

Interview with Stan Grof

Council of Psychedelic Elders
The Fetzer Foundation, Kalamazoo, MI , November 1998

INTERVIEWER: Stan, first I would like to thank you for speaking with us this morning.

STAN GROF: It is a pleasure to be here.

INT: And we would like to ask you some questions about your experiences in the field of psychedelic research. First, we would like to have a little background data. For starters, could you tell us your current age.

SG: I am 67 now.

INT: Okay. And could you briefly describe your professional background and training.

SG: I was born and educated in Prague, Czechoslovakia. I studied medicine at the Charles University, School of Medicine. And in Prague I also received my psychiatric specialization and my Freudian training that involved seven years of personal analysis.

INT: You were trained as a traditional psychoanalyst?

SG: Yes. Actually, I went to the medical school with the explicit goal to become a psychoanalyst. I was very impressed by Freud at that time.

INT: Describe for us what led to the development of your interest in working with psychedelics?

SG: Well, it got to a point at which I experienced a real conflict in relation to psychoanalysis. The conflict was about the relationship between psychoanalytic theory and practice. As I was reading psychoanalytic literature, I was increasingly excited about the theory of psychoanalysis. I was impressed by the number of different areas psychoanalysts had explored. They had presented seemingly brilliant explanations for a variety of very obscure problems, such as the symbolism of dreams and psychoneurotic symptoms, psychopathology of everyday life, psychology of religion and art, dynamics of sociopolitical events, art, and many others. That part was very exciting. But then I gradually became aware of what one can do with psychoanalysis practically and that was a very different story.

I realized the narrow range of indications for psychoanalysis. Patients had to meet very specific criteria to be considered good candidates for Freudian therapy. And those, who were accepted as suitable candidates, had to commit themselves to enormous amounts of time. In traditional psychoanalysis it was at that time three, five times a week. Incredible expenditure of money, time, and energy. And I realized that, even after years, the results were not exactly breathtaking. And I had great difficulty understanding this.

Before becoming a psychoanalyst, one had to study medicine. In medicine you learn that, if you really understand a problem you should be able to do something pretty dramatic about it. Or, at least, if that is not the case, you should understand why you cannot. In relation to diseases like cancer or AIDS, we have a pretty good idea what would have to change for us to be therapeutically more effective and where the problem lies.

And here I was told that we had a complete understanding of the problems we were dealing with, and yet we could do so little over such a long period of time. That

somehow did not make any sense, and I was experiencing a deep disappointment. I started to regret that I had chosen psychiatry as my life's profession. I originally wanted to work in animated movies and my original choice suddenly started to look awfully good. I began feeling nostalgic about creative work in the movie business.

And then when something very important happened in my life. I was at the time working at the psychiatric department of the school of medicine in Prague. This period of psychiatric history saw the advent of psychopharmacology and its early triumphs. It was the time of the first tranquilizers -- reserpine and chlorpromazine. We conducted a large study of Melleril, a tranquilizer that came from the Swiss pharmaceutical company Sandoz.

As a result of it, we had a good working relationship with Sandoz. One day we received from Switzerland a large box that was full of ampoules. With it came a letter describing the substance, its chemistry and pharmacology and also its history. It was LSD-25, a very interesting drug discovered in a serendipitous way by Albert Hofmann, who accidentally intoxicated himself during its synthesis.

The accompanying letter suggested that this substance, administered in absolutely miniscule dosages of millionths of a gram, was capable of inducing an 'experimental psychosis,' a state similar to naturally occurring psychoses. Clinical and laboratory research of LSD thus could provide insights into the enigma of psychosis, particularly schizophrenia. One could study various parameters before, during, and after the LSD experience and determine what biochemical and physiological changes in the body are correlated with psychological abnormalities during the time the drug took effect. And so they were asking us if we would work with this substance and give them some feedback, whether there was a legitimate use for LSD in psychiatry.

But the Sandoz letter also suggested another fascinating possibility – that LSD might be useful as a tool for very unconventional training of psychiatrists, psychologists, students of medicine and psychology, and psychiatric nurses. It could give mental health professionals the opportunity to spend a few hours in the world of their patients. As a result, they would be able to understand their patients better, be able to communicate with them more effectively, and hopefully have better therapeutic results. Naturally, I got very excited and I would not have missed such an opportunity for anything in the world. And I became one of the early volunteers in this research.

INT: Before you administered LSD to a patient you took it yourself?

SG: Oh yes, of course! I tried personally all the psychedelic substances we worked with before I gave them to others. That is the only way; there is no other possibility. One cannot learn the effect of psychedelics from reading books, no matter how sophisticated they appear to be.

INT: Can you describe for us what that was like, your first exposure?

SG: My preceptor, Professor Roubicek was very interested in electro-encephalography. So, I had to agree to have an EEG record taken before, during, and after the experiment. And at that time Doctor Roubicek was particularly interested in what's called "driving the brain waves," trying to entrain the frequencies of the brain waves by some external input, either acoustic or visual. So, I had to agree not only to have my EEG taken but also to have my brain waves driven in the middle of this experiment.

So, what it looked like practically is that, about approximately two and a half hours into the session, a research assistant appeared and took me to a small cabin. She carefully

pasted the electrodes all over my scalp and asked me to lie down and close my eyes. Then she placed a giant stroboscopic light above my head and turned it on. At this time, the effects of the drug were culminating and that immensely enhanced the impact of the strobe. I was hit by a radiance that seemed comparable to what it must have been like at the epicenter of the atomic explosion in Hiroshima. Or maybe the Primary Clear Light, the light of supernatural brilliance that, according to the *Tibetan Book of the Dead, Bardo Thödol*, appears to us at the moment of death.

I felt that a divine thunderbolt catapulted my conscious self out of my body. I lost my awareness of the research assistant, the laboratory, the psychiatric clinic, Prague, and then the planet. My consciousness expanded at an inconceivable speed and reached cosmic dimensions. There was no more difference between me and the universe. The research assistant carefully followed the protocol: she shifted the frequency of the strobe from two to sixty per second and back again and then put it for a short time in the middle of the alpha band, theta band, and finally the delta band. While this was happening, I found myself at the center of a cosmic drama of unimaginable dimensions.

In the astronomical literature that I later collected and read over the years, I found names for some of the fantastic experiences that I had experienced during those amazing ten minutes of clock time. I would say today that I possibly experienced the Big Bang, passage through black and white holes, identification with exploding super novas and collapsing stars, and witnessed many other strange phenomena. Although I had no adequate words for what had happened to me, there was no doubt in my mind that my experience was very close to those I knew from the great mystical scriptures of the world. Even though my psyche was deeply affected by the drug, I was able to see the irony and paradox of the situation. The Divine manifested and took me over in a modern laboratory in a Communist country, in the middle of a serious scientific experiment conducted with a substance produced in the test tube of a twentieth-century chemist.

INT: Do you know what dose you were given, what that first dose was?

SG: It was 150 mcg.

INT: What year was this?

SG: It was November 13, 1954.

INT: After this first experience how did you see psychedelics as a tool? How did you utilize them? Describe the early research!

SG: I had played with the strobe before and experienced some pretty colors and patterns, but nothing like what happened in the combination with LSD. So I knew that the drug was the key to my experience. And I joined a group of researchers led by Dr. Milos Vojtechovsky, who had access to several psychedelics at the time, and they were conducting a multidimensional comparative study. So, I joined them.

We had a group of experimental subjects, mostly young professionals, who were interested in participating in psychedelic research. They would come for a day at a time to the research institute and have a session with one of the psychedelics we were working with. These days had a very rigid and busy schedule. We collected samples of blood and urine every hour on the hour, measured pulse and blood pressure, and administered a battery of psychological tests. And this was all done on a double-blind basis. Next time, the experimental subject would have a session with a different

psychedelic under the same circumstances. And then one day was a session with a placebo.

We had at the time at our disposal psilocybine, psilocin, mescaline, and LSD, of course. It was the time when Stephen Szara and his coworkers in Budapest, Hungary did research with the tryptamine derivatives, and we had from them dimethyltryptamine (DMT), diethyltryptamine (DET), and dipropyltryptamine (DPT). We also were corresponding with Humphrey Osmond and Abe Hoffer, and they sent us some bufotenin and adenochrome.

INT: These were normal subjects?

SG: Yes, well, 'normal,' yeah.

INT: Right. They were not patients?

SG: No, these were so called normal subjects. Psychiatrists, psychologists, biologists, you know. It included the researchers themselves - ourselves. About forty people altogether.

INT: When did you first start working with patients? What kinds of patients? What did you find there?

SG: Well, these laboratory experiments, continued for about a year and a half or two years. And this research followed very much the 'experimental psychosis' model. We conducted psychedelic sessions with our 'normal volunteers' as I described it. And we found psychotic patients, whom we matched by age, sex, IQ, and by some other parameters with the controls. And we brought these patients to the research institute for a day and they would be subjected to the same testing procedure as the psychedelic subjects.

We were comparing the results, looking for similarities and differences. We were interested if various psychedelics had drug-specific effects or if they induced, by an large, the same type of experience. And we were, of course, curious if the changes in the tests after the administration of psychedelics to 'normal volunteers' would converge with the findings in psychotic patients. My initial understanding was that the psychedelic experience was a 'toxic psychosis,' that somehow the experiences following the administration of the substance were artificially produced by the interaction between the drug and the brain. And then I started noticing some very interesting things that changed this concept.

The psychedelic experiences showed incredible interindividual variability. When we gave LSD, or some other psychedelic substance, in the same dosage under relatively the same circumstances to a number of people, everybody would have a totally different experience. For example, one person's experience looked like a very productive and intensive session of Freudian psychoanalysis. He or she would relive various traumatic experiences from infancy and childhood and have all kind of remarkable psychological insights. Somebody else's experience would be primarily somatic. They would get very sick and spend much of the session with a terrible headache and throwing up. A few people got very anxious and paranoid, others angry, manic, and so on. Some people, in spite of the set and setting managed to have a profound mystical experience with feelings of cosmic unity, total bliss, and profound inner peace.

And then we found out that, when we repeated the psychedelic sessions in the same person, there was also an equally astonishing intraindividual variability. Each of the consecutive sessions in a series was different and there seemed to be a certain

progression from session to session. This was a very important moment in my personal and professional life. I realized that LSD did not induce a 'toxic psychosis,' but was a nonspecific catalyst. The LSD experiences were not toxic artifacts, but authentic contents from deep recesses of the psyche. It became clear to me that the LSD did not produce them, but released them from the repositories in the unconscious.

At that point, I started seeing LSD as a tool for exploration of the deep dynamics in the psyche that are normally not available for direct observation and study, a tool that could play a similar role in psychiatry that the microscope plays in biology and the telescope in astronomy. Because of my Freudian background, I knew that the possibility of getting to unconscious contents faster and reaching deeper should have important therapeutic implications. I felt that LSD might be a tool that could deepen, intensify, and accelerate psychotherapy. I lost interest in the laboratory experiments and took this experimentation into the clinical setting. LSD seemed to be the way to heal the gap between the power of psychoanalysis as an explanatory system and its ineffectiveness as a therapeutic method.

INT: You had also lost interest in your conventional psychoanalytic practice by this time?

SG: Pretty much. I remember a few early sessions when I still had patients in a reclining position on the couch and I sat in an armchair behind their head. And I expected that they will give me ongoing report about their experiences and I will offer interpretations. In view of my clients dramatic and often challenging experiences, I soon felt ridiculous to keep the detached 'dead pan' attitude and not even answer direct questions. I felt I needed to give them more effective emotional support. And as far as interpretations go, that was even worse. It turned out that the sessions moved very quickly beyond the biographical level and the individual unconscious, which I considered at the time to be all there was in the psyche.

The experiences of my clients moved into domains that you do not read about in psychoanalytic literature. They started to talk about things like losing control, dying, going crazy, and not coming back. Several of them couple had powerful birthing experiences with a lot of physiological response -- choking, intense pains in various parts of the body, nausea and vomiting, and circulatory changes. So, I wasn't quite sure where it was taking us and felt initially quite uncomfortable. After all, here was clearly a very mysterious process that I did not understand and, yet, I was in a position where I was responsible for the results.

And then I had myself several LSD sessions with high dosages, which were pretty terrifying and taxing; they took me to what I call today the perinatal area. But I made it through and had experiences of psychospiritual death and rebirth. These sessions were very healing and, as a result, I became increasingly comfortable with similar states in other people.

INT: Stan, this ties into, I think, the first psychedelic experience that you had, that very first experience. If you could just go back to that for a moment and just say a little bit more how that experience influenced you. What happened when you came back? How did you integrate it? What did it catalyze internally for you in terms of your own worldview and the deeper questions that you were grappling with within yourself?

SG: By my present standards, it was a relatively low dose. It was 150 mcg. And I was a beginner at that time. So, much of the experience, outside of the experiment with driving the brain waves, was of an abstract and aesthetic realm. When I closed my eyes, I saw a lot of geometrical patterns and beautiful colors like I had never seen in my life. It was the atmosphere of *A Thousand and One Nights*, Sheherezade, the world

of sultans, odalisques, gorgeous palaces, and mosques. I remember talking about Moslem architecture. It was like being in Alhambra at the time of its glory.

It was very interesting from the artistic point of view, but there was not a lot psychodynamically interesting material. And I spent also a lot of time with my eyes open. I got fascinated by various rich and intricate optical illusions. I looked at a spot on the wall or the ceiling and saw in it fantastic faces, mythic animals, and exotic landscapes landscapes and so on. At that point, I did not see any deep psychodynamic meaning in that experience, certainly not from a biographical perspective. There were only a few spots where I felt strongly that there was much more there, much more to explore. But even this part of the session was sufficient to awaken in me a general fascination with non-ordinary states of consciousness.

There is no doubt in my mind that it was that part of the session, where I connected with the mystical dimension, that had a profound impact on me and changed the course of my life. For some reason, it happened in connection with the strobe for some reason.

INT: Do you feel the strobe could be utilized in such a manner to induce a powerful opening experience?

SG: It is possible, but I am not sure how general it is.

INT: Have you worked with a strobe since that time?

SG: Some, a few times, but I never had the same kind of reaction. There must have been some special circumstances. I don't know what it was. I don't think it's something that you could predictably repeat.

INT: When you had this initial experience did it rekindle any memory of previous experiences, mystical states, nonordinary states of consciousness you may have had when you were younger?

SG: Well, when I was seventeen years old I spent four months in a Communist prison, as a student. This was shortly after the Communist putsch. A student who was a year older brought to school one of those chain letters that you copy and send to your friends. It asked people to write to the American embassy asking USA to intervene at the United Nations on behalf of Czechoslovakia. The issue was free elections that the Communists had prevented by an armed takeover. And I got one of the letters.

And then somebody to whom this student also gave a leaflet reported it to the police. The police arrested him and within two hours they got from him all the names of the people to whom he had given the leaflets. Shortly after lunch, two men in leather coats came to my home to arrest me and search the apartment. I didn't do anything with the leaflet, simply because I did not have enough time. I got it at about ten o'clock in the morning and at one o'clock they came to pick me up. But it took four months in prison before I was acquitted at a trial, for 'lack of evidence.'

The first part of my stay was tough. It involved intense interrogation, during which they were using special techniques, including a lot of sleep deprivation and physical and emotional stress. I was in a cell with inmates, some of whom were adults and common criminals. There were brutalities, not much food, and uncertainty as to when they will show up and take us for interrogation. Much of it was happening at night and we never knew when they would come back. The intervals lasted from thirty minutes to several hours.

Interrogations took place in a small room with very bright lights shining into my eyes from several angles. I could not see the two men who were conducting the

interrogation, I only heard their voices. They requested that I tell them my life history in great details. Then they let me go and brought me back at irregular intervals, as I said, and let me repeat my story. When they found some discrepancies, even minor ones, they focused on that part and kept prying. This went on for ten days and nights. I was very sleep deprived and under considerable stress.

And that was when I started slipping into nonordinary states of consciousness. And I have to say that, in spite of the precariousness of the situation, I remember that something in me was fascinated by those states. I had enough time during the interrogations to see that there was some other dimension or some other possibility manifesting in my experience. When I started experiencing psychedelic states, I finally understood what this something was. So, this was my introduction to nonordinary states. I was acquitted finally, but I had to wait four months in prison for my trial.

INT: Had you had any previous experience with mysticism or interest or experiences with spirituality?

SG: Well, the interesting and paradoxical thing in my life is that I did not have any formal exposure to religion in my childhood. The reason for this was a scandal in our family. When my parents met and fell in love, it was in a small Czech town. My mother's family was strictly Catholic and my father's family had no religious affiliation. When they wanted to get married, my grandparents from my mother's side insisted on a church wedding, but the local church refused to marry them, because my father was a pagan by their definition.

So, for some time, there was a lot of commotion and turmoil and it seemed that the wedding would not happen at all. But then my grandparents found a solution - a major financial donation to the church. And then the church was willing to release its standards and marry a pagan. And so the dream of my grandparents came true. They lived on Main Street, just across from the church, so they could stop the traffic and roll carpets from the altar to the house. The guests could walk directly from the altar to the banquet. And my parents got so disgusted by this whole affair that they decided not to commit me or my brother to any religion.

As a result of it, when we had classes in religion, my brother and I had a free hour; we could go for a walk, read something, or play. So, I had absolutely no formal exposure to religion. And then, from this situation, I went to medical school, which certainly does not particularly cultivate mystical awareness. In addition, I studied medicine at the time when Czechoslovakia was controlled by the Soviet Union and had a Marxist regime. The establishment made sure that our minds would not get polluted by the 'opium of the masses' and some idealist stuff. Everything that even remotely smacked of religion, mysticism, and idealism was either ridiculed or censored.

But there was something that was important for my spiritual development. My mother was a follower of Paul Brunton, an Englishman who spent some time with Sri Ramana Maharshi in Arunachala, and some time in Egypt, and he wrote a number of books popularizing the mystical teachings. And he traveled all over the world and had groups of followers in different countries. He came to Czechoslovakia a couple of times to lecture to the Czech group and lead meditations.

When I was about twelve years old, my mother took me to participate in one of these groups. The problem was that people in the group spent a lot of time meditating. There was no way I could meditate. I just sat there, bored stiff, thinking about how to get out. I considered it to be loss of time, since there were so many more interesting things. But it was also my first exposure to Indian philosophy and introduction to Sri Ramana Maharshi, to Ramakrishna, Aurobindo, and Tagore. And that was a different

story! I was fascinated and started to read Indian spiritual and philosophical literature. About six years later, it brought me to serious study of Sanskrit.

INT: When you and your colleagues in the early 1950's started to experiment with psychedelics, and mystical experiences were reported—non-ordinary states—what kind of reception did you receive from your colleagues who were not directly involved in the experimentation? How did they respond?

SG: Well, I started to talk about the things that happened, and very quickly learned that this was not to be discussed, because nobody who was not involved in it directly believed it. And so there were just a few people with whom I could discuss openly my research, a small handful of my colleagues, all of whom were actually experimenting with LSD.

And even most of those, who were conducting psychedelic research, used the psycholytic approach with a strictly Freudian orientation and tended to interpret the material biographically. They interpreted the mystical experiences in LSD sessions as regression to primary narcissism and infantile omnipotence and were not able and willing to see that this research opened entirely new dimensions that required radical revision of psychology and psychiatry.

INT: How do you understand that resistance from your colleagues to this remarkable new tool, opening a whole new understanding of the mind, a whole new paradigm of treatment. Why do you think you ran into a wall of resistance, even very early on?

SG: I think people had strong commitment to the theoretical frameworks that they were brought up with. It is certainly not easy to question established authorities, celebrities, people with impressive credentials, university professors, big names in the field, particularly when one is a greenhorn, just a couple years out of the medical school.

I remember a lecture on neurophysiology, given during my medical studies by a famous Czech professor. After his talk about memory, I asked the question: "How far does human memory reach? Can we, for example, remember our birth?" And I got a really scathing and condescending look from this professor. He answered with an air of absolute, unquestionable certainty: "Of course not. The cortex is not myelinated. How could there be a record of birth?" So, something in me was already anticipating my future interest in perinatal experiences. But I certainly got a very, very poor reception for that.

INT: Did you have any senior colleagues or mentors who were supportive of your reports?

SG: No. I had a colleague with whom I was very close, but that was for the laboratory part of my research. He was my mentor in this area and I certainly learned a lot from him concerning research strategy, methodology, and statistics. We conducted many clinical and biochemical studies, on metabolism of serotonin during LSD sessions, on Benactyzine and anticholinergic hallucinogens, and so on.

INT: But as a young psychiatrist you were pretty much going out on your own here.

SG: Pretty much alone for ten years, yeah. We were the only psychiatric research institute in Czechoslovakia and I was the principal investigator in the research into the therapeutic uses of psychedelics. The reports that I wrote and published were very formal and superficial: "We gave LSD in these dosages to patients with these diagnoses, this was the number of sessions, and these were the clinical results. I could not really discuss with anybody the full extent of what was happening in this research.

INT: Is your brother older or younger than you?

SG: He's four and a half years younger.

INT: Did he also go into this area of research, or did he go into some kind of different direction?

SG: No, his primary interest for many years has been research in depression and biological cycles.

INT: Were the effects on serotonin profound?

SG: LSD tended to increase the excretion the 5-hydroxyindolic acid, which is the metabolite of serotonin. If you are interested in the details, I can give you the papers. It was 40 years ago, and my interests have shifted considerably since that time.

INT: Because there seem to be so many areas that research is incomplete.

SG: There were significant changes in the excretion of the metabolite of serotonin, so there was something significant happening there. We were inspired by the Woolley-Shaw hypothesis of the LSD effect and of schizophrenia.....

INT: The what hypothesis?

SG: The Woolley-Shaw hypothesis. It was based on experiments showing antagonism between LSD and serotonin on peripheral tissues and organs. The authors believed that the effect of LSD could be explained by the interference of LSD with the neurotransmitter function of serotonin. And they believed the same to be true for schizophrenia. But there were serious problems with this hypothesis, among them the fact that 2-brominated LSD had a five times higher effect as a serotonin antagonist, but was not psychedelic. But for awhile there was a lot of interest in serotonin in relation to LSD and schizophrenia.

INT: Did you know Milan Hausner very well?

SG: Yeah. Quite well.

INT: Was he involved in the same research study you were? Or did he have a different focus.

SG: He started like myself practicing psycholytic therapy, serial psychedelic session with a biographical focus, using medium dosages. I moved to an expanded model of the psyche that included the perinatal and transpersonal dimensions and included some of the elements of psychedelic therapy, such as increase of dosages, internalized sessions, use of hi-fi music, and emphasis on psychospiritual transformation and spiritual opening. Milan remained true to the psycholytic model.

INT: Stan, you worked with LSD in a Communist country. What was the reaction of the Marxists to LSD?

SG: People frequently ask us: "How come you were allowed to do it, considering the generally anti-religious, anti-spiritual attitude of the Marxist regimes?" It was not very difficult. If you live in that kind of regime you learn how to talk—what you can say, what you can't say, how you report about your research. This was very clear in relation to LSD. We couldn't, for example, mention that people regressed to childhood, and that their experiences had some Freudian elements in them. Freudian psychoanalysis was considered an ideology that was incompatible with the Marxist world view and was banned at the time.

And of course Marxism is against religion, which it sees as the 'opium of the masses' that inhibits revolutionary awareness. So we couldn't naturally talk about the fact that some people had mystical experiences. We knew that would stop the research. We presented our research basically as chemotherapy, which means: these were the diagnoses of the patients, these were the dosages, these were the numbers of sessions, and these were the results. We didn't discuss the phenomenology of the psychedelic experiences and the therapeutic mechanisms involved. It was actually easy to pretend that psychedelic research supported the materialistic view of consciousness and of the psyche. We administered a material substance with a known chemical formula and it changed consciousness. Obviously, things are not that simple, but it worked well as a political argument.

I didn't really talk about the deeper aspects of psychedelic therapy until I came to the United States. Because we all had tacit agreement concerning strategy and 'played by the rules,' there was no resistance against LSD. When I was leaving Czechoslovakia in 1967, LSD was listed in the official pharmacopeia, together with insulin, digitalis, and tetracycline antibiotics, with indications and contraindications. We had a system for obtaining permission to administer LSD or psilocybine. One had to be a psychologist or a psychiatrist, or work under the supervision of one, have five psychedelic sessions under supervision of an experienced therapist, and then conduct 30 sessions with patients under supervision. And then they could apply.

INT: You told us earlier of an experience you had with Dr. Dytrych when you both worked for awhile in an institute in the Soviet Union.

SG: Yes. In 1964, a colleague of mine, Dr. Zdenek Dytrych, and I spent six weeks in the Soviet Union on an exchange program, studying Russian psychotherapy in the Bechterev Institute of Neuropsychiatry in Leningrad and experimental neuroses in monkeys (*Hamadryas baboons*) in Suchumi, Georgia. At the time, Czechoslovakia was besides Switzerland the only country that produced legally and officially pharmaceutically pure LSD-25. This was long before all the scandals and administrative restrictions and LSD was a very respectable drug. As principal investigator heading psychedelic program, I had unlimited supply of the substance.

At that time, the school of professor Myasishev at the Bechterev Institute was the only place in the Soviet Union that practiced psychotherapy somewhat similar to the West. To make things more interesting, we took with us to Russia 300 ampoules of LSD, with 100 mcg in each of them. In the Bechterev Institute we ran quite officially LSD sessions with a number of Russian colleagues. On the day when I gave in the Bechterev Institute a Russian lecture for professionals and the general public, we conducted in the morning an LSD session with Dr. Straumitt, the head of the Department for the Study of Neuroses and Psychotherapy. He insisted to appear at the lecture, while still somewhat under the influence of LSD, and share his personal experience with the audience. It worked out very well and caused a real sensation in Leningrad.

It actually had a very interesting aftermath because, a few years later, I was able to receive indirect feedback about this project. In 1967, when I came to the United States and started teaching at Johns Hopkins University, we had regular guest speakers every Wednesday. And one of the speakers was American psychiatrist with a Russian background, Isidore Zifferstein, who came to give a lecture about Russian psychotherapy.

Zifferstein spoke fluent Russian and every few years, he had traveled to the Soviet Union to study Russian psychotherapy, mainly at the Bechterev Institute. In the USA,

he had established himself as the chief expert on Russian psychotherapy and that was the subject of his lecture at Johns Hopkins. He reported about his recent trip to Russia and expressed his astonishment at the changes he had found in the Bechterev Institute since his last visit. He described vivid interest of the staff in mysticism and Oriental philosophies and spiritual systems, particularly Zen. He couldn't figure out what had happened, since he had not noticed anything of this kind during his earlier visits. We left the rest of the ampoules there and I know that they continued with their experiment. In view of this fact, Zifferstein's observation does not come as much of a surprise.

INT: Stan, could you go back just a minute to that time when you were still back in Czechoslovakia and you started working, yourself, with those higher doses, and just talk a little bit about personally what those experiences were like for you. Those early experiences at the higher doses. And then what the set and setting was that you were in when you took them.

SG: We had a very beautiful treatment room for psychedelic sessions, which didn't look at all like a hospital room. It was very comfortable and nicely furnished, with a couch and an armchair. The armchair was placed on the side of the couch, not at the patient's head like in a few of my initial psychedelic sessions. I would spend probably at least five hours personally in each of the sessions. I had a ward with 18 beds, where just about everybody was experiencing sessions, all the patients. And also all the nurses had training psychedelic sessions. So, both the patients and the nurses had some knowledge of the process and they could support the people who had a session during the rest of the day beyond the five hours I spent with them.

I was so fascinated by this research that, for quite a few years, I was actually doing two sessions a day. I would get up early in the morning, which was not very typical for me. It was a very intense schedule - going to the institute, starting a session, and being there for maybe five hours. Then, after lunch, I started another session. So, this was the setting. In later years, I strongly recommended to the patients to keep their eyes closed and the experience internalized. Occasionally, I played music later in the session, but didn't use it systematically until the time shortly before I left for the United States.

INT: I am interested in what happened when you personally took LSD yourself in those high doses.

SG: I had initially a number of psychedelic sessions in a laboratory atmosphere where there were many interruptions with different testing and laboratory procedure. And then when I started working with patients, I saw that they were having experiences that I didn't remember from the laboratory setting and I was puzzled by that. So, one day when I was alone at home, I decided to take LSD on my own and increase the dosage, to really get the sense what this was about. I took 300 mcg, and within an hour I was in what I call today the second matrix or BPM II. It was a full-blown sort of a no-exit kind of situation, the ultimate kind of existential crisis. I felt that existence was absolutely absurd and meaningless; I couldn't find any sense in anything I have ever done. I was desperately trying to find something that I could hang onto, and whatever I could bring up, the session would just mercilessly destroy it.

When I tried to convince myself that knowledge makes life meaningful, I saw myself spending hundreds of hours in the libraries studying and then envisioned myself aging and not being able to remember what I had for dinner. That was the sad end of the quest for knowledge. Anything else that I could come up with equally mercilessly destroyed. I tried to see the meaning in life in having children, and then I saw these children growing up and dying like myself. I realized that unless I find meaning in my

own life, creating more life that is as meaningless as my own doesn't add any value to my life. So, that was a really difficult time, Dark Night of the Soul.

At one point, I started experiencing tremendous pressure on my head. And I realized that this horrendous situation was related to birthing, that I was in the process of reliving my own birth. I still thought that I would not be able to complete this process, to be born, unless I succeed in finding some meaning in the life that I was going into, unless I convince myself that it was worth living. And then, after about maybe three and a half hours, the experience suddenly opened up into light and bliss, and I felt the meaning in and of life. I didn't solve the problem of meaning intellectually, but I felt it in every cell of my body that it was great to be alive, it was great to participate in consciousness.

INT: After the experience, how were you able to integrate it back into your life? What was that like? It sounds like you were profoundly affected by that experience.

SG: I certainly was. I have never had really major problems integrating psychedelic experiences, which was interesting. I had a lot of very difficult sessions, obviously, but the difficulties always came in the first three or four hours, and then there was sort of an abrupt resolution, and coming down I have always felt great. I felt connected to Nature, to existence, I enjoyed food and drink and the sunsets, music, and the connection to people.

So, my major problem was what to do intellectually with the new insights that had emerged, how to reconcile them with the world view of Western materialistic science, with the academic community, with the culture and society. And the Communist era made it very easy, because you realized that you simply could not even try to communicate about it with the world around you. So, during the time before I came to the United States, all I could do and had to do was to find some private answers for myself.

INT: During that session at home, when you were experiencing the second perinatal matrix, did you actually make that connection that you were in the womb at the time and being born?

SG: I didn't make it for a couple of hours. For a couple of hours it was just the existential horror--great discomfort, emotional, physical suffering, and a sense of utter absurdity of life. I felt a deep resonance with Jean Paul Sartre and with existential philosophers. Life was a 'Theatre of the Absurd'. From the place where I was, the existential philosophers and artists were the only guys who knew something about life. Everybody else was just fooling himself or herself, looking at human existence with fake rosy glasses.

INT: Even though you had this horrendously painful experience, it didn't sway you from continuing your own personal exploration.

SG: No. You see, what I realized in this session was that it was a place within my psyche that I was trying to escape from. And that a lot of the things I was doing in my everyday life were inauthentic, because they were nothing more and nothing else than efforts to cope with this stuff and come to terms with it. This insight generated a tremendous urge in me to get it out of my unconscious psyche, to purge it out. I realized that life could be somehow simpler and easier and more rewarding, that I could surf through it rather than struggle.

I realized that the kind of a linear orientation, that I had in my life -- seeing the present always as a preparation for something better that comes sometime in the future and requires achievement of some specific goal or goals -- was a direct result of the fact that I had not emotionally completed the process of my birth. I was born physically, but

not emotionally. And most of what I was doing in my life and with my life, was a futile and misdirected effort to complete this process by projecting it outside.

You know, I never had had anything approaching depression. So, it wasn't that I was suffering in life. I actually thought I was enjoying life, but it had a kind of a driven quality. I remember reading a book and thinking about ten others that I should read. Or being on a vacation in some beautiful area. Gorgeous snow-capped mountains, blue sky, ideal skiing conditions, and so on. And I would have brought five books with me that I intended to read. Of course, I never got to them, but as I was skiing I was thinking about those rather than being fully in the moment.

And I recognized that this unrelenting drive was somehow related to the unfinished business of birth, that I was always driven towards something that lay in the future, like a baby trying to get out of the clutches of the birth canal. When I got an insight into this process, I called this practice of constant autoprojecting into the future a 'treadmill' or 'rat race type of existence.' Always chasing something in the future and never enough time for anything.

As I coped psychologically with the trauma of my birth, it was bringing me increasingly into the present I developed more of a capacity to appreciate what was available rather than what was missing. I was able to look around and see how I fit into what I can was happening, rather than always pursuing something in the future. Life became more like surfing or martial art performance than a wrestling match. And so, even in this first session, I got a sense that there was this irrational driving force within me that interfered with my ability to enjoy existence.

INT: Which you connected with the drive to be born.

SG: Yeah, something that was within in me hadn't really caught up with the fact that I was already out and free.

INT: Could you say more about how you came to the importance of the birth trauma as part of your psychological system?

SG: It was a combination of what I was seeing in my clients, and what I was experiencing myself. The general idea came very fast, but then the details were filled over the years in my everyday clinical practice. I saw repeatedly people with different diagnoses, from claustrophobia, asthma, migraine headaches to criminal and aberrant sexual behavior and realized that the trauma of birth had played -- naturally in combination with their postnatal history -- a very significant role in the genesis of their problems. And when these people could actually relive their birth and integrate the experience, their symptoms were alleviated or even disappeared.

So, I started seeing that there is this deeper kind of a perinatal pool of difficult emotions and physical sensations in the unconscious that feeds psychopathology. That psychogenic emotional and psychosomatic disorders do not start from scratch after we are born, as Freud had suggested, but that the roots of psychological problems reach much deeper, into the perinatal domain. And then later I realized that there were typically also some transpersonal roots for many of these disorders -- karmic, archetypal, or phylogenetic matrices. So, I started seeing a much richer picture of psychopathology. I realized that the emotional and psychosomatic symptoms were complex multilevel dynamic systems, rather than just disturbances created by postnatal biography. But that took a lot of observations.

INT: Did you find that working clinically with patients with some of these disorders you're talking about, such as asthma, psychosomatic disorders, and so on - that working them through a trial treatment with psychedelics, using this model was

effective? What was the outcome of these patients? For instance, did their asthma improve? Did you observe this?

SG: Yeah. A number of things happened. But it is important to emphasize that the clinical results are closely related to the way psychedelics are used. The approach we used in Prague, which we called psycholytic therapy involved medium dosages and an entire series of sessions. Initially, it was not mandatory for the patients to close their eyes, so they spent quite a bit of time looking around, looking at me, and talking. This was extremely interesting in terms of mapping the psyche and understanding the processes which were involved.

In the early years, I spent a lot of time trying to figure out why the patients saw me the way they saw me at any particular time. Suddenly they saw me as a panther or as a supreme judge or as Hitler or a magician. They looked around and the treatment room was transformed into a cabin on a Pacific island, a salacious bordello, or into a death row. We spent much time using free associations, trying to understand the psychodynamic principles involved and doing very much what you would with dreams in psychoanalysis. This led to many fascinating insights. My patients called it 'onion peeling of the unconscious,' since it revealed a lot about the different levels of the unconscious, how they were interrelated, and how they participated in the genesis of symptoms.

But in the course of this work, I realized that this approach fostered psychological understanding, but was not the most effective way of using psychedelics. All that analysis and, particularly, the externalization of the sessions was definitely at the expense of therapeutic efficacy. It became obvious that when you increase the dosage and internalize the session, clients reach much faster the levels of the psyche where radical transformation happens, which is be the perinatal or the transpersonal level. And then when I came to the United States, in our Maryland research, used systematically the psychedelic approach.

This included internalization of the sessions, an essentially non-verbal approach, eyeshades, headphones, and larger dosages. With this strategy, the results are much better and come. The price that you pay is that you don't understand why the changes happened. You get more understanding in the psycholytic therapy, but the results are not as impressive as they can be with the psychedelic approach. The two approaches in a sense complement each other and made it possible to develop an effective clinical tool based on solid theoretical principles.

INT: So, you did not do much high-dose work in Prague?

SG: We usually did not go over 200-250 mcg and generally gave less than that.

INT: Right. I imagine you treated a variety of patients. Were there particular kinds of patients that consistently responded well, versus other groups that were less responsive?

SG: Yeah, we had the best success with alcoholics and hard drug addicts, diagnostic categories that do not readily respond to other forms of treatment. We also had very good results in depressed patients, individuals suffering from various phobias, and persons with various psychosomatic disorders, such as asthma and migraine headaches. Very impressive were the effects LSD therapy had on terminal cancer patients. It often relieved pain, even pain that did not respond to narcotics. Most important in this group was dramatic emotional improvement, alleviation of the fear of death, and transformation of the process of dying.

We were least successful with severe obsessive-compulsive patients, who were generally extremely resistant to psychedelic therapy. I described in one of my books a case history of a patient with a really severe obsessive-compulsive neurosis, where I started with 100 mcg of LSD and there was absolutely no reaction. I kept increasing the dosage and went up to 200 mcg, 500 mcg, and 1000 mcg, to no avail. I finally gave him 1500 mcg of Sandoz LSD intramuscularly. And it was like it was saline, nothing happened.

In the middle of the session, he was bored and a little hungry, so I took him to a little kitchenette we had on the ward. He seemed to have it so well together that I let him cut a piece of bread and open a can, and put some liver paste on the slice. He ate it and we walked back to the treatment room. When we passed by a social room, he saw a couple of the patients playing chess and he wanted to join them, since he liked to play chess. With 1500 mcg of Sandoz LSD administered intramuscularly, he was actually capable of playing chess and played quite well. And it took about 30 sessions with that patient before he started regressing into childhood and having sessions like other patients.

INT: Did his obsessive-compulsive symptomology get resolved?

SG: We never really saw a significant breakthrough in this particular patient and, as I said, the results were generally least impressive in the obsessive-compulsive category. I understand now that the extreme resistance of these patients was related to the fear that letting go would lead to loss of control over the anal sphincter, which is not only the worst nightmare for these patients, but also a major societal taboo.

INT: What about schizophrenic patients? How did they tend to respond?

SG: I worked with a few psychotic patients in Prague, but I would not necessarily call them schizophrenic. In Europe, the diagnosis of schizophrenia is much narrower. It is what German psychiatrists call Kernschizophrenie, or core schizophrenia. When I came to the United States, I realized that here the diagnosis of schizophrenia was used much more loosely and liberally. In general, we had great success with psychotic patients. While the obsessive-compulsive patients have very strong defenses, in psychotic patients the process is already underway and is by its nature healing, or at least has a healing potential needs. They need support and encouragement. This is the basic idea behind the concept of 'spiritual emergency' that Christina and I formulated. The administration of LSD helps to accelerate this process when it gets stuck.

For example, I remember one patient, who had a very violent alcoholic father who brutally abused the entire family. His father committed suicide and the patient found him and went into a state in which he felt that the father's ghost was chasing him. He ran away from home and was roaming around, drinking and taking drugs, sleeping in the forest and on benches in parks, stealing things and leaving restaurants without paying for the meals. LSD therapy helped him a lot. Following treatment, he got married, had a family, and was able to keep a job.

Another psychotic patient was a psychologist, who had an erotomanic delusion that her boss was desperately in love with her and was having sex with her at a distance, resulting in wonderful orgasms, something she was incapable to achieve in her ordinary life. She was completely transformed by LSD therapy and the improvement has lasted until now. I had a chance to see her during my visits to Prague after the liberation. Both of these patients had a very good working relationship with me. I would not conduct LSD therapy with patients who would be paranoid with persecutory hallucinations and delusions and would include me among the persecutors.

INT: Did you ever work with very psychologically disturbed children? For example infantile psychotics, autistic children, and so on?

SG: No. I never felt comfortable with giving psychedelics to children. To my knowledge, the only place where they used LSD with neurotic children was in South America. For example, Doctor Fontana in Argentina.

INT: And in the US, Loretta Bender.

SG: Yes, Loretta Bender worked with children, but those were autistic. And this was not really psychotherapy. She was just basically feeding them LSD, about 150mcg every day for many months, if I remember correctly.

INT: Also Gary Fisher did some similar work in Los Angeles in the 1960's.

SG: Yeah.

INT: Is there any way to estimate how many patients you've treated with psychedelics?

SG: Not exactly how many patients, but I counted at one point that I personally conducted over 4,000 psychedelic sessions.

INT: In Prague, or Prague and the US?

SG: Altogether. This included the work in Prague and in the United States.

INT: Could you comment perhaps on, in terms of your personal experience with psychedelics and that which you have observed in people you have worked with, how have psychedelics affected your beliefs on human nature and human potential?

SG: Well, my original training was in Freudian psychoanalysis, where the picture is pretty grim. It is the idea that our deepest nature is bestial and any positive values basically are either reaction-formations, sublimations, or compromise formations. When I was in my training analysis, when I would bring up some positive values, my analyst would always put them in perspective. If I talked about love, it was desexualized interest in my mother, mentioning beauty was betrayed my interest in feces, that the superego turned around, and so on.

I have to say that my analyst was very, very Freudian. He talked about himself as being 'probably more Freudian than Freud himself,' that means he would not accept any of the later Freud, such as Freud's speculations about Thanatos, the death instinct, and so on. My analyst also rejected Otto Rank's theory concerning the birth trauma. And Jung, according to him, was a mythomaniac, who tried to justify his own psychosis. Whatever Jung has written had, according to my analyst, no general clinical relevance. So, he was pretty narrow-minded and orthodox.

INT: We were in the middle of the discussion about human nature, human potential. Do you want to finish it?

SG: So, this Freudian image of human nature really dissolved for me during the psychedelic work. I realized that all those things that Freud talked and wrote about are certainly part of the human psyche - all the sexual impulses of various kinds, the

aggressive impulses, scatological inclinations, and so on. But I came to the conclusion that these do not represent our true deepest nature. They are like a screen that separates us from who we really are, which is divine rather than bestial. So, the image that emerged out of my research was quite similar to the Hindu image. Our true essence is more like Atman Brahman than like the instinctual inferno that Freud described.

I also saw people repeatedly moving in the direction that Maslow described so eloquently, detaching from the values which were imposed on them by the society, their culture, by the parents, and discovering their own value system of higher values. Maslow calls them metavalues, such as appreciation of justice, beauty, or genuine feelings of love. He also talked about metamotivations, intrinsic tendencies to pursue these values. They lead to a sense of connection with other people, with Nature, and with God and to spontaneous development of ecological sensibilities.

INT: One of the debates among people who have a positive opinion of psychedelics is whether there is something inherent in the substance itself that promotes values, or if it is the set and setting, or just the karma of the person taking the psychedelic that leads to these kind of insights.

SG: I see psychedelics as a tool which can be used in many, many different ways. It certainly makes a big difference who is using them, for what purpose with whom, and under what circumstances. I believe that the set and setting, are absolutely critical. And it does not apply only to our society, where we had the CIA and Pentagon experiments and Charles Manson's gang, and so on. It is true also for native societies.

There is an interesting footage by Napoleon Chenon, who did the work with the Yanomamo Indians, a tribe that lives on the border of Venezuela and Brazil. They cultivate about 18 psychedelic plants and use them all. They are known for the long tubes they use for blowing psychedelic snuffs into each other's noses. In this footage you can see the Yanomamo shaman doing a healing ritual for the people of his own village and the next piece of the footage shows him using the same substance for hexing the children from the neighbors' village with whom they have some conflicts. So, I think the use of psychedelics gives access to psychospiritual knowledge and power, but it does not necessarily, in and of itself, give you a specific direction and guarantee a benevolent outcome.

INT: How have your experiences in this domain affected your view of death, what death is all about? How did you view it previously in your work with psychedelics? How has that modulated?

SG: Coming from a materialistic background, and having had medical and scientific training, I used to see myself as a body, as a body ego. And I saw my consciousness as the product of the brain. So, it seemed absolutely obvious that when I die, the brain dies, and that is the absolute end of who I am and of any form of consciousness. That has changed very significantly, because many of my experiences took me beyond what I considered to be death. And I saw something similar in many people I have worked with. I cannot say that I am absolutely sure, but I feel that it is very plausible that when the body dies, conscious activity continues.

I personally believe that it is going to be similar to what I experienced in some of my psychedelic sessions. We actually conducted psychedelic therapy with over 200 cancer patients. We observed several instances where the patients had psychedelic experiences and later, when the cancer advanced, they had actual near-death experiences. For example, one of these patients developed obstruction of the ureter caused by a metastasis and they during the operation aimed at relieving it, he had a cardiac arrest. This was after he had had, I think, two or three psychedelic sessions.

And then when we talked with him afterwards he said that he was glad he had had these sessions, because the experiential territory of death was not new for him. So, he compared, actually, those two categories of experiences and found them similar, if not identical.

INT: Listening to these patients, you have a sense that psychedelic work can be a preparation for death?

SG: Oh, I have absolutely no doubt about it. I see actually not just psychedelic sessions, but any kind of a powerful ritual activity – such as shamanic procedures, rites of passage, and ancient mysteries of death and rebirth - as being in a way experiential training for death. I am quite certain that the psychedelic experiences prepare us for dying. And I believe that any kind of psychospiritual death and rebirth, whether it involves psychedelics or some powerful non-drug mind-altering technology, represents a preparation for dying, 'dying before dying.' When we are incarnated, we have to go through the experience of dying sometime, but we do not have to wait until the time of the biological demise. We can do the homework while we are still alive, so that we develop a sense of transpersonal identity.

Once that happens, we do not identify any more with the body, but have a much larger sense of ourselves. When we are dying, it is our body that is dying, it is not us dying. Abraham Santa Clara, an Austrian-German Augustinian monk from the 17th century, put it very succinctly: "The man who dies before he dies does not die when he dies." And I really can support it by the observations from my own sessions and from the sessions of many others that I have seen.

INT: Over the years, how have your psychedelic experiences shaped your life? And how have you used psychedelics on an ongoing basis? In other words, have you continued the interest, and would you recommend that to people? Or did you get the message and then hang up?

SG: I think I have had periods where I felt real urgency to continue, particularly in the early period when I discovered the existence of the perinatal area in my unconscious and how it brought inauthenticity into my life. I realized that under its influence I was pursuing a lot of goals that could not bring me what I expected from them and that this false life strategy prevented me from appreciating the present moment. So, I felt real need to rectify this situation and I did a number of sessions in relatively short intervals. Later I got to the point where it was always interesting to have a psychedelic session, but if I would not have another one for the rest of my life, it did not seem to be a tragedy. Which is very much where I am now.

INT: How do you see the value of the psychedelic experience to the evolution of the transpersonal movement? Were psychedelics essential to the development of transpersonal psychology?

SG: They were certainly important, but not essential. Transpersonal psychology was also drawing on several other sources, particularly Maslow's study of spontaneous peak experiences. And we were also aware of some other areas that were not adequately represented in previous three 'forces' of psychology, for example various mystical traditions, Eastern spiritual philosophies, meditation practices, shamanism, and so on. And even such categories as love and creativity. But psychedelic research played a significant role, especially because experimentation with psychedelic substances was such an important part of the Zeitgeist of the 1960's.

When I came to the United States, I conducted regular workshops at the Esalen Institute. And during one of my early visits, Paul Herbert, who had been recording all major Esalen events, kept the archives ('Dolphin Tapes'), and knew everything about

people in the field, came to me and said, "You know, Stan, what you're talking about is very much like what Abe Maslow's has been talking about. Only he studied spontaneous mystical experiences, not states induced by psychedelics. I think the two of you should meet."

The story of our first meeting is very amusing. I had at that time a large manuscript, entitled *Agony and Ecstasy in Psychiatric Treatment*, summarizing the observations and experiences from my European psychedelic research. By the way, this book has never been published. I later used it as a source for five or six of my books, covering its different aspects in a more extensive way. I made a copy of this manuscript and sent it to Abe. He sent me a very enthusiastic letter and referred to my findings as the 'forty inch cannon of the new psychology' and as 'the most important contribution to personality theory in several decades.' And he was particularly excited about the parallels with his own research and invited me to come to see him in Boston.

I arrived at the Maslow residence in Boston and rang the bell. Abe's wife Bertha came to answer the door. And I had the distinct feeling that I was not welcome. It was almost like she was blocking the way into the house with her body. I did not know what was happening. Later she told me that when Abe had received my manuscript, he was recovering from a heart attack, and that he got so excited about the parallels between our findings that she was worried what it would do to its health if the two of us get together for a brainstorming session.

We spent the whole day in a very interesting discussion and, at the end, Abe invited me to join a small group that was formulating the principles of a new psychology. This group included, besides Abe and myself, Tony Sutich, Jim Fadiman, and Sonja and Gaby Margulies. And Viktor Frankl, the founder of existential psychotherapy from Vienna, came to one of our sessions as a guest.

Abe and Tony had launched about a decade earlier the movement of humanistic psychology that, as you know, had become quickly very popular. But they themselves felt that they had left out some important dimensions of the psyche and that psychology needed to be more encompassing than they had originally thought. The most important addition was the recognition of the spiritual dimension of the human psyche.

The need to transcend humanistic psychology was reflected in the name Abe and Tony wanted to give the new psychology; they originally wanted to call it 'transhumanistic.' And initially, until I joined the group, they had not taken into consideration psychedelics. But once they became acquainted with the material, they saw it as a viable contribution.

INT: Maslow endorsed it, even though he had not had any personal experience?

SG: Oh yeah, he loved the material. In the cartography of psychedelic experiences that I outlined I had a category of experiences that I called 'transpersonal.' Abe liked the term very much and actually used it to replace the original name transhumanistic.

INT: You used the word?

SG: Yes.

INT: You were the one who came up with that word originally?

SG: Yeah.

INT: Really? I didn't realize that.

SG: Yes. Tony Sutich attended one of my Esalen workshops and heard my talk about perinatal and transpersonal experiences. He liked the term transpersonal and passed it onto Abe. They were both so intellectually interested in the subject that they were not concerned about legal or political issues and problems. It did not make any difference to them that the material I was bringing came from psychedelic research. They were really fascinated by it.

INT: I am interested in hearing a little more about what led to your leaving Czechoslovakia for the US and what you found in the US. A bit about your work. But also your sense of why did work with psychedelics grind to a halt? Your take on that.

SG: We couldn't travel at all under the Communists for a number of years and then the political situation started opening up. The political leaders in Czechoslovakia wanted to create what they called 'Communism with human face.' It was something similar to Gorbachev's *glasnost* and *perestroika*, only much, much earlier and limited to Czechoslovakia. There was a radical liberalization going on and it finally went so far that the Russians could not control Czechoslovakia any more politically and they decided to invade the country by force. This ended this interesting political experiment. But, in the meantime, we got the opportunity to travel abroad.

The first time I could leave Czechoslovakia and travel to a Western country was 1964. I went to a conference of social psychiatry in London, which had a symposium on LSD. There I met Betty Eisner and a few other American LSD researchers. And, at the end of the congress, I got the invitation from them to come to the 1965 conference on LSD psychotherapy in Amityville, Long Island. So, the following year, I traveled to the US and stayed here for a couple of months.

When I arrived, I had only about fifty dollars and a return airplane ticket to Czechoslovakia. But, by that time, I had enough connections, so that I could stay in private homes and I also made some extra money by giving lectures at universities, research institutes, and hospitals. I managed to stay in the USA for two months. And during my stay, I gave a talk at Yale University in New Haven, CT.

Dr. Fritz Redlich, who was at the time Dean of the Medical School, came to hear me and liked my talk. At the time, he was on the board of the Foundations Fund for Research in Psychiatry in New Haven, CT. He arranged for me a very generous scholarship that made it possible for me to come back to the United States and actually choose what I wanted to do here professionally. I had at that time no hope that it would be LSD research. This was 1965 and the situation with psychedelics was already becoming very problematic because of Tim Leary and the unsupervised use of psychedelics by the young generation.

But I was so excited about the possibility of just getting out of Czechoslovakia and spending some time in the USA that I was willing to interrupt my psychedelic research and get involved in some other kind of professional activity.

But it turned out that one of the participants at the Amityville conference was Dr. Joel Elkes, who was Chairman of the Henry Phipps Psychiatric Clinic at the Johns Hopkins University in Baltimore, MD. He was deeply interested in psychedelics and had plans to

start an LSD research project at Henry Phipps Clinic. And, synchronistically, he also was a board member of the Foundations Fund for Research in Psychiatry. He invited me to use my scholarship for this new project at Johns Hopkins. Obviously, I was overjoyed and could not believe my good fortune.

So, in March 1967, I arrived in Baltimore prepared to start a psychedelic research project at Johns Hopkins. But when I arrived, I found out that about a week earlier laboratory researcher Maimon Cohen had published a paper on the effect of LSD on chromosomes. The information in this paper, hyped up by sensation-hunting journalists triggered a wave of mass hysteria concerning possible genetic damage in the offspring of LSD users. And, naturally, under those circumstances, Joel Elkes did not want to initiate a new psychedelic research project until this issue would get clarified.

But, again synchronistically, the last surviving psychedelic research project in the USA happened to be in Baltimore at the Spring Grove State Hospital. And so, instead of starting a new project at Johns Hopkins, I joined the Spring Grove group. But I was already assigned to Johns Hopkins, so I ended up teaching, technically, half-time at Johns Hopkins and half time doing research at Spring Grove. But, actually, I spent much more time with the Spring Grove group, where my heart was. I was not that interested in what was happening at Johns Hopkins which, in spite of Dr. Elkes' efforts to introduce new spirit, was standard traditional psychiatry.

INT: You were at the Phipps Clinic for a while?

SG: Seven years altogether, practically during my entire stay in Baltimore. The first two years as a Clinical and Research Fellow and the rest as Assistant Professor of Psychiatry.

INT: Teaching about psychedelics or standard psychiatry?

SG: I gave a few lectures about different aspects of psychedelics, mostly for the staff. But I spent most of my time there supervising students who were conducting training sessions with psychiatric patients.

INT: Stan, could you talk a little bit about the work at Spring Grove and the Spring Grove days?

SG: For me that was a very exciting time. Not only was I freed from the clutches of the Communist system and was able to live in the United States, in the free world, but I suddenly was part of a group of about eight people who all were interested in the same thing -- psychedelic research. And, for the first time, I had the opportunity to talk about it freely; this was quite extraordinary. There were some remarkable people there.

The Maryland Psychiatric Research Center where I worked was headed by Al Kurland and Director of Clinical Studies was Charles Savage. Walter Pahnke joined the staff at the same time I did. He was my age and this was his first job. He had studied at Harvard and first got an M.D. degree. Then he continued his studies there and received a PhD degree. And, finally, he topped it with a divinity degree. He was a very energetic person and put a lot of effort into starting a project of psychedelic therapy with terminal cancer patients. This was an extraordinary program, very moving and fascinating work, one of the most interesting things I have ever experienced in my entire life.

Other members of our staff included Sandy Unger, Bill Richards, Sid Wolf, John Rhead, Helen Bonny, and a few others. There were also some young people who joined us to study with us, such as Rich Yensen and Franco DiLeo. So, it was a very, very exciting time. I could not believe that I was able to do what I was interested in and get paid for it.

INT: You left after a few years to go to Esalen. Could you explain that?

SG: I stayed in Baltimore altogether seven years. In 1973, I got married to anthropologist Joan Halifax. At that time, it was more and more difficult to get permission for new projects and the necessary financial support. The research was slowing down. I had amassed over the years an enormous amount of data and I dreamed about a possibility to take some time off and write it down. LSD was making headlines and, after Walter Pahnke's untimely death in a scuba diving accident, I found myself in a position of heading the last clinical research with psychedelics in the USA.

It was particularly our widely publicized research with cancer patients that had attracted the attention of the public to our research team. Within a single month, I received twelve different offers from publishers to write a book about psychedelics. I accepted the offer from Viking Press and the advance royalties made it possible for me to take a year off, just to analyze the data and write a book. In addition, in a New York party in the apartment of Lenny and Bob Schwartz, I connected with Michael Murphy, the cofounder of the Esalen Institute, whom I had known since my first trip to the United States, when Virginia Satir took me for a visit to Esalen.

Michael asked me what I was doing and, when he heard that I had been offered advance royalties to write a book, he said to me: "Why don't you come to Esalen? Esalen is one of the most beautiful places on earth." This offer gave me the opportunity to move to Esalen, which I loved, and to have a year of paid vacation to write a book. So, I took the chance. In addition, Joan was at the time very unhappy in Baltimore. When we got married, she had resigned from her job in Miami and was not able to find adequate replacement in Baltimore, where we lived.

INT: Were you surprised that all research with psychedelics was shut down at that time. And what is your understanding as to the dynamics behind that?

SG: The most important reason was probably the fact that the use of psychedelics shifted from supervised clinical work to an elemental Dionysian mass phenomenon. And people who were taking psychedelics were significantly different from the rest of the society and they violated the established cultural rules. They were easily identifiable by their long hair, beards, unusual clothing, and cars painted in psychedelic colors.

In large public gatherings of the hippies in places like the Golden Gate Park, Washington Square, and Woodstock, there was nudity and uninhibited intimacy. The hippies also were the visible troublemakers who gathered in front of the Pentagon in large crowds protesting the war in Viet Nam, and so on.

I think this probably this was the most significant factor, because LSD was very reputable before this mass use started. One of the pioneers of psychedelic research, Sidney Cohen, wrote a very interesting paper summarizing the side effects of LSD in about 25,000 patients reported by various therapists. He showed that the risks were really minimal when the experimentation was done in a responsible, disciplined, and supervised way.

Before the advent of psychedelics, psychiatrists were using treatments with incomparably higher risks, such as insulin comas, electroshocks, and lobotomy, where bone fractures, 1% mortality, and massive brain damage were considered acceptable risks. And the introduction of lobotomy by Edgar Moniz was seen as an innovation worth a Nobel Prize. In my opinion, there was no medical reason to discontinue LSD research. What we saw was collective hysteria fomented by the journalists. Had the work continued just within the clinical settings, I am sure it would have survived.

INT: How do you see the effect this abolition of sanctioned investigation with psychedelics had on LSD research?

SG: I see it as a travesty and a tragedy. The repressive legislation had hardly any effect on unsupervised use, but it effectively killed all responsible scientific research. It did not in any way influence the opportunity for teenagers to buy black market psychedelics on every street corner and made the use of substances more tempting and attractive. The principal victim has been scientific progress. In my opinion, psychiatry has lost the most promising heuristic and therapeutic tool it has ever had. I feel very sad about it.

Even if psychedelic therapy *per se* will not be allowed to continue, during the golden era of psychopharmacological research important observations were made that have the potential to revolutionize psychology and psychiatry. But the academic circles have refused to face them and take them seriously. I can also understand why it happened, why it was difficult for psychiatry and psychology to accept psychedelics as a tool and face the conceptual challenges.

If you look at a therapeutic session with LSD, what is happening there seems much closer to what a traditional psychiatrist sees as psychopathology than something that could be conducive to healing and positive transformation. This was clearly reflected in the terms used in professional literature in relation to psychedelics: 'psychotomimetic substances,' 'hallucinogens,' 'experimental psychoses,' 'altered states of consciousness,' and so on.

So, what you see in psychedelic sessions is certainly very different from what is considered to be psychotherapy, which is face to face talking at the desk or lying on the couch and free associating in a very disciplined way. In my training years, if you were too active emotionally or physically on the couch, it was called 'acting out,' and was emphatically discouraged. And if you did it, you were not considered a good candidate for psychotherapy.

Psychedelic sessions have much more similarity with shamanic procedures and aboriginal healing rituals that civilized people tend to label 'savage' and 'primitive'. At the time, it was very unfamiliar to our culture, in general, and to the psychiatric profession, in particular. The tendency to see psychedelics from a pathological perspective was also supported by their capacity to activate symptoms and occasional occurrence of prolonged reactions, 'flashbacks,' and psychotic breaks.

Those of us who have done systematic clinical work with psychedelics, see these phenomena as something that is related to the dynamics of the unconscious and to the homeopathic nature of the effect of psychedelics. Activation of symptoms is an integral part of the healing effect and not a complication. And negative aftereffects can be

minimized by elements of set and setting and by specific interventions, such as focused experiential work using breathing and bodywork.

Another major reason for the opposition of traditional psychiatry against psychedelics was the fact that the reports of LSD researchers included many elements that seemed too fantastic to be true - not only in regard to the therapeutic potential of these substances, but also in regard to the phenomenology of the psychedelic state. The kind of things that happen in psychedelic sessions simply should not happen, should not be possible, if the current scientific paradigm and current psychiatric theory are correct.

Among these phenomena are reliving of the trauma of birth and even prenatal episodes, authentic identification with other people and animals, experiential excursions into the historical and archetypal domains of the collective unconscious, past incarnation memories, extrasensory perception, astral projection, cosmic consciousness, and many others.

INT: Do you feel that after this virtual 25-year ban on working with psychedelics the culture is now more ready to work with these tools?

SG: In many ways, the present situation is very different from the 1950's. For example, we have several non-pharmacological therapeutic methods, which are very powerful, and can trigger the same spectrum of experiences as psychedelics, including the perinatal and transpersonal phenomena. Therapists using neo-Reichian approaches, primal therapy, rebirthing, or Holotropic Breathwork are comfortable with intense emotions or intense physical experiences. They also see a variety of transpersonal experiences. So, for them adding psychedelics to their approaches would seem almost a logical step, an intensification and deepening of what they are doing already.

In addition, monistic materialism and the Newtonian-Cartesian paradigm that represented serious conceptual obstacles for the acceptance of psychedelic phenomena have been seriously challenged and eroded by revolutionary advances in science. Equipped with the holographic theories of David Bohm and Karl Pribram, Rupert Sheldrake's concept of the morphogenetic fields, Ilya Prigogine's discovery of the dissipative structures, the chaos theory, Ervin Laszlo's hypothesis of the 'psi-field,' and similar tools, researchers have a better chance to face the strange world of psychedelics.

I would also like to mention some extraordinary evidence coming from other areas, particularly the widely publicized and generally known thanatological observations showing that disembodied consciousness maintains the capacity of visual perception. Ken Ring is now in the middle of a large study of congenitally blind people demonstrating that in near-death situations their disembodied consciousness can see. Mainstream psychiatry and the academic circles have managed so far to ignore this shocking conceptual challenge that, in and of itself, has the power to shatter current beliefs about the relationship between consciousness and the brain.

There are also some political factors that might be favorable to the return of psychedelics into our culture. People who are now coming into power were on the campuses in the 1960s and they don't have the same kind of fears and misconceptions that the old generation had concerning these substances. Many of them actually had personal experiences with them. I think that is an element that should not be underestimated.

INT: Stan, the confluence of your personal experiences with psychedelics and the work with the patients that you worked with in the early years led you to create a map, a new cartography for the understanding of consciousness, psychopathology, and psychotherapy. And I was wondering if you could say a little bit about that map.

SG: The map, the cartography of the psyche that I brought into my psychedelic research, was the system developed by Sigmund Freud. My analyst, Theodore Dosuzkov, an orthodox Freudian and president of the Czechoslovakian Psychoanalytic Association, accepted actually only the early (pre-Thanatos) Freud. He emphatically rejected Otto Rank and Wilhelm Reich and called Jung 'a mythomaniac who was trying to justify his own psychosis' and whose work had no general clinical relevance. So, what I brought into this work was a very narrow psychoanalytical approach trying to explain everything in the context of postnatal biography and the individual unconscious which, to a great extent, is also derived from postnatal biography.

And, in a sense, the early sessions with medium dosages of LSD looked almost like a laboratory proof of the Freudian concepts. Czech patients who, as a result of the drastic suppression of psychoanalysis by both the Nazis and the Communists, had absolutely no knowledge of Freud were spontaneously discovering classical sort of Freudian material. But this didn't last very long. As the serial sessions continued, sooner or later every single person would transcend this narrow conceptual framework. We started encountering phenomena that are not described in traditional psychoanalytic literature.

At that point, I was in an unfamiliar territory and I felt I was losing solid conceptual ground. I was administering this new powerful substance to my patients and was responsible for the process. At the same time, I did not have a clue what was happening. It was very difficult and I felt like I did not want to continue. And yet, something within me was saying: "This is fascinating and has to be pursued. Continue, go on!" My own sessions helped me very much to get the courage to continue and overcome this impasse. I gradually started to understand and trust the phenomena involved in this process.

So, for about three years, I just continued running psychedelic sessions with my patients, giving the best support I was able to give under the circumstances. I asked my patients to write subjective reports about their sessions and I kept detailed records about my own observations. After a series of sessions I could then review this documentation trying to make some sense out of it. And I was carefully mapping these experiences, which went beyond psychoanalysis. I also continued having my own sessions and compared my experiences with those of my patients.

At the time, I felt I was creating a new cartography of the psyche, which was made possible by this powerful new tool. I started seeing LSD like something comparable to a microscope or a telescope. The discovery of the microscope made it possible to explore the microworld that before had been unknown. Similarly, the telescope opened up the study of new galaxies. When you have a new tool, you can explore new dimensions, new domains, that were not available before.

But when I completed this map in its basic outline, I realized that this was not a new cartography at all. I started seeing similarities with various systems that had been around for centuries or even millennia. There were definite connections to shamanic maps, to different systems of yoga, various schools of Buddhism, to Sufism, to Kabbalah, to alchemy. And there were significant overlaps with the psychologies of Otto Rank and C. G. Jung.

When I finally completed this map so that it contained all the major experiences occurring in psychedelic sessions, it had three major domains. The first of these domains was the realm of postnatal biography and the individual unconscious, which my map shared with traditional psychology. As a matter of fact, traditional psychology mistakes this domain for the totality of the psyche; this is what all academic psychology is about.

But there were a few differences. For example, in traditional psychiatry, physical traumas are not considered to be psychotraumas, whereas in my cartography they play a very important role. Such experiences as near-drowning or severe whooping cough during which the child almost choked to death, fractures, and operations play an important role in the psychogenesis or emotional and psychosomatic symptoms. I also found out that traumatic experiences are arranged in the unconscious in the form of dynamic constellations that I call *systems of condensed experience* or *COEX systems*. But, by and large, the biographical level of my map was very similar to the traditional psychological map.

However, my map had two additional transbiographical domains. I called the first one of these *perinatal*, which means "pertaining to childbirth," being meaningfully related to childbirth. And then there was another realm which I called *transpersonal*. The core of the perinatal experience seems to be the memory record of biological birth. This is a very important domain for many people, depending on how difficult their delivery was. It makes a difference whether it happened within an hour or whether it lasted three days. There are deliveries in which the child and/or the mother almost died, the child was severely asphyxiated, or even died and had to be resuscitated.

INT: I am curious. In that regard, the influence of having a Cesarean birth?

SG: Cesarean people can have very different kinds of experiences, since the operation is performed for various reasons and under various circumstances. There are people who will say "I am Cesarean born," and it turns out that it was an emergency cesarean section after fifty hours of difficult delivery, where the mother and child were almost dead when they were brought into the hospital.

INT: An elective Cesarean would bypass what you call the second and third perinatal matrix, BPM II and BPM III.....

SG: Yes. We worked over the years with many cesarean people using psychedelics or Holotropic Breathwork. When they regress to birth, they would experience elements of cesarean birth. This involves open wounds, gushing blood, sharp objects, and so on. While vaginally born people feel either triumphant at birth or overwhelmed and defeated by it, depending on circumstances, people born by elective Cesarean section typically feel cheated out of the prenatal situation and even betrayed. So, the experience has different characteristics.

The experiences on the perinatal level come in four distinct experiential patterns characterized by specific emotions, physical feelings, and symbolic images. I refer to them as *basic perinatal matrices (BPMs)*, since they reflect the consecutive stages of birth. BPM I is related to the advanced stage pregnancy immediately before the onset of the delivery. BPM II reflects the stage in which the child experiences contractions in a closed system before the cervix opens (first clinical stage of delivery). BPM III portrays the situation of the struggle through the birth canal after the cervix has dilated

(second clinical stage of delivery). And the last one, BPM IV, is associated with the moment of birth, with the actual emerging from the birth canal (third clinical stage of delivery).

These matrices have very specific physical and emotional manifestations, very characteristic symbolism, and they seem to be meaningfully related to different forms of psychopathology. For example, BPM II underlies claustrophobia and, on a deeper level, inhibited depression. BPM III has a distinct sexual component; the choking and pain tends to create a strange sexual type of arousal. This constitutes a deeper root for various sexual dysfunctions, deviations, and perversions. Psychogenic asthma draws a significant part of its symptoms from the suffocation at birth, and so on.

And then there is the transpersonal level. Here belong experiences in which we transcend the usual boundaries of the body ego, of the three-dimensional space, and linear time. We can identify experientially with other people, experience group consciousness, identify with different animals, and even plants. We can transcend time and experience sequence from another century and other geographical areas. Sometimes this happens with a sense of a personal remembering and people talk about past-life or reincarnation experiences. We can also experience astral projection into various remote areas.

There is also a category of transpersonal experiences that can take us into the mythological realm of the Jungian collective unconscious where we can encounter archetypal beings or even become them. We can experience heavens, paradises, and purgatories of different cultures, even if we do not know intellectually the corresponding mythologies.

This extended cartography portrays the individual human psyche as being ultimately commensurate with all of existence. It shows that there are no absolute boundaries between the individual psyche and the Cosmic Psyche, the Universal Mind, or Absolute Consciousness. At least potentially, if not actually, each of us has experiential access to anything that is happening or has happened in spacetime, as well as in other, ordinarily invisible, dimensions of reality, including the archetypal realms. This model which is very similar to the Hindu concept, according to which Atman, the individual self, is identical with Brahman, the Universal Self.

INT: Stan, could you maybe elaborate a little on that, because you have been talking about the insights these experiences gave you into the levels of the psyche, and that the highest levels start to give some insights into the nature of reality and the universe. And one of the distinctive things you have done is piece those very deepest, most powerful experiences into an integrative map or understanding of the nature of reality and the cosmos, consciousness, etc. Which really is a whole new source of information about the nature of reality. Particularly remarkable, since it dovetails well with some ancient maps of consciousness.

SG: Yes, nonordinary states offer a new mechanism of acquiring information about the nature of reality.

INT: Yeah, a new epistemology. Could you maybe tell us a little bit about the big picture as you have arrived at it, and how it relates to some other of the great pictures, images of reality?

SG: In my latest book, which is called *The Cosmic Game: Explorations of the Frontiers of Human Consciousness*, I tried to focus specifically on the metaphysical, philosophical, spiritual experiences that people have in psychedelic sessions. And also in nonordinary states of consciousness of some other kinds. I first created the cartography for psychedelic experiences, but then I realized that it applies equally to experiences of people who are undergoing psychospiritual crises, 'spiritual emergencies,' or of people participating in some powerful forms of non-drug experiential therapy.

So, *The Cosmic Game* basically describes various metaphysical insights of people in these different forms of non-ordinary states of consciousness. I was astonished to discover the degree of agreement that different people had concerning some of these other dimensions of reality. My traditional psychiatric education was telling me that when people have these experiences, these are idiosyncratic distortions of reality caused by some pathological process in the brain, that they are psychotic distortions symptomatic of a serious mental disease. This means that each of those people would create his or her own pathological world. But here I found a considerable amount of agreement, remarkable consensus about a wide variety of issues.

People with whom I worked kept telling me that they saw these experiences as steps on an important spiritual journey. The obvious question that emerged in my mind was: "If this work with non-ordinary states of consciousness really is something like a spiritual journey, is there a goal? Is there a time when we have the feeling that we have actually arrived, that we are experiencing the ultimate? And I found two such experiences.

The first of these was, surprisingly, the experience of Nothingness and Emptiness of cosmic proportions, the experience of primordial, Supracosmic and Metacosmic Void. It is important to emphasize that the Void is emptiness of a very particular kind. There are many other forms of emptiness that certainly do not qualify for the Void - we might feel empty-headed, lacking of initiative and enthusiasm, or emotionally empty. The Void involves a sense of being in touch with primordial, cosmic kind of emptiness which in a sense is also pregnant with existence. It does not contain anything in a concrete form, yet everything seems to be in it in a potential germinal form. When we experience the Void, we have no doubt that it is the cradle of all existence, that this is where existence comes from.

The second experience of the Supreme was much more concrete. This was an experience of the divine creative force that people usually likened to a source of light of immense intensity, unimaginable in the ordinary state of consciousness, one that transcends all polarities, that cannot be qualified in any specific way. It can be experienced either as an object that we face and admire in the role of observers, or we can actually dissolve even that last boundary, and actually become it. We can completely lose ourselves in this experience, abolish our ego.

I described in *The Cosmic Game* the insights into the process of creation that people acquire when they have these experiences. They suggest that the cosmic source has tremendous need to get to know itself and that the only way it can get to know itself is to exteriorize its potential. They point out that the spiritual source craves everything that it is not and that it does not have. It is eternal, infinite, ethereal, so it longs after something that is tangible, concrete, and limited in time and space. Creation of the material world seems to meet these kinds of transcendental needs.

Some people also talk about Loneliness of the Supreme. As fantastic as the experience is, the source is realizing it is alone and craves partnership; it wants to give love and receive love. And that seems to be one of the motivating forces for creation. Some people talk about creation as a fantastic experiment, or as a great piece of art. These insights seem to address the problem of the cause or motive for creation, the 'how of creation.' Another category of insights is related to the mechanisms involved in creation, the 'how of creation.'

It is very common to see creation as a result of two mutually complementary mechanisms. The first of these involves multiple divisions: The creative principle, that in its pristine form is undifferentiated and unified, creates within itself and from itself a number of separate entities, separate units of consciousness. These exist on different levels and constitute different phenomenal worlds of plurality. The second mechanism involved in the process of creation is described as partitioning, screenwork, or by psychological terms, such as dissociation or forgetting. As a result of this mechanism, the separate units of consciousness start experiencing themselves as isolated from each other and autonomous and they also lose the connection with the source from which they came.

But this is just half of the cosmic cycle. Creation also offers a countless number of possibilities to move in the opposite direction, which is dissolving these boundaries and returning back to the source. From this perspective, creation involves two forces that operate in opposite directions. The first of these can be called *hylotropic*, moving from the undifferentiated source into creation, into the world of plurality, into the world of matter (from the Greek *hyle*=matter and *trepein*=moving toward something). And the other force can be called *holotropic*, moving from the world of matter and plurality back to the original wholeness (from the Greek *holos*=whole and *trepein*=moving toward).

I also described in *The Cosmic Game* the insights that people have concerning the existence and nature of evil. It is very common to ask questions like: "Why is evil part of the universal fabric of existence? What is the origin and function of evil? Are there two principles in the universe, one good and the other evil, or is there one principle that transcends all polarities?" and so on. People who find a satisfactory answer to these important questions typically see evil as something that is that is not a force that is alien or opposite to the Divine, but ultimately an integral part and expression of the Divine.

Evil is then attributed to the fact that the Divine needs to express its full potential. The participation of evil in creation also gives depth and richness to the cosmic play. It is one of the most difficult tasks in the process of systematic exploration and self-discovery and one of the most formidable challenges of the spiritual journey to come to terms with evil and to be able to embrace life and existence in its totality. In the book, I also explore the insights concerning karma and reincarnation.

INT: Stan, this is obviously a very big picture. How do you see the image of reality that you have gained from these people, these sessions? How does this image compare with some of the other great images that have been provided us from materialistic, random view that seems to dominate much of our contemporary scientific world through to some of the great mystical traditions?

SG: Well, I actually do it specifically in the book. When I describe some of the insights, I frequently point out parallels with different mystical systems, such as Kabbalah, Christian mysticism, Buddhist teachings, and so on. And, on the other hand, I also

show that many of these insights, although incompatible with the traditional scientific paradigm, show surprising similarity or convergence with various new revolutionary developments in science, with new paradigm thinking. So, there are striking similarities in both directions, with perennial philosophy, as well as new paradigm science.

INT: Is there anything that you feel that your data has given us which is completely new?

SG: I am not sure. I think that most of those things that I am writing about can be found in one or another of the ancient sources. My contribution was the synthesis of all the elements into a comprehensive system of thought and bridging between ancient wisdom and modern science. What definitely is new is the chapter on playing the cosmic game, where I am using the Tibetan thangka showing the Lord of Death holding the Wheel of Life. In the central circle of this wheel are three animals representing the forces that perpetuate the cycle of death and rebirth and are responsible for suffering. The pig symbolizes ignorance (*avidya*), the snake aggression, and the rooster desire and attachment.

In *The Cosmic Game* I tried to show how systematic work with non-ordinary states of consciousness can reduce the influence of these three forces in our life, which in Mahayana Buddhism is considered to be an essential aspect of the spiritual journey. I think that the discussion of the biographical, perinatal, and transpersonal sources of these three forces and the description how we can work with them in non-ordinary states is quite original. At least, I have not seen it described anywhere else in quite the same way.

INT: Do you have any sense of why the picture of reality that you have come up with from the epistemology of psychedelics might be different from some of the other great maps?

SG: We think about the psyche as being always the same. But there is also the possibility that the dynamics of the psyche itself is changing, that the terrain is shifting. So that, for example, the experiences that we see now are not necessarily the same as they were at the time of the Buddha. And that might be an important contribution of this book, that it is based on experiences of people from our time rather than drawing just on historical sources.

INT: So, you are bringing in another kind of Hegelian view that the structures of consciousness evolve across time?

SG: I have a very strong suspicion that that's what's happening. You know, one particular example is that when you work with psychedelics -- and it's also true for the Holotropic Breathwork -- people can have experiences from any archetypal framework. I have, for example, myself had in my sessions experiences that were Hindu, Buddhist, Tibetan, Zoroastrian, Mesoamerican, Egyptian, Native American, and aboriginal Australian. I have also seen it in many people I have worked with. It seems that, at present, we have access to the entire collective unconscious without any obstruction and limitation.

It is hard to imagine that this has been this way all along, because there could not be distinct mythologies. We do not read, let us say, in the *Tibetan Book of the Dead* about the Deer Spirit of the Huichol Indians from Central Mexico. Their pantheon is limited to Buddhist archetypes. But I had both the experiences of the Huichol Deer Spirit and the

dhyani Buddhas in my psychedelic experiences. And the same is true for other cultures, although they had very powerful mind-altering technologies, including psychedelics.

So, one has to assume that, in the past, people's experiences stayed much more within their own archetypal domain. Since they had powerful 'technologies of the sacred,' there is no reason why they could not have had experiences from different archetypal frameworks like ourselves. But they obviously did not. This suggests that some important change is occurring in the collective unconscious. It seems that the collective unconscious is becoming more permeable.

I suspect that this somehow parallels what is happening on the surface of the planet. In the past, the world was fragmented and different areas were much more isolated. For example, until the 1950s, Tibet was really effectively separated from the rest of the world. And until the 15th century people in the New World did not know anything about Europe and vice versa. In modern times, there has been breaking down of boundaries, enormous increase in communication, and rapidly progressing unification of the planet.

Thanks to jet planes and helicopters, we can reach any place on the globe within hours. There is instant electronic communication by telephone, television, satellites, and computers. The last straw, naturally, is the invention of the Internet that mediates unprecedented exchange of information worldwide. We now have access to sacred scriptures and to spiritual music of many religious groups and the opportunity to study with spiritual teachers of just about any orientation. This is a situation that is without precedent in human history. So, something very significant is happening, something is coming together both on the surface of the planet and in the collective unconscious.

INT: And one implication of what you are saying is that the psychedelics may in some ways be unveiling more, in some areas at least, than the spiritual practices have. A converse question: What limitations do you see in the psychedelics as a tool for understanding reality?

SG: I feel tremendous awe and respect for psychedelics. I see them as very powerful tools that have extraordinary potential for both healing and causing psychological damage. But they are tools and the result of their use depends to a great degree on the set and setting. And if you have a tool of that power, you have to use it carefully, responsibly, and with respect.

Meditation is a much less effective tool for transformation and it takes a long time before we notice perceptible changes. But the risks associated with meditation are also considerably lower, although it is not uncommon that it brings up more unconscious material than the meditator can reasonably handle. This can be illustrated by the widely publicized story of Gopi Krishna. With psychedelics you have a very rapid access to the transpersonal realm, but you can also run into a lot of trouble.

In 1971 I was in India attending the first scientific conference on yoga, which was organized by Christopher Hill from London. And I gave a talk on psychedelic experiences in front of an audience that consisted to a great part of spiritual teachers from all over India representing different disciplines. They were very fascinated by the psychedelic material and the lecture inspired a very live discussion. What they all seemed to agree on was that, if there was a spiritual system that was similar to psychedelic therapy, it was Kundalini yoga. It is the fastest spiritual path, but also one that is most problematic. The risks of unsupervised Kundalini in the extremes include

physical disease, death, and insanity, the dangers often cited for irresponsible use of LSD.

INT: So, how does LSD use compare with spiritual practice? Are the results similar?

SG: Since we are comparing chemically induced experiences with those that occur during spiritual practice, I would like to bring in a point of view emphasized by Huston Smith. If you have profound experiences in the context of systematic spiritual practice, they are deeply embedded in a larger context that supports them. You actively pursue the spiritual path, with a clear intention and goal. You are hopefully prepared for these experiences by the study of spiritual scriptures, and by lectures, so that they do not happen out of context.

By comparison, with psychedelics it is possible that a powerful spiritual experience emerges as a totally alien enclave in your life. Naturally, under such circumstances, the task to integrate it and make it a meaningful part of your life is much more difficult. Although, it has happened that psychedelic experiences that occurred under poor circumstances led to lasting positive transformation and, conversely, occasionally people involved in systematic spiritual practice can have openings that are overwhelming and difficult to assimilate. So, it is a matter of degree.

INT: If I get what you are saying, you are saying that with psychedelics you can achieve your goals faster and acquire a greater depth of experience in a more rapid manner, but also the potential risks are also heightened.

SG: Uh-huh. There is no doubt that with psychedelics the potential risks are heightened, but you can also do certain things to minimize the risk and maximize the benefits. I have many friends who have used psychedelic very responsibly, with great respect and caution, and consider this to be their spiritual path.

INT: Are you saying that under ideal conditions, with scrupulous attention to set, setting, intention, integration -- the risks you have described would likely be minimized?

SG: Yes.

INT: Perhaps a quick one, and that is: Charlie was implying that one reaches the same goals with the psychedelics. But if the goal is actually stabilization of an older trait rather than an altered state or a religious life rather than simply a religious experience, would you claim or agree that the psychedelics can do that, too?

SG: I have met in my life people who have used psychedelics and they have done it in many different ways. In the best scenario, if a person sees psychedelics as his or her spiritual path, approaches the sessions with a lot of respect, gives proper attention and care to the context, the set and the setting, works actively on the material from the sessions - let's say in terms of focused study of literature and ongoing meditation -- the results can be really great. On the other hand if people take psychedelics in the streets, rock concerts, wild parties, or even driving cars, the risks skyrocket and the potential benefits are overshadowed.

INT: How do you think society should regulate psychedelics? If it were up to you...

SG: Our team at the Maryland Psychiatric Research Center was the last group in the United States conducting psychedelic research. At the time, there were great concerns about unsupervised use, particularly by the young generation, and the officials from Washington actually turned to us for advice. They did not like our answer and certainly did not act on it.

We suggested that the government should create a network of centers, where those people who wanted to experiment with psychedelics and would do it anyway, could come and have sessions under supervision of trained facilitators and with pharmaceutically pure substances. The material collected in this work could then be used to increase our knowledge about psychedelic substances, the states they induce, and the human psyche, in general.

Otherwise, we have a bizarre situation that could not happen in any other problematic area: Millions of people are experimenting with psychedelic substances and professionals are not allowed to study them to understand the problems involved. They are denied access to pertinent information. As a result of it, there is much more knowledge about psychedelic states among the lay population than in the professional circles.

I believe that creating such centers would also take away that part of the motivation of young people to take substances which comes from the fact that it is something strictly forbidden by the establishment. To be somewhat facetious, probably the best thing to suppress psychedelic abuse would be to emphatically endorse them and make the sessions mandatory for youngsters as a rite of passage the way it has been done in native cultures.

INT: What would your definition of a psychedelic elder be?

SG: I guess it would be a person who has had a lot of experiences with psychedelics over the years, both personal and as a guide for others, and has been able to handle it without major complications, has integrated this activity well into his or her life, and do something with it that is valuable for others. I don't think it would be defined just by the number of psychedelic sessions that person has taken.

INT: Part of this project is to have a conference, a get-together of psychedelic elders, and we wanted to know if you would be interested in a gathering like that, what would make you motivated to attend, and what would you want to know from other people?

SG: I don't think I have any specific questions. I think it is wonderful to meet people committed to the same cause, share some time with them, and exchange experiences and information. We have worked in different contexts and in different ways and, I think, we can certainly learn a lot from each other.

INT: Are you optimistic for the future in terms of psychedelics being reintegrated in a healthy, accepted way by our culture?

SG: All I can say is: I certainly hope it will happen. Whether it is going to happen is a question for a psychic, like Ann Armstrong. But I see certain developments that point in that direction. One encouraging circumstance is the fact that the old paradigm, which denied the possibility of the nature and the potential of psychedelic experiences, is clearly on its way out. Another hopeful development is the growing popularity of powerful non-drug experiential therapies. Increasing numbers of therapists are

becoming comfortable working with non-ordinary states of consciousness and powerful emotions, as well as intense bioenergies and physical manifestations. Many of them would have no difficulties and would feel very comfortable working with psychedelics.

I also see another important factor in the general disenchantment with the routine use of suppressive pharmacological therapies in psychiatry. I have met many colleagues who are getting very discouraged and even fed up with current psychiatric practices. When tranquilizers appeared on the scene, they caused great excitement and hope that this would be the solution for all the problems in psychiatry. Today, after many psychiatric patients have been on tranquilizing medication for decades, we are aware of the great limitations of suppressive therapy and their shadow side, including the danger of irreversible side effects and, in some instances, even addiction. And the threat of malpractice suits might be another powerful factor in this regard.

INT: One comment: In 1980, when I entered psychiatry, I became very disenchanted with what I found in the field, so I wrote you a letter through your publisher describing my situation and saying I was actually considering moving back into internal medicine. I was so disillusioned with psychiatry. But I thought psychedelics really held great promise, so I asked you if you thought there would ever be an opportunity to work with them again. And you said that, for the time being, it did not look good, but hopefully in the future you would be happy to talk with me more about it. You invited me to come up to Northern California to talk. Eighteen years ago I did not take advantage of that opportunity. So here I am eighteen years later!

SG: Great! Better late than never!

INT: It has been extraordinary. Thank you so much.

SG: My pleasure. I have really enjoyed talking to you.