

Perinatal Matrices

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Exposition and critique of the work of Stanislav Grof in his 'Realms of the Human Unconscious', highlighting the effects of the process of birth on subsequent behaviour.

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[Position paper in response to Stanislav Grof 'Realms of the Human Unconscious, 1975, The Viking Press, New York, with particular reference to Chapter Four, Perinatal Experiences in LSD Sessions, Pages 95 - 153]

Originally trained as classical Freudian analyst, Stanislav Grof began his LSD therapy and analysis in 1955. It was carried out in three levels, the personal administration and analysis, training and analysis of psychiatrists and psychoanalysts, and therapeutic work with selected patients. From 1965 onwards he was based in the United States, continuing his therapeutic research and his attempt to develop an analytic construct within which to integrate the confused and often bizarre experiences of LSD abreaction. The multi-level, multi-dimensional and schizophrenic quality of experience under the influence of LSD makes such a process of organisation and integration difficult. Experience is couched in a synthetic interweaving of symbols, mythology, visual form, dream, emotional and physical abreaction. Compounded with this inherent chaoticisation of material is the association of LSD therapy with the drugs scene, hippie movements, psychotic disturbances associated with unsupervised hippie usage of the drug, psychedelic counter- culture etc. All of this tended to make it very difficult for material emanating from serious LSD psychoanalysis and therapy to be accepted as authentic data within the discipline or as being a potential source of new insights on and beyond those frontiers of classical Freudian analysis which have previously limited the field of work.

In this country the studies of Dr. Frank Lake exhibit the same kind of chaoticisation and difficulties in construct co-ordination as well as being treated with the same suspicion by those professionally involved in more traditional forms of psychoanalysis.

There are, however, major pointers in many fields which indicate the significance of material coming from LSD abreaction therapy. The direction of movement within classical Freudian analysis from the Oedipal stage in Freud himself, through the object relations theory of Melanie Klein back to impingements in the holding environment (D.W. Winnicott), all show awareness of yet more primitive areas of material which underlie the phenomena being discussed with allusions to intrauterine experience, and the experience of birth as possibly being of fundamental significance although without adequate data arising from classical analysis to elucidate the point. There has been a split within classical psychoanalysis following the critique by Sigmund Freud of Otto Rank in 1926. Rank was perhaps the first to make a serious attempt at delineating birth trauma as fundamental for the organisation of human unconscious and conscious processes. Typically within this field there are disturbances of logic, discontinuities, and contradictions which become more intensive the closer one approaches the significance of the actual birth experience. Boundaries to the field of the significant within psychoanalytic theory preserve fundamental anxiety defences from examination and intervention, so confirming the psychoanalyst in his task of boundary management of socially acceptable behaviour, rather than as analyst, and therefore potentially modifier, of those central norms themselves.

Developments in experiential learning stemming from the first T-group training, group therapy, growth groups, bio-energetics, marathons, etc. have shifted in the face of emergent dynamics towards the inclusion of primal therapy, birth trauma sessions etc. as the field of intra and interpersonal behaviour has extended.

My own work on the dynamic behaviour of groups whose survival is threatened by environmental impingement or contradictory task structures has thrown up psychodynamic phenomena more fundamental than the Bion construct of basic assumption groups and which have demanded some construct which allows for interpretation in terms of regressive states associated with intrauterine and birth symbolism, material which has been seen as fundamental or foundational to the paranoid-schizoid defences against anxiety to which Melanie Klein drew attention and on which the work of Isabel Menzies focussed in the operating of social systems.

In addition to the above, we may note material from the analysis of metaphor and linguistic usage, religious symbolism and cultus, philosophical concepts and world views, political symbolism and ideological formulations, music and its form, art, drama, literature, both classical and popular, with particular reference to the symbol forms utilised in science fiction. Architectural symbolism, also, provides examples of primitive emotional and unconscious association in this field.

Development of insight and ability to handle the whole area is given added urgency and motivation by the current inflection point in the global population curve and the period of transition from exponential growth to equilibrium population which is just commencing. In Grof's terminology, the global construct is moving from perinatal matrix one to perinatal matrix two, that is, from oceanic dependency in a supportive environment to the phase of limitation and environmental impingement with no apparent exit as resources for further growth become insufficient to sustain growth patterns. It is possible to see dynamic evolution in the behaviour of the international community, or global construct, moving into periods of intensive regression, which in classical Freudian theory have been banished beyond the frontiers of the analysis of psychotic disorder.

Obviously different points within the global construct react with different intensity and with different ways, and indeed are at different stages of abreaction and regression. The transition which we now appear to be undergoing is that these previously disintegrated nuclei of experience are now rapidly integrating into a global net. Trade balance, aid, technological development and politicisation are serving to iron out differentials in experience, so that the pace of development in some areas is increasing while the highly developed cultures are beginning to go into recession, and the emergence of global level psychodynamic movements is now detectable. The process is expected to accelerate and unify in the coming decades. Those areas of the world which have experienced frequent environmental impingements upon population level through heavy flooding, massive famine, etc., appear to have developed a regressive religious construct associated with mirroring back from engagement with reality to some form of mystical detachment in an attempt to regain primeval bliss. This construct itself justifies and perpetuates political and social behaviour, which itself perpetuates the traumatic conditions within which the society lives. Cultures with a more stable and predictable climate, with comparatively sustained exponential growth of the human population and unrestrained technological development appear to have religious constructs with a higher level of environmental affirmation and reality contact, but which are

experiencing acute dislocation as the exponential growth phase is brought to a halt in the light of environmental limitation caused by over- population, pollution, over-industrialisation, and the using up of natural resources.

It is now clear that we are in the opening stages of a period in which the symbolic constructs underlying the social framework are being radically disturbed, so releasing into social consciousness those anxieties which the defensive frameworks have been previously carrying. It is therefore of vital social importance that the origin, construction and performance of the fundamental anxiety defence systems be clearly analysed, understood and sufficiently raised to consciousness within world society for mankind to manage the coming period of racial angst without regression into global psychosis. It is in this context that the work of Stanislav Grof must take its place as one attempt among others to penetrate beyond present frontiers of classical Freudian and post-Freudian analytic constructs in the attempt to generate an understanding of the whole range of human behaviour as an inclusive unified field, rather than an exclusive subset of phenomena. In other words the most important data today stems from dislocations and discontinuities, breakdowns in theory and evidence of data repression on the boundaries of current theoretical constructs. In Popperian terms, it is the degree of mismatch between data and accepted theory which provides the criteria for significance. I suspect that we are on the verge of breakthrough in our understanding of psychological space equivalent to that generated by Einstein in the field of physical space.

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This paper proceeds in the form of quotations, summaries and comments on Grof's writing taken in the order in which they appear in his text without the imposition of any organisational framework of my own, other than that involved in the selection of what is considered significant.

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'The basic characteristics of perinatal experiences and their central focus are the problems of biological birth, physical pain and agony, ageing, disease and decrepitude, and dying and death. Inevitably, this shattering encounter with these critical aspects of human existence and the deep realization of the frailty and impermanence of man as a biological creature is accompanied by an agonizing existentialist crisis..... The similarity between birth and death - the startling realization that the beginning of life is the same as its end - is the major philosophical issue that accompanies the perinatal experiences. The other important consequence of the shocking emotional and physical encounter with the phenomenon of death is the opening up of areas of spiritual and religious experiences that appear to be an intrinsic part of the human personality and are independent of the individual's cultural and religious background and programming.'

The facing of the crisis of imminent death is intertwined with the abreaction of experienced birth, with a clearly marked sequence and set of abreaction symptoms which bear a striking similarity to the experiences, postures and reactions of a child during the various stages of

delivery. It is because of these and other observations that Grof has labelled the phenomena 'perinatal experiences'. He comments,

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'A causal nexus between the actual biological birth and the unconscious matrices for these experiences still remains to be established. It appears appropriate, however, to refer to this level of the unconscious as Rankian; with some modification, Otto Rank's conceptual framework is useful for the understanding of the phenomena in question.

'Perinatal experiences are a manifestation of a deep level of the unconscious that is clearly beyond the reach of classical Freudian techniques. The phenomena belonging to this category have been neither described in psychoanalytic literature nor taken into consideration in the theoretical speculations of Freudian analysts. Moreover, classical Freudian analysis does not allow for explanation for such experiences and does not offer an adequate conceptual framework for their interpretation.'

It would appear that the exiling of LSD therapy from the field of classical psychoanalysis is not only one way, since both at this point and at others within the text, as well as within his selected bibliography, Grof gives indications of being incompletely in touch with developments in psychoanalytic literature since Freud's initial critique of Otto Rank in 1926. In fact the split is not as deep as Grof would have us believe. For instance, Melanie Klein in her introduction to the paper 'Some Theoretical Conclusions Regarding the Emotional Life of the Infant' (Developments in Psychoanalysis 1952, Hogarth Press Ltd. and Institute of Psychoanalysis, pages 198 following), clearly names the birth experience as the foundation nexus of persecutory anxiety. She also endorses Freud's statement to the same effect. D.W. Winnicott has developed this area still further and includes case history comment and analysis of the experience of birth. Grof would appear to have a stylised view of what is and what is not permissible within the framework of classical psychoanalytic theory which provides some evidence for the splitting around the subject.

Grof would appear to be correct, however, in concluding that Freudian analysis does not offer an adequate conceptual framework within which the intrauterine and birth channel experiences can be integrated with the phenomena more usually associated with classical psychoanalysis. Birth material is normally treated as non significant in classical psychoanalytic theory, but those analysts open at a conceptual level to dealing with the material, and able to handle the anxieties its generates within their own personal experience (i.e. those who can tolerate the transference and counter-transference generated during the analytic episode), appear quite capable of enabling a patient to regress to birth and intrauterine experience without the use of LSD. Perhaps Grof's greatest contribution, therefore, is to draw attention to the lacunae within classical theory and to stimulate the extension of technique and framework to include the whole life trace of the person, rather than to start the analytic field in the position of after birth.

Grof recalls that penetration to the intrauterine and perinatal levels of the unconscious with psychiatric patients is usually reached after a greater number of sessions of a psychodynamic nature, while in subjects without serious emotional problems the perinatal phenomenology usually occurs earlier in the procedure. He is quite aware, however, that LSD is not the only road by which these areas of unconscious material can be approached.

'LSD assisted psychotherapy is not the only situation that can facilitate the manifestation of perinatal experiences. Occasionally, this level of the unconscious can be activated by forces from within the organism or from without. The processes involved are as yet insufficiently understood by contemporary psychiatry.'

In the study of group and institutional phenomena within which interpersonal perinatal psychodynamics emerge, the process was frequently triggered by a breakdown in the resource or dependency structure of the group or institution, which faced the group with imminent real or fantasy breakdown of its life-support structure in the face of environmental stress (by the death of a group I do not mean the physical death of its members but the breakdown of the group boundaries and the going to pieces of the multi-individual organism which constitutes the group). My own hypothesis in this case is that the dynamics of a group are dominated by perinatal material and its defences patterned on primitive reactions to birth experience when the group is faced by serious environmental impingement. As a corollary to that, I make the second hypothesis that ontological anxieties in the face of such issues as life and death, meaninglessness and purpose, i.e. the ultimate boundaries of being, also constitute such an environmental impingement as to be dominated by projection from perinatal unconscious reactions. It is, I think, consideration of this area which leads Grof to state,

'Perinatal experiences represent a very important intersection between individual psychology and transpersonal psychology or, for that matter, between psychology and psychopathology, on the one hand, and religion, on the other. If we think about them as related to the individual birth, they would seem to belong to the framework of individual psychology. Some other aspects, however, give them a very definite transpersonal flavor. The intensity of these experiences transcends anything usually considered to be the experiential limit of the individual. They are frequently accompanied by the identification with other persons or with struggling and suffering mankind. Moreover, other types of clearly transpersonal experiences, such as evolutionary memories, elements of the collective unconscious, and certain Jungian archetypes, frequently form an integral part of the perinatal matrices.'

Grof appears to be consistently uncritical of the cognitive content of the associative patterns made under the influence of LSD. I have no reason to doubt the value and authenticity of his recording of the symbol content and its cognitive associations, together with the somatic or experiential phenomena in his case histories (similar material is available in other LSD case history writing from independent researchers). His critical faculties however do not appear to be sufficiently sharply in focus, possibly because of the fundamental effect which the LSD therapy had on his own understanding and philosophy, both as a psychoanalyst and in terms of spiritual dimension to his world view. He appears to have undergone what is almost a conversion reaction with consequent non-critical acceptance of his own assumptions and over-critical rejection and insufficient examination of the assumptions of the classical Freudian psychoanalytic school from which he has departed somewhat tangentially.

If we confine our attention to the material associated with the birth and immediately pre-birth experience we find Grof offering a four division framework to facilitate understanding.

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'Elements of the rich and complex content of LSD sessions reflecting this level of the unconscious seem to appear in four typical clusters, matrices, or experiential patterns. Searching for a simple, logical, and natural conceptualization of this fact, I was struck by the deep parallels between these patterns and the clinical stages of delivery I usually refer to the four major experiential matrices of the Rankian level as Basic Perinatal Matrices (BPM I - IV). It must be re- emphasized that this should be considered at the present stage of knowledge only as a useful model, not necessarily implying a causal nexus.

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'The Basic Perinatal Matrices are hypothetical dynamic governing systems that have a function on the Rankian level of the unconscious They have a specific content of their own, namely, the perinatal phenomena. The latter have two important facets or components biological and spiritual. The biological aspect of perinatal experiences consists of concrete and rather realistic experiences related to the individual stages of the biological delivery. Each stage of biological birth appears to have a specific spiritual counterpart: for the undisturbed intrauterine existence it is the experience of cosmic unity; the onset of the delivery is paralleled by feelings of universal engulfment; the first clinical stage of delivery, the contractions in a closed uterine system, corresponds with the experience of "no exit" or "hell"; the propulsion through the birth canal in the second clinical stage of the delivery has its spiritual analogue in the death-rebirth struggle; and the metaphysical equivalent of the termination of the birth process and of the events in the third clinical stage of the delivery is the experience of ego death and rebirth. In addition to this specific content, the basic perinatal matrices function also as organizing principles for the material from other levels of the unconscious.....'

Grof appears to accept almost unquestioning the ontological validity of the spiritual or transpersonal facet of the perinatal matrices. I would want to question this, seeing these metaphysical systems rather as symbol constructs which express and codify projections from multi-personal, unconscious dynamics which have their origin within the four perinatal matrices and their preceding intrauterine context.

It is important to note the almost exact parallel in terminology between Melanie Klein's comments and Grof's statements that the birth experience lays down the foundation for the organisation of subsequent layers of unconscious material. Grof is indeed concerned to establish the continuity between material to which he has gained access through LSD analysis and that which is discovered through classical Freudian approaches. He sees his work as providing a foundation for a fuller understanding of the whole range of phenomena and therefore underpinning and complimentary to the classical psychoanalytic field.

'The deep parallel between the physiological activities in the consecutive stages of the biological delivery and the pattern of activities in the various erogenic zones, in particular that of the genital orgasm, seems to be of great theoretical significance. It makes it possible to shift the etiological emphasis in the psychogenesis of emotional disorders from sexuality to perinatal matrices, without denying or negating the validity of many basic Freudian principles. Even within such an extended framework, psychoanalytic observations and concepts remain useful for the understanding of occurrences on the psychodynamic level and their mutual interrelations.'

The remainder of the chapter is taken up with detailed descriptions of the four distinct perinatal matrices followed by a brief discussion of the significance of the material in LSD psychotherapy. I do not wish to go over the material in great detail and therefore append a brief summary of each section.

Perinatal Matrix I: Primal Union with the Mother (Intrauterine experience before the onset of delivery)

'This matrix is related to the original condition of the intrauterine existence, during which the child and mother form a symbiotic unity. Unless some noxious stimuli interfere, the conditions for the child are optimal, involving security, protection, appropriate milieu, and satisfaction of all needs. This is, of course, not always the case. There exists a broad continuum of transitions, from pregnancies where these optimal conditions are disturbed only occasionally, and for a short time..... to pregnancies where they are hardly ever met..... Though these disturbances of pregnancy are usually considered in regard to the future development of the child only as a source of possible somatic damage, observations from LSD psychotherapy seem to suggest the child might also experience these noxious influences on a primitive subjective level. If this is the case, we could then differentiate between the 'good' and the 'bad' womb along the lines hypothesized by the psychoanalysts in the case of the 'good' and the 'bad' breast. The sum of undisturbed intrauterine experiences during pregnancy might, in regard to the future stability of the personality, play an important role comparable to that of positive nursing experiences.

'Some subjects describe rather realistic complex recollections of the original embryonal situation. They experience themselves as extremely small, with a typical disproportion in size between head and body, and can feel the surrounding liquid and sometimes even the umbilical cord. These experiences are associated with a blissful, undifferentiated, oceanic state of consciousness an experience of cosmic unity. Its basic characteristics are transcendence of the subject- object dichotomy, exceptionally strong positive affect timelessness of the present moment.....

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In this state the subject finds it difficult to see any negative aspects in the world and in the very structure of the cosmic design, everything appears perfect, everything is as it should be. The world appears to be a friendly place where a childlike passive, dependent attitude can be assumed with full confidence and with feelings of complete security.'

Grof then describes the overlaying of certain intrauterine impingements upon this basic field, noting in conclusion that,

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'Subjects experiencing in their LSD sessions episodes of intrauterine distress often describe perceptual and conceptual distortions that bear an unusual resemblance to the world of the schizophrenic'.

He posits that,

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'Observations from such sessions suggest that undisturbed intrauterine experiences are closely related to religious and mystical enlightenment. Conversely, the subjective concomitants of disturbances of the intrauterine life appear to be the source of schizophrenic experiences and paranoid conditions. The closeness between these two situations and the easy change from one to another might explain the sometimes precarious boundary between schizophrenia and spiritual enlightenment, as well as the spontaneous occurrences of religious and mystical experiences in some severely disturbed psychotics.'

Grof goes on to note that the positive aspects of the first basic perinatal matrix seems to represent the basis for the recording of all later life situations in which the individual is relaxed, relatively free from needs and undisturbed by painful or unpleasant stimuli.

Perinatal Matrix II: Antagonism with the Mother (Contractions in a closed uterine system)

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'The second perinatal matrix is related to the first clinical stage of delivery. The intrauterine existence that is under normal circumstances close to ideal has come to an end. The world of the fetus is disturbed, at first insidiously through chemical influences, later in a grossly mechanical way by periodic uterine contractions. This creates a situation of extreme emergency and vital threat, with various signs of intense physical discomfort. In this phase, the uterine contractions encroach on the fetus but the cervix is closed and the way out is not yet open. The mother and the child are a source of pain for each other and are in a state of biological antagonism and

conflict..... It can be surmised that this experience is more devastating in a pathological delivery with a prolonged course.'

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'Frequently, the activation of this matrix results in a rather characteristic spiritual experience of 'no exit' or 'hell'. The subject feels encaged in a claustrophobic world and experience is characterised by striking darkness of the visual field and by ominous colours. Typically, this situation is absolutely unbearable and, at the same time, appears to be endless and hopeless; no escape can be seen either in time or in space.'

Turning to the philosophical and existential aspects of this matrix Grof notes,

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'Human life seems bereft of any meaning. Existence appears not only nonsensical but monstrous and absurd and the search for any meaning in life is simply futile. The link between the agony of birth and that of death.... further reinforces the nihilism..... We suffer when we are born and we die in suffering; the agony of birth is identical with the agony of death.

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'This existentialist crisis is usually illustrated by a variety of visions depicting the meaninglessness of life and the absurdity of putting forth any effort to change this fact.'

There are obvious associations which Grof draws out between this level of material and the works of so me existential playwrights and philosophers like Camus and Jean Paul Sartre.

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'As a memory matrix, BPM II represents the basis for the recording of all unpleasant life situations in which an overwhelming destructive force imposes itself on the passive and helpless subject. The most typical and frequent examples are situations endangering survival and body integrity.'

It is important to note here that Grof indicates the significance of the perinatal matrices for the organisation of subsequent experience, whereas we have discerned the emergence of perinatal projection and regressive features in organised defence systems under conditions of severe environmental impingement which in Grof's terms would actually be organised around the perinatal matrices themselves.

Perinatal Matrix III: Synergism with the Mother (Propulsion through the birth canal)

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'This matrix is related to the second clinical stage of delivery. The uterine contractions continue, but the cervix stands wide open, and the difficult and complicated process of propulsion through the birth canal gradually unfolds. For the fetus this involves an enormous struggle for survival, with mechanical crushing pressures and frequently a high degree of suffocation. The system is no longer closed, however, and a perspective of termination of the unbearable situation has appeared. The efforts and interests of the mother and child coincide; their joint intense striving is aimed at ending this often painful condition.'

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'The most important characteristic in this pattern is the atmosphere of a titanic struggle, frequently attaining catastrophic proportions. The intensity of painful tension reaches a degree that appears to be far beyond what any human can bear. The individual experiences sequences of immense condensation of energy and its explosive release and describes feelings of a powerful currents of energy streaming through his whole body. The visions typically accompanying this experiences involve scenes of natural disasters and the unleashing of elemental forces, such as exploding volcanoes, devastating earthquakes, raging hurricanes etc.'

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'..... The suffering and tension involved are intensified far beyond the level which the subject used to consider humanly possible. When it reaches the absolute experiential limit, the situation ceases to have the quality of suffering and agony; the experience then changes into a wild, ecstatic rapture of cosmic proportions that can be referred to as 'volcanic ecstasy'. In contrast to the peaceful and harmonious 'oceanic ecstasy' typical of the first perinatal matrix, the volcanic type of ecstasy involves enormous explosive tension with many aggressive and destructive elements.'

It is this area for which Frank Lake uses the term trans-marginal stress and to which he refers as the origin of the schizoid position, while Winnicott notes the splitting of psyche and soma and the precocious development of intellect, split off from the realities of somatic experience. Anarchic ecstasy, masochistic and violent orgy and mob violence, looting, raping, burning etc. associated with the end of an oppressive regime and polarised between joyous celebration and vicious destruction are social intra and interpersonal phenomena related to this material.

Grof avoids the term splitting or the characterisation of schizoid behaviour but talks about polarisation and alternation as the subject alternates in perception between the victim and the persecutor.

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'Subjects usually alternate experientially between the anxiety and suffering of the victim or victims and the ability to identify with the fury of the elemental forces and to enjoy the destructive energy. In the state of 'volcanic ecstasy' various polar sensations and emotions melt into one undifferentiated complex that seems to contain the extremes of all possible dimensions of human experience. Pain and intense suffering cannot be distinguished from utmost pleasure.... murderous aggression from passionate love, vital anxiety from religious rapture, and the agony of dying from the ecstasy of being born.'

I take it the rapture of martyrdom lies close at hand.

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'The experiences of BPM III are often accompanied by illuminating insights into human nature, society and culture. They seem to throw a new light onto the phenomena of violence, war, and revolution; the psychology of sex; and various aspects of the world's religions and artistic movements.'

Perinatal Matrix IV Separation from the Mother (Termination of the symbiotic union and formation of a new type of relationship)

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'This matrix is related to the third clinical stage of delivery. The agonizing experiences culminate, the propulsion through the birth canal is coming to an end, and, finally, the ultimate intensification of tension and suffering is followed by a sudden relief and relaxation. The period of impeded and usually insufficient supply of oxygen is terminated as well. The child takes its first deep breath and its respiratory pathways open and unfold. The umbilical cord is cut and the blood that previously circulated in the umbilical vessel is redirected into the pulmonary area. The physical separation from the mother has been completed, and the child starts its existence as an anatomically independent individual. After full physiological balance is re-established, the new situation is incomparably better than the two preceding stages, but it is in several important aspects worse than the original undisturbed primal union with the mother. The biological needs of the child are not being satisfied on a continuous basis, nor is it automatically protected from extremes of temperature, disturbing noises, changing intensity of light, and unpleasant tactile sensations. To what extent the experiences in the postnatal period (BPM IV) approximate the prenatal experiences (BPM I) depends to a great degree on the quality of mothering.'

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'The manifestation of BPM IV in a symbolic and spiritual level constitutes the death-rebirth experience; it represents the termination of resolution of the death-rebirth

struggle. Suffering and agony culminate in an experience of total annihilation on all levels - physical, emotional, intellectual, ethical, and transcendental. The individual experiences final biological destruction, emotional defeat, intellectual debacle and utmost moral humiliation. This is usually illustrated by a rapid sequence of images and events from his past as well as from his present life situation. He feels that he is an absolute failure in life from any imaginable point of view; his entire world seems to be collapsing and he is losing all previously meaningful reference points. This experience is usually referred to as ego death.

'After the subject has experienced the very depth of total annihilation and "hit the cosmic bottom", he is struck by visions of blinding white or golden light and has the feelings of enormous decompression and expansion of space. The general atmosphere is that of liberation, redemption, salvation, love, and forgiveness. The individual feels cleansed and purged, as if he has disposed of an incredible amount of "garbage", guilt, aggression, and anxiety. He experiences overwhelming love for his fellow men, appreciation of warm human relationships, solidarity, and friendship.....

‘..... There are certain overlapping elements between BPM IV and BPM I. As a matter of fact, the experience of biological birth and spiritual rebirth is often followed by feelings of cosmic unity. In this context, transcendental elements merge together with the “good womb” and “good breast” experiences and pleasant childhood memories into one single complex.’

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'In this state, all the sensory pathways are wide open and there is an increased sensitivity and enjoyment of the perceptual nuances discovered in the external world. The perception of the environment has a certain primary quality; every sensory stimulus appears to be completely fresh and new.'

Grof notes that this period of intense environmental awareness can be blocked by unresolved elements from previous levels within the birth matrices which distort perceptions and result in reactions which are an outworking of the anxiety and aggression associated with levels II and III. He also notes the occasional interruption of BPM IV by:

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'a specific complex of unpleasant symptoms. It involves piercing and penetrating pains in the umbilical area, which usually radiate and are projected to the urinary bladder, penis, and testicles, or uterus. They are accompanied by breathing difficulties, feelings of agony and emergency, sensations of dramatic shifts within the body, and intense fear of death and of castration.... This episode, usually of short duration, was identified by some subjects as the reliving of the crisis connected with the cutting of the umbilical cord. It can be distinguished from similar experiences related to the previous stage (BPM III) by a complete absence of feelings of external pressure and by the fact that the pains are localized in the pelvic area. Observations from LSD sessions indicate that this experience represents a deep source of castration fears.'

Grof completes this section with a survey of the religious and mythological symbolism, visual images, political and life events and associations, which cluster around the material generated by this fourth matrix. It is at this point that Grof's work links up naturally with the concepts of the absolute dependent phase in the life of the infant in which the carrying ability of the environment is fundamental for the wellbeing and continuity of the self..... The position which Winnicott takes as foundational. In turn, Melanie Klein takes her starting point somewhat later in the relationship between the infant and the breast from which she develops her object relations basis for anxiety defence, while Sigmund Freud took as his origin the awareness of interpersonal relationships symbolised in the Oedipus complex which onsets somewhat later. We thus see a continuous regression, or an increasing depth in the analytic penetration from Freud through Klein to Winnicott to Grof as the continuous field open to analytic investigation, expands its boundaries.

Stanislav Grof also works with boundaries, and it is at these limits of his material that his assumptions rather than his data dictate his material, and in particular, his interpretations of it. He moves from the perinatal matrices to the transpersonal elements, archetypal material, and ancestral memories, pre-incarnation experiences, evolutionary identifications and cosmic symbolism, either at a micro or macro level. This level of association which emerges under the influence of LSD cannot, I believe, be taken as evidence of the recovery of deep levels of the unconscious carried within genetic material prior to conception and reaching back into the mists of primeval history. To attribute ontological significance to this material would appear to be a collusional process which calls in question Grof's capacity for objective scientific investigation.

What I suspect is happening is that Grof is aware of, and is attempting to deal with, albeit without adequate framework, material which emerges into consciousness from levels which precede Basic Perinatal Matrix I. In effect Grof has subsumed within this matrix the total history of the foetus from conception to the onset of labour, a period which represents the dawning of unconscious and conscious capacity within the foetal experience which stretches back in continuously attenuating form into a timeless void of nothingness which is yet cosmic. The arche, the beginning, for the infant is located back at the origin of this period which is experienced existentially as an infinite time regression, albeit to an adult observer it is an infinite regression contained within finite bounds of the nine month gestation period.

I would therefore hypothesise that a further set of intrauterine matrices should serve as an organising framework for the data which Grof, in the absence of such understanding, attributes to transpersonal levels and places prior to conception. I take it that a unified field theory of human behaviour must start with conception rather than BPM I (Grof), the babe in arms (Winnicott), the suckling infant at the breast (Klein) or the infant within primal family (Freud). We can observe the effects and projections associated with these early intrauterine matrices in the etiological myths of religious systems with particular reference to cosmogeny. Phenomena associated with this material also appear in deeply regressed behaviour associated with hyper-stress, excessive environmental impingement and a mirroring back of the time trace from an over-traumatised BPM II or III back into BPM I as the only refuge from the storm. The material is often associated with part of a person which has undergone such mirroring under traumatic conditions while the other part has lived through the trauma and developed a discontinuous being on the other side, living from then on in a split, or schizoid, position, dominated by dread of re-entry to the initiating position of fragmentation. Material related to the intrauterine matrices contained within Grof's BPM I mode also

emerges in interpersonal, group and inter-group and institutional dynamics under conditions of extreme environmental impingement.

The recovery of continuity from conception to afterbirth is as important for the integration of the ego as the recovery of continuity from birth to the here and now, which is the goal of classical psychoanalysis. It can be argued that fraction or discontinuity in the conscious life trace from birth to the here and now can set up neurotic or psychotic behaviour patterns which are the appropriate field of psychoanalytic investigation and therapeutic intervention, since they generate patterns of behaviour which deviate from the norm of socially acceptable patterns. The behaviour stemming from intrauterine and birth material is however of a different order. The highest common factor or norm core experience is much more all embracing, the impingements more common, the reactions, splits, fragmentation, dislocations and anxiety defences generated by the traumatic events determine the majority or normative behaviour of society, so that integration of this material would itself be seen as deviation from the norm. In classical psychoanalytic frameworks, therefore, integration through intrauterine and basic perinatal matrix material would be treated as pathological deviation from the norm and therefore subject to the corrective interventions of classical psychoanalytic practitioners on behalf of society whose normative anxiety defence system they are hired to preserve. There would appear to be evidence of this response at least since 1926 when Freud entered his critical appraisal of Otto Rank's work on the analysis and significance of birth material. Similar anxiety defences and irrational critique have been mounted at each stage by which the Freudian boundaries have been pressed back toward the perinatal matrices. This resistance can itself be interpreted as the focused projection of social anxiety defence systems associated with the paranoid schizoid defences against anxiety whose originating nucleus is irrationally defended from analysis and insight. I submit that the discipline of psychoanalysis while concerned at one level to avoid collusion with the neurotic and psychotic defences offered to it by patients is at another level deeply colluding with the societal anxiety defence system and is utilised by that system to preserve the anxiety defences from examination at a fundamental level.

In so far as the global community is itself moving into a period of extreme environmental impingement associated with the transition from exponential growth within an unlimited environment to a steady state equilibrium in a limiting environment, just so far does it become imperative to overcome splitting in the field of psychoanalysis, to understand the defence systems employed within its field and to push back the frontiers of analytic understanding to include the reactions to environmental impingement which are laid down for every individual, and, ultimately, for the whole of mankind, in the common experience of womb life and birth.

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