the annealing of the affects of trauma are one thing, denial of transition is another. If the message intended and heard is that 'Nothing horrible and irreversible happened, things were difficult for a while, but now, by and large, you are where you were before, and this is the way life is' then that is the fundamental denial of extra-uterine life, as a collusional perseveration of the repression of impingement and loss within the birth experience. Of course the neonate needs a nurturing and facilitating environment with deep bonding but the denial of transition is as much a projection of the adult defences against emergent primal loss as the medical repression of birth-bonding is itself. As Grof makes very clear in the next two paragraphs:

"Conversely, if the child immediately after birth faces the contemporary 'perfect medical treatment', the psychological situation is entirely different. The umbilical cord is usually cut almost instantly, the respiratory pathways are cleaned and the child might be slapped on the buttocks to stimulate respiration. Then he or she is given a drop of silver nitrate in the eyes to prevent possible infection by gonorrhoea from the mother, and is hastily washed and examined. This is just about the amount of human interaction that he or she receives to counteract the most serious trauma of human life, whose depth is matched only by other life threatening situations and eventually by biological death. After being shown to the mother, the child is then taken into the nursery and returned to her in the following days according to a scientifically prescribed schedule designed by obstetricians. A child treated in this way emerges from this situation with a deeply ingrained message that the intrauterine paradise was lost once and forever, and things will never be good again. A sense of psychological defeat and lack of confidence to confront difficulties are engraved into the very core of his or her being.

"It is difficult to believe that science, known for its meticulous exploration of all possible variables could have developed such a one-sided and distorted approach to this fundamental event in human life. However, this situation is not isolated; similar conditions exist in relation to the dying, where mechanical concern to prolong life all but replaced the human dimensions of the experience of death. Intellectual knowledge and training of any depth and scope does not protect one from emotional bias; and in regard to such shattering events as birth and death, this bias is paramount. For this reason, in areas related to being born and dying, the scientific opinions and theories frequently do not reflect objective facts, but are sophisticated rationalizations of irrational emotions and attitudes." [P.220 f.]

**Comment:** The implication of this of course is that education for less traumatic birth necessitates, as a pre-requisite, the integration of birth trauma within the adults responsible for neonatal care. Any change in the institution of birth can only follow and precisely not lead change in the defences used to repress primal material within the social system as a whole. We are therefore caught in a Catch-22 situation in which reduction of birth trauma is required for the annealing of social process, but annealing of social process is required to permit reduction within birth trauma. Progress against this collusion loop can only be iterative, involving continued research and exploration on the frontiers of defence and primal repression, education of the total social system of the effects of the birth trauma, integration of the perinatally repressed material and its consequent defences, both individual and social and finally mitigation and minimalising of the traumatic effects of birth and the generating of post-natal and maturational facilitation in families and educational institutions, so that birth is not only as little traumatic as possible, but also whatever trauma there is has the maximum chance for resolution and annealing. That is a continuous cycle of human development. Its necessity is made plain by the next paragraph:

"Both the drastic and the tender aspects of the birth situation represent powerful emotional stimuli, particularly for those who have not confronted these areas in themselves in deep experiential work. Even reliving of birth in a group situation is an overwhelming emotional event that can trigger several of the assisting and observing persons into their own process. Much of the detached and over-technologicalized approach to birth practiced by contemporary medicine might not be due just to factors of time and money, but also reflect the rigid training in detachment from and armouring against emotions that are seen as professionally disqualifying." [P.221]

**Comment:** Any application of processes which minimises birth trauma or allows its cathartic resolution will be blocked by those for whom the material is so painfully resonant that they cannot tolerate in others access to material which to them is intolerable. It is reasonable to suppose that such people are frequently given the responsibility to manage the birth processes within the social system, so ensuring maximum repression of perinatal stress and protecting the population at large from the possibility of primal restimulation.

"It is possible to experience liberation from unbearable emotional and physical tension through a symbolic death and rebirth and/or through reconnecting to the state of prenatal existence without suffering any physical damage". [P.231]

**Comment:** Although this is an aside, concerning psychedelic therapy of suicidal individuals, it throws much light on the dynamics reifying the construct of death and rebirth

and the transpersonal matrix utilised as a defence against unbearable emotion and physical stress. This use of the transpersonal to control implosive suicidal rage (or presumably explosive anarchic talion) stemming from totally intolerable BPM II/III impingement is underlined in the following paragraph:

"The best remedy for self-destructive tendencies and suicidal urge is then the experience of ego death and rebirth and of cosmic unity. Not only do the destructive energies and impulses get consumed in the process, but the individual connects with the transpersonal level and with a context in which suicide is not a solution. This sense of futility of suicide is connected with the insight that the transformations of consciousness and the cycles of death and rebirth will continue after the biological demise, or more specifically with the recognition of the impossibility to escape one's karmic patterns." [P.232]

**Comment:** It would seem that the levels of transpersonal psychology and the insistence on the pattern of reincarnation and the carrying forward of karmic consequences serve precisely as a defence against psychotic anxiety, generated on the boundary of BPM II and III and provide (for Stanislav Grof) 'the best remedy for self-destructive tendencies and suicidal urge'. I think we are looking here at an autobiographical insert which indicates the origin of the identification of birth as death and the consequent splitting off from the tunnel period of 'neonatal death' into the transpersonal realm. In so far as that is the case we are examining here the dynamic origins of a construct of defence, which then becomes socially acceptable and seductive because it satisfies other people's need for defence against the intolerable levels of BPM II/III. It is, in other words, the dynamic matrix of a religion. At this point, far from being a pioneer in human integration, Stanislav Grof stands firmly and squarely in the tradition of the defence maintenance gurus of religious structures, distorting, mythologising and phantasing the environment in which we live and move, in order to generate a context which makes our inner experience tolerable. This is the heart of social psychosis.

It is not insignificant that in his next paragraph Stanislav Grof speaks of alcoholism and narcotic drug addiction as motivated by 'overwhelming craving for experiences of blissful undifferentiated unity' as a defence against experiencing 'a great amount of emotional pain derived ... in the last analysis from negative perinatal matrices'. However rationalised, justified, and legitimated within a medical, scientific and psychotherapeutic context, Stanislav Grof's initial use of LSD and continued dependence upon its effects for the validation of his psycho-dynamic construct, would appear to be quite consistent with the above diagnosis of his own unresolved perinatal traumata. I think what we are seeing is the mixture of brilliant insight and psychotic defence construct. Critics apparently find great difficulty in raising issues or challenging the transpersonal reincarnational theories. My sense is that the energy vested in this field is a reflection of the intense defence maintenance, itself driven by the intensity of perinatal impingement and loss which underlies them.

The point is perhaps made even more clear by two parallel sentences from the next two pages. For instance at the bottom of page 232 Grof states: "The mechanism characteristic for these groups [alcoholism and addiction] is the same as for suicide I; it reflects an unconscious need to undo the birth process and return to the womb". Then at the bottom of the next page, page 233, he writes: "Consuming need for transcendence seems to be the core problem of alcoholism and narcotic drug addiction". Now if the fundamental drive of these two groups is to reverse back out of an intensely painful and distressing birth experience, into the

undifferentiated unity of early womb experience, then how can precisely the same definition be used of the drive toward cosmic consciousness. Grof does not appear to be making the connection between defensive regression out of impingement at BPM II/III and transpersonal states of consciousness. It seems to me to be quite clear that these two are one and the same. In other words, pre BPM II/III is precisely the goal of trans BPM II/III, to use Wilber's terminology applied to the pre and perinatal crisis. Further confusion between BPM I and IV appears to emerge in the next two quotations.

**First,**

"In cases of impulsive running away, the hectic traveling activity represents an exteriorization of the driving energies characteristic of the third perinatal matrix. Running in this context means running away from danger, restrictions and punishment, toward security, freedom and gratification. The typical fantasised goal of this erratic search is the image of an ideal home with a good mother who will satisfy all the individual's needs. It is easy to recognise this craving as psychological search for the elements of BPM IV and ultimately BPM I." [P.234]

**Comment:** The two goals represent opposite directions of fugue out of the same painful matrix. It is difficult therefore to see how moving forward to BPM IV can have as its ultimate goal the satisfaction of BPM I. It begins to look as if what Grof means by 'BPM IV' may have overtones of schizoid flight backward from the matrix into BPM I itself.

**Next,**

"In impulsive gambling, the feverish atmosphere of the casino, the anxiety-laden excitement, and the extreme alternatives of total annihilation or magic transformation of one's life are characteristic features of the dynamics of the third perinatal matrix and of the approaching ego death and rebirth. The fantasized cornucopia associated with the positive outcome belongs to characteristic images associated with BPM IV." [P.234]

**Comment:** I think Grof is right in pinning two alternatives of total annihilation or magic transformation as characteristics of intense BPM II/III impingement. Here are precisely the reified idealised fields of good and bad, separated by a hair's breadth. The splitting is a response to 'the approaching ego death and rebirth', and yet as one proceeds through the birth experience the future has not yet happened. The polarisation is a response to impingement in the here and now and precisely not a response to impingement and recovery as yet not encountered. The only fantasised cornucopia possible in this situation is precisely not BPM IV recovery and good nursing. I find it quite incredible that Grof associates the cornucopia with BPM IV. It is clearly a BPM I symbol. Just as a for instance in the symbolic motif of the £1 note, representing the abundant resources of the Mother of All Banks, guaranteed by the Monarch of Empire (as was) you had the combined symbol of the cornucopia and twisted snakes around a pole, carefully contained within a circular or spherical boundary. At the top of the pole are the spread wings, so reminiscent of the eagles of standards down the ages, and with close cultic historic connections back to the raised placenta and umbilicus in ancient Egyptian worship replicated in certain Indian rituals (see deMause). In this case describing the cornucopia as a positive outcome of the impingement is to describe positive outcome in terms of idealised regression. Now regression to the idealised womb-world provides, as if by

magic, a positive defence against the overwhelming idealised bad field experienced within the impingement. It is, however, a flight and a psychological defence, not 'a positive outcome' and it is clearly associated with a regressive idealisation and precisely not with an egressive transcendence.

"Pyromania is clearly psychogenetically related to the pyrocathartic aspect of BPM III. Archetypically, the final stages of the death-rebirth process are associated with the element of fire; LSD subjects would at this point experience visions of gigantic conflagrations, volcanic or atomic explosions, and thermonuclear reactions. This experience of fire is associated with intense sexual arousal and seems to have purifying properties. It is perceived as cathartic destruction of the old structures, elimination of biological impurities, and preparation for spiritual rebirth." [P.235]

**Comment:** It is difficult to see what Grof means by 'birth'. Birth has not actually happened during BPM III. It is a preliminary to the emergence, representing the height of the impingement and the beginning of movement. For Grof this is the point of death. What happens next is 'rebirth' not 'birth', so when was birth? For Grof, birth is rebirth because of the cut-off, the caesura, the tunnel period, the discontinuity of consciousness around the climax of BPM II/III which he identifies, erroneously, as 'death', 'termination', 'shattering'. The emergence from the birth canal into the world outside the womb is therefore a new beginning, a rebirth, a resurrection and it is out of this paradox, this syntactical nonsense that the justification of the transpersonal emerges within his writing. To be sure it is this part of the birth process which gives rise to the myths of dying and rising, which generate our fundamental understanding of what death involves. Death is a projection, carried forward onto the boundary of the unconscious womb-world in which we still persevere, from the cervical frontiers of the end of that existence, unconsciously displaced in the post-natal world onto the terminus of death itself. The myths also raise the issue that beyond that boundary there is a resurrection, since for the intrauterine unconscious which gives rise to the symbolism around death there is a dim awareness of the conscious world beyond birth, so when translated to the other end of life, the intrauterine unconscious projects beyond post-natal death the image of post-natal life. In so far as birth is described as 'death', just so far is death described as 'birth'. It seems to me to be very important to disentangle this kind of confusion.

Large social systems with synchronally collusional intrauterine unconscious assumptions respond to boundary threat and transition with images of destruction by fire, of which either they or the out-group are to be the victim. We talk of conflicts emerging and conflagrations in war. Napalm attacks on villages in Vietnam are quite as much the acting out of this material as any arsonist. The image is of attempting to purge the environment of that which threatens to burn-up the in-group. So whether the burning is displaced inwards or outwards, the purification is accomplished. The burning of witches, or the self-immolation in flame of the religious martyr, the kamikaze pilot, or the suicide bomb attack of the Shi'it militia are all parallel displacements of the same material.

The experience of fire within the psychic process would appear to represent a breakdown of the repressive defences which allows the person or the social system to emerge into the threatening impingement to an intolerable level, so reifying the defences of splitting and regression into an idealised resourceful space, purified of all such nastiness. This has nothing to do whatsoever with emerging out of the birth canal into the post-natal recovery. It has

much more to do with the experience of magical splitting, idealisation and regression, the mirroring back into the previously experienced supportive environment of idealised BPM I. I think that is what Grof means by 'spiritual rebirth'. The parallel, if that is in fact correct, is precisely that to the Christian invitation to be 'born again', which is actually the antithesis of birth. It is to re-enter Eden, to recover Paradise, secure in the knowledge that another has held on our behalf the conflagration of the baptism of fire, the cathartic purification of the impinging cervix. It becomes clearer as we proceed that Grof's construct is in fact a reified perinatal defence structure, and precisely not a construct of human integration and wholeness.

Another element in the experience of fire as a cleansing agent appears to be associated with the concept of guilt. If such an intense impingement is occurring to me I must be guilty for causing it, or have done something which makes the environment do this to me. Suffering this impingement in some way is an atonement, a catharsis, a cleansing, to emerge from which is to experience salvation, i.e.. salving, making whole, forgiveness, cleansing etc. One of the motivations therefore for going to war is to deal with internal guilt, displaced and projected into the out-group, whose victimisation is required as a sacrifice for internal processes. Or conversely, the attack from whom in a corporate masochistic sense, is deemed right punishment for the unconscious guilt being acted out.

On July 13th, the point at which the world received the news that President Reagan had had cancer of the bowel removed, the Sunday Times Magazine Supplement and The Economist, both carried major erupting volcano images. The Economist front cover was an erupting volcano spewing lava out of the heart of South America, representing the rumbling debt problems in the underworld of the American continent. In the Sunday Times Magazine Supplement there was a two-page spread erupting volcano with the logo 'Nature's Way of Gently Cleansing the System'. It was in fact an advert for Volvic mineral water, best served chilled of course. The motivation of the advert was precisely that Volvic provides relief from the burning intensity of system impurity which rumbles like red-hot lava, seething in the depths of the unconscious. In both cases the symbolism of the imagery comes straight out of the BPM II/III boundary but appears co-incidentally to fit in with the felt underlying symbolic fantasies of the world culture, at precisely that point at which the President's potent rage has eventually been effectively mirrored back in and he has showed with a carcinoma of the gut, an irruptive nodule that could explode and overwhelm and kill the whole Presidential corpus unless it was cut out or defused in some way. This is an internalising in cancerous symbolism of the externalising encountered within the Islamic hijacking.

Grof notes:

"A pyromaniac has the correct insight that he has to go through the experience of fire to free himself from unpleasant tension and achieve satisfaction. However, he fails to recognise that this can be effective only if it is experienced internally as a symbolic transformative process. Instead of experiencing pyrocatharsis and spiritual rebirth, he projects the process outward, exteriorizes it and becomes an arsonist." [Page 235]

**Comment:** The phrase 'to go through the fire' is precisely that used of passing children to Moloch in the Old Testament accounts of the rites of the indigenous population of Israel. That represents yet another way of displacing the burning of BPM II/III into some other foetal object or vicarious carrier. Grof's prescription for dealing with this material, which he holds up as 'the only way' of dealing with it, is to experience the fire internally as a symbolic

transformative process, as 'pyrocatharsis and spiritual rebirth'. But the way he describes this is precisely a reifying of the splitting off into some metaphysical schizoid construct and a denial of the intensity of the pain and impingement involved. Reifying defences is not the only way of dealing with this material. What is required is abreactive catharsis, and a recognition that the fire was actually survived, that life did not end, there was not a death and resurrection, there was a physical continuity through the trauma, through the transition.

If we are not able to own the depths of suffering involved in that transition then we are condemned to perpetuate them, either in ourselves or in others. Sublimation by displacement to some kind of transpersonal rebirth and 'spirituality' may sedate the anxieties generated by the material, it does not resolve the underlying trauma. It maintains the repressed material behind perhaps more effective structures of denial and displacement, a process which in turn leads to the acting out of the material at a distance with tragic consequences for any depersonalised object who happens to be the victim of the 'pyrocathartic psychodrama' in the context of group or international impingement. Grof notes, correctly, that "the fundamental mistake behind all impulse activities is exteriorization of the inner process and acting it out in a concretized way" but he is, I think, not only logically in error, but therapeutically collusional when he states that "the only solution is to approach these problems as internal processes and complete them on a symbolic level", particularly as he continues "the strivings for discharge of intolerable tension, craving for sexual release, and need for inner security that are so characteristic for impulse neuroses, find simultaneous gratification in the context of ecstatic feelings associated with BPM IV and BPM I".

What is required is apparently an intensification of the polarisation and a retreat or conversion reaction, out of the fire into heaven, from the paranoid to the religious. Again we have to note the inversion of the order of BPM IV and BPM I and the apparently interchangeable nature of the two states as the locus of 'ecstatic feelings'. My argument is that the experience of ecstasy or containment in an idealised good environment is precisely the antithesis, or the other pole, of the idealisation process and is actually generated as an ideal good field by the experience of intolerable bad, the sudden split out of body ('transpersonification') being a schizoid defence against the intolerable pain levels encountered. When this splitting and denial of the negative field is also accompanied by a mirroring back from the cervix into the regressive ideal environment from which the images of the ideal good field are drawn (again please note that they cannot be drawn from the BPM IV field since that field was not as yet experienced) then we have the most powerful construct-generating dynamic of the common social unconscious, namely fundamental idealisation, denial of the bad field, reification of the good field, regression from the boundary, followed by a ritualised defence maintenance structure to deal with all resurgent irruption through the defences of the threatening idealised bad field. From this position there can be no emergence through the birth canal into the post-natal world. It is from this matrix of the sustained intrauterine unconscious that the common social unconscious is generated.

Grof goes on to talk about a feature of obsessive compulsive neurosis showing itself in "the strong ambivalence ... in regard to spirituality and religion" noting the alternation between rebellion and blasphemy or repentance and expiation. He continues

"This kind of problem is quite characteristic for the final stages of the death-rebirth process where determined resistance and revolt against an overwhelming higher force alternates with a wish to surrender and comply. This is usually associated with the



awareness of the cosmic relevance of this situation and its spiritual significance." [P. 236]

**Comment:** It might be more appropriate to say that the condition is usually displaced and projected onto a cosmic screen, in relation to which it is lived out at a distance. We see here the grounds of religion as psychodynamically generated out of the primal matrix and precisely not as an independent ontological transpersonal universe, contact with which is made possible through a re-engagement with perinatal material. The next two paragraphs are worth quoting in full:

"LSD subjects who experience this force in a more figurative archetypal form describe it as a strict, punishing and cruel deity comparable with Jehovah of the Old Testament, or even the Pre-Columbian gods demanding bloody sacrifice. The biological correlate of this punishing deity is the restricting influence of the birth canal that prevents any external expression of the activated instinctual energies of sexual and aggressive nature and in turn inflicts extreme, life-threatening suffering on the individual. Postnatally, this coercion takes much more subtle forms and is executed by parental authorities, penal institutions, and religious precepts and commandments.

"The restricting force of the birth canal thus represents a natural basis for the deep instinctual part of the Superego that Freud saw as a derivative of the Id; he considered it to be the savage and cruel element of the psyche that can drive an individual to self-mutilation and suicide. In this context, the obsessive-compulsive patients are facing a painful, paradoxical situation that involves a strange double-bind. In view of the patterns of archetypal unfolding, one has to experience elemental aggression and distorted sexual feelings of various kinds that are intrinsic parts of BPM III in order to connect experientially with the pure spiritual energy associated with BPM IV. However, the experience of these intense instinctual tendencies is seen as incompatible with the divine and therefore suppressed." [P. 237]

**Comment:** It is indeed strange that Grof is unable to make the causal, or psychodynamic, interpretation of the origins of religion in the light of this kind of analysis.

Dealing with the pathological fear of death, which often results in patients approaching their doctors thinking that they are suffering from some incurable and fatal disease, Grof comments:

"The reason for this is that the persons involved are not experiencing sensations and emotions related to a present physiological process, but reliving memories of past physical traumas, including that of birth... The only solution is to encourage experiential confrontation of the emerging gestalts with the use of various activating techniques; thus thanatophobia would be typically resolved through the experience of death and rebirth." [P. 241]

**Comment:** Shades of the Osiris ritual and the other primitive religious cults of the dying and rising god. It is difficult to perceive how someone could experience death. Again we are looking at syntactical nonsense and paradoxical dislocation stemming from perinatal hyper-stress, interpreted as death and setting up precisely the fear of dying in the matrix of the terror

of life-threat experienced within the birth canal. If that fear can then be owned as relating to perinatal history and the projection and transference resolved, the patient may be able to move forward from the perinatal fixation into the post-natal world of here-and-now soma in here-and-now environment, perceived as non-life-threatening and therefore as not an appropriate trigger for the fear of death. Interpreting fear of death as precisely set up by the experience of death is in fact to collude with the mythical displacement. The problem is not death but the patient's inability to tolerate life under that particular level of impingement.

\* \* \* \* \*

In the next section on the phobia of pregnancy, delivering and mothering, Grof makes the observation that:

"When a woman becomes pregnant, this tends to activate in her unconscious the memory of her conception. As the child develops in her womb, the unconscious seems to replay the history of her own embryonal development. The process of delivery then reactivates the memory of her own birth and at the moment of giving birth to her child she connects with her unconscious record of the time when she was born. Mothering her baby, she then replays on some level her own early infantile history." [P.241]

**Comment:** This has repercussions in two ways, first that there tends to be a displacement and acting out of the mother's perinatal traumata in the embryonal and perinatal experience of her own child, so replicating the traumata and associated defences in the next generation. The other side of that coin is that the reactivation of pre and perinatal trauma in the mother does provide an opportunity for a certain amount of integration and might indicate one of the reasons why the female of the species is less heavily defended in terms of left brain/right brain gating than the male. I think Grof is essentially sexist in this particular section of the material, since the experience of impregnating and living closely with a woman who has conceived and is bearing and giving birth to a baby can also reactivate in the father his own pre and perinatal trace, which may well be acted out on the partner as well as on the offspring. Again we have here both the opportunity for integration and also the pathological context for the reification of traumata and defence constructs into the next generation.

It is inevitable that the process of birth resonates pre and perinatal traumata socially and that the social solution to the way of managing birth is a reification of the social defences against pre and perinatal traumatic impingement. One would therefore expect secondary trauma within the birth process enacted on the new-born as displacement of social trauma. It is psycho-dramatised into the medical context, much as in more primitive cultures the same material was psycho-dramatised into the religious and cultic ceremonies surrounding birth both for the mother and the neonate. Such rituals included the bloody images of child-sacrifice, sacrifice of the first born, burnt offering of the new-born, or the displacement from whole to part in neonatal circumcision and the burning of the foreskin etc.

There is a fascinating lacuna in his treatment of the fear of snakes.

"Images of snakes that on a more superficial level have a clearly phallic connotation, are on the perinatal level of the unconscious typical symbols of the birth agony and

thus of the destructive and devouring female element. Poisonous vipers usually represent the vital danger and fear of death, while large constrictor serpents symbolize the crushing and strangulation involved in birth. The fact that after having smothered the victim and swallowed it in its totality, boa constrictors have a strikingly bulging body, makes them also a symbol of pregnancy. However, no matter how important the perinatal component is in the development of the phobia of snakes, the serpentine symbolism extends deep into the transpersonal realms where these animals play a fundamental role in many archetypal forms, mythical themes, and cosmologies." [P.246]

**Comment:** It is quite unsatisfactory to say that "on the perinatal level of the unconscious snakes are typical symbols of the birth agony and thus of the destructive and devouring female element". The snake is also a benign symbol of BPM I and clearly associated with the umbilicus, from which there is also associative displacement into the phallus. This intrauterine serpent brings not only nutrients, oxygen and so forth, but can also bring signals of maternal distress in the terms of neurotransmitters, hormonal chemicals like adrenaline, noradrenaline and so forth, which give rise in Frank Lake's terminology to negative umbilical affect. As BPM II approaches the placenta begins to become ineffective and what was the source of nurture becomes the source of deprivation and threat, so that the snake is supremely a symbol of ambivalence, fear and yet desire, offering fruit and yet at the same time pronouncing blasphemy. It carries the intense chemical messages which initiate the birth process both ways between the hormonal/glandular systems of foetus and mother and is precisely identified therefore with the cause of eviction from Eden.

During the perinatal process the cord may physically get entwined around the neck and strangulate, giving rise to intense phobia of strangulation and of the boa constrictor kind of action. At a lesser level it may itself get pinched and the blood supply cut off, so setting up patterns of suffocation (suffocation in this context is not of course lack of breathing but lack of oxygen experienced through the umbilicus. It would be better to talk of perinatal hypoxia, rather than suffocation. However, since post-natally suffocation is to do with strangling, the perinatal hypoxia associated with umbilical impingement is translated in later life into the symbolism of strangulation by the snake).

The question has to be raised and faced as to why Grof does not make the fundamental connection between umbilicus and snake, which is clear not only from the analytic and experiential levels, but also from the mythological. For instance there is the connection between the lifting of the snake, or serpent on a pole in the wilderness by Moses and the raising of the placenta and umbilicus on a pole within the Egyptian culture from which he came as a magical sign for healing.

There is an important section on migraine which reads:

"Migraine headaches can be characteristically traced to the facet of birth that involves agonizing pain and pressure on the head, together with nausea and other gastrointestinal discomfort. The frequent tendency of migraine patients to seek the womblike environment of dark places, quietude, and soft blankets and pillows can be seen as an effort to undo the birth process and return to the prenatal condition. However, it is the opposite strategy that brings resolution to migraine headaches, as indicated by many successful results of experiential therapy. Ultimately, the

headache has to be intensified to extreme, even unbearable dimensions that match the actual pains experienced at birth. This then brings a sudden explosive liberation from the migraine; characteristically, this is followed by an ecstatic state of a transcendental nature." [P.249]

**Comment:** It seems to be somewhat unnecessary to speak of the flip release out of the birth canal as transcendent, except in so far of course as the perinatal experience has been such life-threatening hell that relief is seen in intensely salvationist terms, though here again the tendency to reify this into a transcendental or metaphysical structure should be resisted as displacement which blocks further cathartic integration of the material.

"Symptoms of neurasthenia tend to develop in an individual who has been exposed for a long period of time to demanding and objectively stressful conditions, such as excess of work under conflicting pressures, lack of rest, sleep and recreation, complex tasks to tackle, and hectic pace of life. Neurasthenia is characterized by muscular tension, tremors, excessive sweating, cardiac distress and palpitations, free-floating anxiety, sense of oppression, intense headaches, and 'faiblesse irritable' - a feeling of general weakness and lack of energy, combined with easy irritability. It is characteristically accompanied by sexual disturbances, particularly impotence, frigidity, changes of the menstrual cycle, and precocious ejaculation." [P.250]

**Comment:** Later in the text Grof notes that "Neurasthenia, which is a relatively normal reaction to prolonged stress of a reasonable degree, manifests the essential features of the third perinatal matrix in a rather mitigated form."

"Emotional traumatic neuroses occur in individuals who have been involved in natural catastrophes of extreme proportions, mass accidents, war situations, or experienced other events that represent potential threat to survival or body integrity. It is important to emphasize that these conditions do not involve any physical damage to the organism, but only the psychological trauma associated with the possibility of it. And yet, the ensuing traumatic neurosis typically involves not only intense emotional symptoms but certain extreme physical manifestations such as pains, cramps, violent shaking, or paralysis..."

"...the acute emergency that precipitates emotional traumatic neuroses is such a close approximation to the situation encountered at birth, that it overrides the defense system and connects experientially with the very core of BPM III. Thus even after the immediate danger has passed, the individual continues to be flooded by the perinatal energies against which he or she has now lost all effective psychological protection.

"This situation presents a problem, but it can also be a great opportunity for experiential confrontation of perinatal energies. The final outcome will depend on how this condition is therapeutically approached." [P.250]

**Comment:** The different approaches that he notes are those of repression of the material by intensification of psychological defence, or by chemo-therapeutic suppression of the overwhelming anxiety. The other approach is essentially an integrational and annealing or cathartic approach, allowing the identification and discharge of the perinatal energy which

has been released through the defences. The significance of this section, it seems to me is that it does indicate Grof's awareness of the fundamental perinatal defence structures but it is only in intense traumatic impingement in the adult here and now that such defences are breached and when they are then problems emerge. The question is how far the psychedelic therapy and holotropic therapy which Grof advocates represent a defence reinforcement or a cathartic annealing and defence dismantlement.

In relating psychotic symptomatology to perinatal matrices it is interesting to see that Grof proceeds in the order Matrices II, III, IV, I, a numerical dislocation which is becoming characteristic of his presentation. The discussion of BPM I material in this context raises the origins of religion and mysticism in an acute way.

"However, the entire range of schizophrenic symptomatology cannot be adequately understood without including the elements of BPM I and the wealth of transpersonal experiences. The elements of the first perinatal matrix are represented both in their positive and negative aspects. Many psychotic patients experience episodes of ecstatic union with the universe and God, sometimes in intimate connection with the feelings of symbiotic union with the maternal organism on the level of the good womb or good breast. Similar experiences have been reported by mystics, saints and religious teachers of all ages. This naturally raises the question about the relation between psychosis and mysticism, their similarities and differences.

"An experience of unity with the divine that is well completed and integrated involves a sense of deep peace, tranquillity and serenity. The individual realizes that his or her divine origin is not anything exclusive and personal, but applies to everybody else. It seems obvious that countless people in the past and even in the present have already discovered this truth about themselves, others have that potential and will reach the insight in the future ." [P .266]

**Comment:** Introduction of assertions about the ontological validity of mystical experience with the phrase 'It seems obvious that' do not carry conviction. It really appears as a flag indicating taboo-land for further analysis. For some reason the origins of transpersonal experience, mysticism and spirituality, may not be probed in a psychodynamic way and one is left asking the question why that is so. Is it because they are ineffably true and mysterious or because they are reified projections of material which is as yet intolerable. The same arguments are raised at every step of resistance to defence examination and interpretation. Elements are described as axiomatic, as instinctive, as innate, so blocking further examination and preserving the defence structures and in particular preserving the repression of the painful material held behind the defences whether for the particular person concerned or for the social system of which that particular person's own defence-structure is symptomatic and representative.

Unease at the treatment of this area is intensified by his comments "It would obviously be an absurd oversimplification and reductionistic error to reduce states of mystical union and spiritual liberation to undifferentiated states of consciousness experienced by the child during the embryonal existence and in the postnatal symbiotic interaction with the material organism." [p.266] The unusual syntax and emotional loading of this particular taboo would seem to indicate very strong negative elements, sustained defensively within the mystical

interpretation and world-view, raising resistance of psychotic proportions to any examination of this area. Confidence in the position is further called in question by the kind of comment,

"In addition, a mystic in an ecstatic rapture is clearly tapping genuine transcendental and archetypal dimensions that by far transcend biology. However, they are not always as clearly distinguishable from each other and as far apart on a linear scale as Ken Wilber suggests in his discussion of the pre-egoic versus trans-egoic states" [p.267].

These are theological value statements and judgements, interpolated in a clinical text. They do not emerge from it and seem to represent within it reification of defence structures as yet unresolved.

As in the writings of Frank Lake, clear clinical material with apparently obvious causal connections to the reification of religious structures, stands in close juxtaposition to the denial of any such causal relationship. So in the very next sentence Grof writes:

"Clinical observations suggest strongly that states of mystical union of a certain kind are deeply connected with positive aspects of BPM I. An individual who connects experientially with episodes of undisturbed intrauterine existence seems to have access to an experience of cosmic unity, although this in no way means identity of the two states." [P.267]

**Comment:** So Wilber affirms in his post-natal synthesis that pre is not trans. I think Wilber is codifying pre-natal unconscious material emerging in the post-natal symbol structures. He is quite unaware of the intrauterine and perinatal origins of the symbol structures under discussion. In contrast, Grof is quite clear about the pre and perinatal levels of the unconscious and makes the distinction between the initial BPM I experience and the transpersonal or mystical experience of cosmic unity, which has similarities without identity to the earlier. In other words, pre is not trans, or BPM I biologically is not BPM I in terms of transcendental awareness. However, if we perceive two kinds of BPM I resurgence into the conscious symptomatology I think we can gain a little clarity. There is regression to the initial undisturbed BPM I condition, representing the undisturbed post-implantational symbiosis before any onset or triggering of birth-related experience has been encountered. We could describe this as realistic BPM I regression. However, in the light of intense BPM II/BPM III impingement there is commonly a regression to an idealised BPM I condition. This is a defensive regression, representing a reversal from a fixated perinatal impingement. The egoic structures are quite different from those in the undifferentiated initial BPM I position and are dominated by intense idealisation, denial, displacement, regression, dissociation from the biological entities, the soma, self and environment etc. I would therefore suggest that what both Wilber, in his post-natally unconscious structures, and Grof, in his pre-natally conscious analysis, describe as 'trans' experiences are in fact the reified defensive regressive re-coding of BPM I. It is a perseverating phantasy of the defence structure to dissociate the second form of experience from the biological and to reify it into some other ontological sphere of transpersonal spirituality. The secondary or defensive BPM I regression is generated out of perinatal trauma. Reification of the structure represents perseveration of the defence construct and continued repression of the intolerable core of the BPM II/III trauma itself. It may be nice, comfortable, socially acceptable, seductive and so

forth, but it is unrealistic and fundamentally damaging in terms of the holistic integration of the human organism.

BPM I is not always and for all people undisturbed and peaceful, so Grof turns his attention to the invasive threats sometimes experienced within deep prenatal conditions:

"A critical and fundamental threat to embryonal existence bears deep similarity to the onset of delivery, which represents the final and irreversible destruction of the intrauterine state. Fetal crises are thus experienced in a way that resembles the early stages of BPM II; this involves a sense of universal danger, generalized paranoid feelings, bizarre physical sensations, and perceptions of insidious toxic influences. The archetypal images accompanying these states take the form of demons or other concrete forms of metaphysical evil forces from different cultural contexts." [P.267]

**Comment:** To take Grof's position to its logical conclusion, one would have to argue for the ontological validity of the demonic and the transpersonal and spiritual world of evil with which such experiences of embryonal invasion can put one in touch. No such conclusions appear to be drawn by Grof, and he remains much more agnostic in treatment of the negative field of idealisation. Grof concludes:

"Observations of this kind suggest that reliving of undisturbed intrauterine experiences is closely related to certain types of mystical and religious states, whereas episodes of embryonal crises show association with schizophrenic experiences and paranoid conditions. This finding is obviously related to the fact that there seems to exist a rather precarious boundary between psychosis and the process of spiritual transformation. In psychedelic sessions a clearly psychotic state can evolve into an experience of mystical revelation. Individuals involved in spiritual search and practices have to confront occasionally psychotic territories within themselves, while schizophrenic patients often visit the mystical experiential realms." [P.268]

**Comment:** There appears to be very little validity in describing religious and mystical states as having ontological validity of their own, while the experiences associated with regression to an idealised bad field are described as psychotic and paranoid. The "precarious boundary between psychosis and spiritual transformation" is indeed precarious, since it would appear to be the boundary of a conversion reaction between good and bad fields of the polarisation. In other words, the religious mystic is just as psychotic as the paranoid presenter, it is simply that the fields experienced are different. The idealisation process is presenting an alternative, with the denied field holding the shadow, or other side of the coin. Oscillation between the good and bad fields of idealisation is described within this paragraph but not understood in terms of the conversion reaction of the defence reversal. If the defence is understood in terms of regression to an idealised good field away from an intolerably impinging and intense negative experience then clearly that negative experience itself is very close to the surface and can replace the idealised good field in a conversion transform and vice-versa.

In the next section Grof turns his attention to the origins of ecstatic experiences and their association with the perinatal level of the unconscious. Grof goes on to describe the two forms of ecstasy, first oceanic or Apollonian ecstasy, characterised by extreme peace. The second, volcanic or Dionysian ecstasy characterised by extreme physical and emotional

tension and so forth. The polarisation is absolute. He describes the second type as "in all its aspects diametrically opposed to the first one". My understanding of the two positions is that they represent the twin poles of idealisation encountered in the BPM II/III impingement, the first pole reifying an idealised good intrauterine undisturbed supportive environment, the second reifying the hellish, aggressive violence and orgasmic disturbance of the core BPM II/III scenario. If I am correct in interpreting these two forms of ecstasy as reifications of two poles of fundamental splitting, then the otherwise strange dislocation in the text at the end of his description of the second form of ecstasy in the next paragraph makes a lot more sense where Stan Grof notes: "Another interesting problem related to the dynamics of schizophrenia ..." [p.271]. Clearly the splitting epitomised in the previous two sections does in fact stand for him as having something quite fundamental to do with the dynamics of schizophrenia. The two descriptions are so significant in themselves that it is worth quoting them in full.

"The first type of ecstasy can be referred to as oceanic or Apollonian ecstasy. It is characterized by extreme peace, tranquillity, serenity, and radiant joy. The individual involved is typically motionless or shows slow and flowing movements. He or she experiences a blissful, tension-free state, loss of ego boundaries and absolute sense of oneness with nature, with the cosmic order, and with God. Deep intuitive understanding of existence and a flood of various specific insights of cosmic relevance are quite characteristic for this condition. Total absence of anxiety, aggression, guilt, or any other negative emotions, and profound feelings of satisfaction, security and transcendental love complete the picture of this type of ecstasy.

"This condition is clearly related to BPM I and BPM IV and thus to the experience of symbiotic union with the mother during intrauterine existence and nursing. The associated later memories involve nourishing emotional relationships, relaxing situations with total satisfaction, and beautiful experiences with art and nature. The corresponding imagery typically involves beautiful natural scenery showing nature at its best - creative, abundant, nourishing and safe. The associated archetypal images reflecting this state are those of the Great Mother Goddesses or Mother Nature, heaven or paradise.

"Predictably, there is a very strong emphasis on the element of water as the cradle of all life and on milk and circulating blood as two nourishing liquids of cosmic significance. Experiences of fetal existence, identification with various aquatic forms of life or the consciousness of the ocean, as well as visions of the star-filled sky and a sense of cosmic consciousness are very common in this context. The art forms related to this experience are architectural works of transcendental beauty, paintings and sculptures radiating purity and serenity, flowing, peaceful and timeless music, and classical ballet. Monumental Hindu or Greek temples, the Taj Mahal, the paintings of Fra Angelico, Michelangelo's masterpieces, or the marble sculptures of ancient Greeks and Bach's music can be mentioned here as important examples.

"The second type of ecstasy is in all its aspects diametrically opposed to the first one; it can best be described as volcanic or Dionysian ecstasy. It is characterized by extreme physical and emotional tension, strong elements of aggression and destructivity oriented both inward and outward, powerful driving energies of a sexual



nature, and erratic hyperactivity or rhythmic orgasmic movements. From the experiential point of view, volcanic ecstasy is characterized by a unique mixture of extreme physical and/or emotional pain with wild sensual rapture. As the intensity of this peculiar amalgam of agony and ecstasy increases in intensity, various experiential polarities fuse and cannot be differentiated from each other. The experience of freezing cold appears to be indistinguishable from caustic heat, murderous hatred from passionate love, perverted sexuality from craving for transcendence, the agony of dying from the ecstasy of new birth, the apocalyptic horrors of destruction from the excitement of creation, and vital anxiety from mystical rapture.

"The subject has a sense of approaching an event of world-shattering significance - spiritual liberation, revelation of the ultimate truth, or oneness with all of existence. However, no matter how convincing the promise of physical, emotional and metaphysical freedom might be and no matter how close one feels to the celestial realms, the experiences within the context of BPM III to which this type of ecstasy belongs are always just an asymptotic approximation to the final goal and never actually reach it. To have a sense of arriving or completing the spiritual journey, one must connect with the elements of BPM IV and BPM I and thus with the oceanic ecstasy.

"The characteristic memories or accompanying visions are related to the atmosphere of unbridled bacchanalia and carnivals, amusement parks, red light districts and nightclubs, fireworks, and to the excitement associated with dangerous activities such as car racing or parachuting. The religious imagery associated with this type of ecstatic rapture involves sacrificial rituals, martyr death, Sabbath of the Witches and satanic rituals, Dionysian orgies and temple prostitution, flagellation and aboriginal ceremonies combining sexuality and religion, such as fertility rites and phallic worship. In everyday life, powerful elements of volcanic ecstasy can be associated with the final stages of childbirth. More mitigated forms can be encountered in various intense sport activities, rock and disco dancing, rides in amusement parks, and wild sexual parties. Related art forms involve visual arts depicting the grotesque, sensual and instinctual aspects of life, wild rhythmic trance-inducing music, and dynamic orgiastic dance." [P.269]

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After an extensive section commenting on the relationship between the medical model of diagnosis and current schools of psychiatry, Stanislav Grof notes that:

"The currently available psychiatric techniques can hardly achieve even the therapeutic goal defined by Sigmund Freud - 'to change the excessive sufferings of the neurotic into the normal misery of everyday life'. More ambitious results are inconceivable without introducing spirituality and the transpersonal perspective into the practice of psychiatry, psychology and psychotherapy." [P.288]

**Comment:** The first thing to note is that the introduction of spirituality and transpersonal perspectives is an attempt to deal with the "normal misery of everyday life". In other words

it is an intervention to deal with the normal rather than the neurotic. In the light of this, his comment that "more ambitious results are inconceivable without introducing spirituality and the transpersonal perspective into the practice of psychiatry, psychology and psychotherapy" makes it very clear indeed that the introduced spirituality and transpersonal perspectives are precisely an attempt to deal with the normal neuroses of common social living. The question that is begged, of course, is why it is inconceivable that one should be able to intervene in normal neurotic processes and so lead to a process of human potential development and maturation without introducing spirituality and the transpersonal. What is the block? Why is that conception rendered taboo and unexaminable? My initial hypothesis as an answer to that question is that here we have in Stanislav Grof's spiritual and transpersonal intervention a fundamental restatement, or reification of a social defence construct, to break which is to suffer social talion of such an intensity, and moreover talion which resonates with his own BPM II/III core so devastatingly, that there is no way he dares to enter into a psychodynamic interpretation of norm structures of neurotic defence. In that case the only conceivable path open to him, that is tolerable, is the displacement into transpersonal spirituality. I would, however, argue that this is a fundamental weakness not a strength of his position.

On the relationship between psychotherapy and spiritual development, Grof writes :

"Direct experiential confrontation with the perinatal and transpersonal levels of the unconscious is always associated with a spontaneous awakening of spirituality that is quite independent of the individual's childhood experiences, religious programming, church affiliation, and even cultural and racial background. The individual who connects with these levels of his or her psyche, automatically develops a new world-view within which spirituality represents a natural, essential, and absolutely vital element of existence. ... An atheistic, mechanistic and materialistic approach to the world and to existence reflects deep alienation from the core of one's being, lack of genuine self-understanding, and psychological repression of the perinatal and transpersonal realms of one's psyche." [P.325]

**Comment:** The problem here is that Grof feeds in what he then discovers. He speaks of confrontation with the "perinatal and transpersonal levels of the unconscious" and yet the whole thesis of the transpersonal begs the question of what is then discovered. If we are correct in interpreting Stan Grof's transpersonal mode as essentially reified perinatal defence, which is also commonly the ground of religious mythology and experience, then inevitably encounter with the transpersonal generates genuine religious and spiritual awareness. The two are one and the same, but both represent the out-workings of perinatal defence construct. To describe the spirituality as "natural, essential and absolutely vital" again raises the question as to why it is treated in this way. If it is essential and vital then there is no way we can question whether it is right or not. What are the grounds for these dogmatic statements? It is my hypothesis that perseverance of the spiritual and transpersonal elements within the psychic Weltanschauung represents dysfunctional maintenance of primitive defences against psychotic anxiety emerging from the common core impingement of BPM II/III in the conditions of placental failure and accompanied by the intense loss of the known world. As such the position reflects inability to tolerate regressive abreaction at the high levels of stress involved in parturition, together with intense repression of the mourning sequence as the transition from pre to post-natal is accomplished.

Grof describes those who have "experienced states of cosmic unity" as having

"an entirely new attitude toward the psychotherapeutic process. They have discovered a new unexpected source of strength and their true identity ... the goal of the psychological work is now clear; further self-exploration resembles broadening and cleaning of a road to a known destination, rather than blind digging in a dark tunnel" [p. 326].

It is clear from this passage that the goal of the transpersonal is the metaphysic of BPM I. If our interpretation is correct, this represents the idealised BPM I sustained within the psychic imagery out of regression away from the perinatal impingement, reinforced by intense splitting and the denial of the negative field, and the denial of loss. In this sense self-exploration, which is in reversed time for such people, does indeed resemble a broadening and cleaning road to a known destination. The alternative is the support for the very difficult process of digging forward through the perinatal event horizon, tolerating what Grof has described as a journey into hell until the exercise is no longer blind digging in a dark tunnel, but with support a tolerated struggle for life through a tunnel which does indeed have an exit that is quite other than death requiring rebirth. It seems to me that for Grof the neonatal infant moves from BPM I through BPM II to III into death and reverses backwards and is born again into the womb, headed right up the fallopian into cosmic unity. It is a psychotic mirror world of reified perinatal defence.

On the other hand Grof notes that:

"Dramatic reliving of various biographical episodes and of sequences of death and rebirth are becoming increasingly common in modern experiential therapies ... Major therapeutic breakthroughs can frequently be seen after episodes of complete loss of control, blacking-out, excessive suffocation, violent seizure-like activity, profuse vomiting, loss of bladder control, emitting of inarticulate sounds, or bizarre grimacing, postures and sounds that resemble those described for exorcist seances. Many of these manifestations can be logically related to the biological birth process." [P 332]

**Comment:** There is rising tolerance of the negative field of the perinatal drama, but insufficient understanding of the defences used to manage that material in its initial encounter.

## IN CONCLUSION

For Stanislav Grof there is no light at the end of the tunnel only the shattering impingement of no exit and death. This terminal experience of 'hitting the cosmic bottom' leads then on the bounce to the metaphysical experience of rebirth and the elevation of the transpersonal as an essential, absolutely vital, natural and indispensable way of handling the journey to hell.

Holonomic and holotropic therapy involves the reduction of energy vested in the negative side of the experience and the increase of dominance of energy vested in the positive side. This process, together with the complete blocking of understanding of perinatal defence structures, reinforces idealisation and splitting, reifying the dichotomy between the idealised bad and the idealised good fields. There follows the displacement of energy from the idealised bad, its denial and repression and the reification of the idealised good as the goal of integration.

The symbolic form of this goal is the idealised good womb, the oceanic cosmic consciousness of deep BPM I, transpersonalised in the mirror of BPM II/III impingement into an idealised paradise, with an idealised self existing in perfect harmony with its environment. In short Grof therapy involves intense splitting, denial and regression to the idealised good womb.

Confusion between the state of cosmic unity associated with early BPM I idealisation and the mode of integration is acute. It is effective in reducing the symptomatology of acute BPM II/III impingement and its acting out in social process but at the expense of withdrawal from the realities of postnatal existence. It intensifies the myth of the intrauterine unconscious by generating a phantasy safe space far enough away from the impinging boundaries to render the repression of perinatal anxiety effective. This state of undifferentiated unity is quite distinct from the position of egressive integration which recognises the starting point in deep BPM I and the need to pass through BPM II and III into the extra-uterine world and consequent emergence into adulthood with the recognition that we have been born. That is part of our history. The pains we went through were part of our experience, but they are behind us not in front of us. The defences we utilised to deal with the trauma can be intensely destructive when applied within post-natal reality and therefore need to be worked through and resolved. We have to push through the mirror of birth, rather than be reflected back from it. Grof's construct is the mythology of the elders of Plato's cave, destined to remain forever unborn. He offers experientially the same kind of defence which underlies the seduction of the Star Wars initiative. It renders the relationship of the extra-uterine human species to its real geo-solar and social environment intensely unrealistic. But above all, it reifies elsewhere the negativities which are repressed intra-psychically, so fuelling even more intensely the paranoid dynamics of the national boundary, or the ideological East/West split. In this sense it represents an intensification and displacement of armouring, generating the myth of an unarmoured safe environment at the cost of intensive reifications of armament on the boundary of that space.

In this Stanislav Grof colludes with and epitomises the American Dream, seeking in the open sunlight and spaciousness of its Western horizon some relief from the terrors of night which press in behind it from the East. It is a culture in flight from the constriction of Europe and the perinatal dynamics of the frontier. The future lies behind it. Grof takes his place in the

long line of immigrants in retreat from European oppression, of which the implosion of the Czechoslovakian Spring, the encirclement of Prague, and the intense strangulation of Communist oppression represent but the latest in a cyclic history of displaced perinatal psychodrama. It is a frontier and a dynamic through which we have to pass into the world of post-natal interdependent maturity, relating to a real geophysical environment that is quite distinct from the mythical idealised womb of Grof, Wilber and Jung. The invitation to idealised regression is an invitation to remain forever within the womb, a seduction destined to transform womb to tomb, that marks the death-knell of the possibility for human maturation.

D. Wasdell  
18th July, 1985