

Holotropic Breathwork Video.

(Walter Mead interviewing Stan and Christina Grof)

Walter: The two of you have developed a very powerful technique of therapy and self-exploration called Holotropic Breathwork. You have now used it in seminars all over the world and you are training professionals how to use it? How would you describe Holotropic Breathwork?

Holotropic Breathwork (HB) is an experiential method of psychotherapy that that Christina and I have developed over the last seventeen years. It utilizes the healing potential of the psyche and the body that becomes available in non-ordinary states of consciousness (NOSC) . In contrast to psychedelic therapy that uses chemical means to change consciousness, HB employs extremely simple means, such as breathing that is deeper and faster than usual, powerful evocative music, and a certain kind of bodywork leading to release of blocked emotional and physical energy. We like to say that these means are "deceptively simple". Sometimes people who participated in one weekend workshop with us feel that they learned all there is to know to start their own workshops.

They think you just ask people to lie down, put them through a relaxation exercise, ask them to breathe faster, and play some powerful music. In a certain sense, HB is simple, but not that simple. It is easy to get people into a NOSC, but not that easy to be able to support them unconditionally in whatever they are experiencing and remain unperturbed by what is happening. That requires a long training, including a sufficient personal experience with NOSC.

Walter: Let us look systematically at the elements that are involved in Holotropic Breathwork. What role does the breathing play?

In ancient and non-Western cultures breath and breathing have played a very important role in cosmology, mythology, and philosophy, as well as an important tool in ritual and spiritual practice. Since earliest history, virtually every major psychospiritual system seeking to comprehend human nature has viewed breath as a crucial link between the body, mind, and spirit.

In the ancient Indian tradition, the term prana meant not only physical breath and air, but also the sacred essence of life. Breathing exercises play an extremely important role in yogic practices in general and Tantra in particular. Pranayama is a special science focusing on breathing.

In ancient Greece, the word pneuma also meant both the air of breath and spirit or the essence of life (the distinction between pneumaticos and psychicos). Breath was also seen as closely related to the psyche; the term fren was used both for the diaphragm (e.g. nervus phrenicus), as well as mind (as in oligophrenia, paraphrenia, schizophrenia). Imbalance of breathing was seen as a major cause of physical and mental diseases.

Walter: In Latin, spiritus means both breath and spirit. The critical link between breath and the life force seems to be reflected in the term expire which means both exhaling and dying.

Yes, very much so. Also in the old Hebrew tradition, breath and creative spirit - ruach-were also seen as identical. In the creation story in the Old Testament, it is the breath of God brings Adam to life: "And God formed man of the dust of the ground and breathed into his nostrils the breath of life, and man became a living soul (Genesis 2:7). For the Essenes, the entry into the Kingdom of Heaven was between inspiration and expiration, between breaths.

In traditional Chinese medicine, the chi energy has spiritual, as well as biological and physical dimensions. It means the cosmic essence and the energy of life as well as the natural air we breathe by our lungs. In Japan, the corresponding word is ki. Ki plays an extremely important role in spiritual practice and in martial arts.

Walter: That certainly is very different from our Western understanding of the importance of breath, isn't it?

In Western science, breathing was stripped of its sacred dimensions and reduced to an important physiological function supporting life. In addition, the physical and psychological manifestations that accompany various respiratory maneuvers, such as hyperventilation, withholding of breath, or special attention paid to breathing, have all been pathologized.

Walter: How did the ancient and non-Western cultures approach this subject?

It has been known for centuries that it is possible to induce profound changes of consciousness by techniques which involve breathing. The procedures that have been used for this purpose by various ancient and non-Western cultures cover a very wide range from drastic interferences with breathing to subtle and sophisticated exercises of the various spiritual traditions.

Thus the original form of baptism as it was practiced by the Essenes involved forced submersion of the initiate under water, which typically brought the individual close to death by suffocation. This drastic procedure thus induced a convincing experience of death and rebirth, a far cry from its modern form involving sprinkling of water and a verbal formula. In some other groups, the neophytes were half-choked by smoke, by strangulation, or by compression of the carotid arteries.

Profound changes in consciousness can be induced by both extremes in the breathing rate—hyperventilation and prolonged withholding of breath— or a combination of both. Sophisticated and advanced methods of this kind can be found in the ancient Indian science of breath, or pranayama. Specific techniques involving intense breathing or withholding of breath are also part of various exercises in Kundalini Yoga, Siddha Yoga, the Tibetan Vajrayana, Sufi practice, Burmese Buddhist and Taoist meditation, and many

others. More subtle techniques which emphasize special awareness in relation to breathing rather than changes of the respiratory dynamics have a prominent place in Soto Zen Buddhism, and in certain Taoist and Christian practices.

Indirectly, the breathing rhythm will be profoundly influenced by such ritual vocal performances as the Balinese monkey chant or Ketjak, the Inuit Eskimo throat music, hocketing of the Kongolese Pygmies, and singing of Indian kirtans and bhajans, or Sufi chants.

Walter: How did you yourselves discovered the importance of breathing for experiential work?

We have experimented in the context of our month-long seminars at the Esalen Institute in Big Sur, California, with various techniques involving breathing: some of these came from the spiritual traditions, others from the experiential psychotherapies of humanistic psychology. The situation in regard to breathing techniques is similar to the situation in the world of depth psychology and psychotherapy. There exist many schools and each of them emphasizes a different way of using the breath. We have concluded that a specific technique of breathing is less important than the fact that the client is breathing faster and more effectively than usual, and with full concentration on and awareness of the inner process.

Walter: Is it then more or less up to the the participants in your workshops exactly how and how fast they breathe?

Yes, this is just an extension of the general philosophy of the holotropic work that one trusts the intrinsic wisdom and intelligence of the body. The clients should therefore be encouraged to listen to the inner clues from their organism, rather than to follow any specific conceptual scheme or external directions. We have been able to confirm repeatedly Wilhelm Reich's observation that psychological resistances and defenses use the mechanism of restricting the breathing. Respiration has a special position among the physiological functions of the body. It is an autonomous function, but it can also be easily influenced by volition. Increase of the rate and of the depth of breathing typically loosens the psychological defenses and leads to release and emergence of the unconscious and, we should say, superconscious, material. Unless one has witnessed or experienced this process personally, it is difficult to believe on theoretical grounds alone the power and efficacy of this approach.

Walter: How does the body respond to this accelerated breathing? I have heard about certain unpleasant symptoms, including tetany, which the medical profession is trying to control when they occur spontaneously. Here you actually encourage this process and believe it is healing.

This is an important issue that we always discuss before holotropic sessions, especially with people who have a medical background. It is important to clarify certain misconceptions about hyperventilation that seem to be deeply ingrained in the Western medical model. The text books of physiology of breathing describe the so-called hyperventilation syndrome—an allegedly standard and mandatory physiological response

to rapid breathing. Here belong particularly the famous carpopedal spasms—tetanic contractions of the hands and feet.

The symptoms of the hyperventilation syndrome are usually seen in a pathological context and are explained in terms of biochemical changes in the composition of blood, such as increased alkalinity and decreased ionization of calcium. It is also well known that about 10-15% of the general population suffers from spontaneous episodes of hyperventilation with dramatic emotional and psychosomatic manifestations; this is particularly frequent in hysterical patients. The usual approach to these episodes is to combat them by the administration of tranquilizers, intravenous calcium, and a paper bag placed over the face to prevent depletion of pulmonary carbon dioxide.

Walter: You very clearly do not agree with this explanation of the changes induced by accelerated breathing and to the medical approach to them. What is your understanding of what is happening here?

We have now conducted the breathing sessions with many thousands of persons (close to 25,000 sessions) and have found this understanding of the effects of faster breathing to be incorrect; much of it is a myth rather than scientific truth. There exist many individuals in whom even dramatic hyperventilation carried over a long period of time does not lead to a classical hyperventilation syndrome, but to progressive relaxation, intense sexual feelings, or even mystical experiences. Others develop tensions in various parts of their bodies, but in patterns that are quite different from the carpopedal spasms.

A most interesting aspect of the tensions and other physical manifestations accompanying faster breathing is that they do not continue indefinitely, but lead to climactic culmination followed by a profound relaxation. This sequence typically has a pattern resembling a sexual orgasm. In addition, in repeated holotropic sessions, there is a general trend toward progressive decrease of the overall amount of muscular tensions and difficult emotions.

Walter: How do you explain these differences in people's reaction to the breathing and particularly the progressive reduction of tension?

What seems to happen in this process is that the organism tends to respond to the changed biochemical situation by bringing to the surface various old traumatic memories and deep-seated tensions. These tensions tend to develop during the breathing in certain specific areas of the body. Far from being simple physiological reactions to hyperventilation, they have a complex psychosomatic structure. They vary greatly from one person to another and usually have specific psychological meaning for the individuals involved. Sometimes they represent an intensified version of tensions and pains that the person knows from everyday life, either as a chronic problem or as symptoms that appear at certain special times such as periods of intense emotional or physical stress, extreme fatigue, lack of sleep, weakening by an illness, and use of alcohol or marijuana.

Other times, they can be recognized as reactivation of old difficulties that the individual had at the time of infancy, childhood, puberty, or during severe emotional stress. This accounts for the amazing variety of symptoms that can be observed during faster breathing that baffles traditionally trained physicians. The patients who experience episodes of spontaneous hyperventilation have been referred to as having the "fat folder syndrome, because they are often seen and incorrectly diagnosed by many specialists. These clinical findings are in sharp conflicts with the myth of a stereotypical "hyperventilation syndrome" which is still perpetuated in the handbooks of respiratory physiology, but is in congruence with the observations from Holotropic Breathwork.

Continued breathing brings these tensions to the surface and eventually leads to their peripheral discharge. This elimination or reduction of pent-up energies during holotropic sessions can happen in two different ways. The first of these is the form of catharsis and abreaction, which involves tremors, twitches, dramatic body movements, coughing, gagging, vomiting, screaming, and other types of vocal expression, or increased activity of the autonomous nervous system. This is a mechanism well-known in traditional psychiatry since the time when Sigmund Freud and Joseph Breuer published their studies on hysteria.

It has been used in traditional psychiatry, particularly in the treatment of traumatic emotional neuroses, and is very common in the new experiential psychotherapies, such as the neo-Reichian work, Gestalt practice, and primal therapy. When it is not limited to the biographical level and is allowed to proceed to deeper levels of the psyche (the perinatal and transpersonal realms that we will discuss later), it is a very effective therapeutic mechanism and an important way for reduction of emotional and psychosomatic tensions.

Walter: You mentioned earlier that there are two significant mechanisms that are responsible for the reduction of tension; what is the other one?

The second mechanism represents a principle which is new in psychiatry and psychotherapy and seems to be, in many ways, even more effective and interesting. Here the deep tensions surface in the form of long-lasting contractions and prolonged spasms. By maintaining such sustained muscular tension for long periods of time, the organism is consuming enormous amounts of pent-up energy and is simplifying its functioning by getting rid of them.

These two mechanisms have their parallels in sport physiology, where it is well-known that it is possible to do work and train the muscles in two different ways—the isotonic and the isometric. As the names suggest, during isotonic exercises the tension of the muscles remains constant while their length oscillates; during isometric exercises the tension of the muscles changes, but their length remains the same all the time. A good example of isotonic activity is boxing, while weight-lifting is distinctly isometric. In spite of their superficial differences, these two mechanisms have much in common, and in holotropic therapy they complement each other very effectively.

A typical result of a good holotropic session is profound emotional release and physical relaxation. Many people report that they feel more relaxed than they have ever felt in their lives. In many instances, holotropic sessions reach a good resolution and closure just through the breathing and does not require any external intervention. Continued hyperventilation thus represents ultimately an extremely powerful and effective method of stress-reduction and leads to emotional and psychosomatic healing. From this perspective, the spontaneous episodes of hyperventilation observed occasionally in psychiatric patients can be seen as attempts at self healing.

This is also the understanding that one finds in the spiritual literature. In Siddha Yoga and Kundalini Yoga, intentional hyperven- tilation (bastrika) is used as one of the meditation techniques, and episodes of rapid breathing often occur spontaneously as one of the manifestations of Shakti (or activated Kundalini energy) referred to as kriyas. These observations suggest that spontaneous episodes of rapid breathing occurring in psychiatric patients should be supported rather than suppressed by all means.

Walter: The physical manifestations are not the only changes happening in the sessions of Holotropic Breathwork. What are some of the other things people experience?

The nature and course of the experiential sessions using the method of hyperventilation vary considerably from one person to another and can be described only in general and statistical terms. In some instances, continued faster breathing leads to increasing relaxation, sense of expansion and wellbeing, and visions of light. The person can be flooded with feelings of love and mystical connection to other people, nature, the entire cosmos, and God. Experiences of this kind are extremely healing, and the individual should be encouraged to allow them to develop.

One would think that this would be easy to do, since the experience is very pleasant or even ecstatic. However, it is surprising how many people in the Western cultures, because of strong Protestant ethics or other reasons, have great difficulty accepting ecstatic experiences, unless they are pre-ceded by suffering and hard work, or even then. They might have a strong feeling that they do not deserve them and respond to them with guilt. If the person accepts the experience, the session can run from the beginning to the end without the slightest intervention of the therapist and be extremely beneficial and productive. The probability of such smooth a course tends to increase with the number of holotropic sessions.

Walter: What about those people where the experiences do not have such a smooth course?

The nature and course of holotropic sessions varies considerably from person to person and, in the same person, also from session to session; there is a considerable interindividual and intraindividual variability. In most instances, however, faster breathing brings, at first, more or less dramatic experiential sequences. After an interval that varies from person to person, the individual starts experiencing strong emotions. The emotional qualities observed in this context can cover a wide spectrum. The most common of these

are anger and aggression, anxiety, sadness and depression, feelings of failure and inferiority, guilt, and disgust.

The physical manifestations include, beside the muscular tensions, headaches and pains in various other parts of the body, gagging, nausea and vomiting, choking, hypersalivation, sweating, sexual feelings, and a variety of motor movements. Some individuals remain entirely quiet and almost motionless; they might have profound experiences, yet they give the impression to an external observer that nothing is happening, or that they are sleeping. Others are agitated and show rich motor activity. They experience violent shaking- and complex twisting movements, they roll and flail around, assume fetal positions, behave like infants struggling in the birth canal, or look and act like newborns. Also crawling, swimming, digging, or climbing movements are quite common.

The acoustic manifestations of the process can be very rich and include sighing, moaning, weeping, screaming, baby talk, gibberish, spontaneous chanting, talking in tongues, and a broad spectrum of animal sounds. Sometimes the movements and gestures can be extremely refined, complex, differentiated, and very specific. Here belong, for example, strange animal movements emulating snakes, birds, or feline predators, associated with the corresponding sounds.

Sometimes individuals assume spontaneously various yogic postures and gestures (asanas and mudras) that they are not intellectually familiar with. Occasionally, the automatic movements and sounds can take the form of ritual dances or other performances from different cultures—shamanic healing, Javanese dances, the Balinese monkey chant, symbolic movements of the Indian Kathakali or Manipuri school of ballet, The Inuit Eskimo throat music, or the Japanese Kabuki.

Walter: What about the psychological content of the sessions, such as visions or reliving of important memories?

In an effort to account for the experiences and observations from non-ordinary states of consciousness, I have myself suggested a map that contains, in addition to the usual biographical level, two transbiographical realms: the perinatal domain of the unconscious, related to the trauma of biological birth, and the transpersonal domain, which accounts for such phenomena as visions of archetypal and mythological beings and realms, ancestral, racial, and karmic experiences, or identification with the Universal Mind or the Void. These are experiences that have been described throughout ages in the religious, mystical, and occult literature.

Walter: Can you say more about them? What happens on the biographical level?

The biographical level of the psyche does not require much discussion, since it is well known from traditional psychology and psychotherapy; as a matter of fact it is what

traditional dynamic psychotherapy is all about. However, there are two important differences between exploring this domain through verbal psychotherapy and through approaches using non-ordinary states of consciousness.

The first of these is that one does not just remember emotionally significant events or reconstruct them indirectly from free associations, dreams, neurotic symptoms, or slips of tongue, but experiences the original emotions, physical sensations, and even sensory perceptions in full age regression. That means that during the reliving of an important trauma from infancy or childhood, one actually has the body image, the naive perception of the world, sensations, and the emotions corresponding to the age he or she had at that time. The authenticity of this regression is supported by the fact that the wrinkles in the face of these people temporarily disappear giving them an infantile expression, the postures and gestures become childlike, and their neurological reflexes are characteristic for children (e.g. the sucking reflex and the reflex of Babinski).

The second difference between the work on the biographical material in non-ordinary states, as compared with verbal psychotherapies, is that beside confronting the usual psychotraumas known from handbooks of psychology, people often have to relive and integrate traumas that were primarily of a physical nature, such as episodes of near drowning, operations, accidents, and children's diseases, particularly those that were associated with suffocation, such as diphtheria, whooping cough, or aspiration of a foreign object.

Walter: This certainly are not issues that receive much attention in psychoanalysis. Do you guide your clients in that direction?

No, his material emerges quite spontaneously, without any programming and, as it surfaces, people realize that such physical traumas have actually played a significant role in the psychogenesis of their emotional and psychosomatic problems, such as asthma, migraine headaches, a variety of psychosomatic pains, phobias, sadomasochistic tendencies, or depression and suicidal tendencies. Reliving of such traumatic memories and their integration can then have very far-reaching therapeutic consequences. This contrasts sharply with the attitude of academic psychiatry and psychology that do not recognize the direct psychotraumatic impact of physical traumas.

It seems appropriate to emphasize in this context a very important and amazing characteristic of non-ordinary states of consciousness that is invaluable for psychotherapy. These states tend to function as an "inner radar", bringing into consciousness automatically the contents from the unconscious that have the strongest emotional charge and are most dynamically relevant at the time. In verbal psychotherapy the client presents an enormous amount of information of various kind and it is up to the therapist to decide what is important, what is irrelevant, or where the client is blocking.

Walter: How do traditional therapists decide what is important and what is not?

That is where the problem lies! Since there is no general agreement about basic theoretical issues among different schools, such conclusions will always reflect, beside the personal bias of the therapist, also the specific views of a particular school. A Freudian would interpret the same problem in a very different way from an Adlerian, Rankian, Sullivanian, or a follower of Karen Horney. The non-ordinary state thus saves the therapist from such difficult decision-making and eliminates the subjectivity and professional idiosyncrasy of the verbal approaches.

In the above example, this "inner radar" detects on the biographical level strongly emotionally charged memories of physical traumas and brings them to the surface for conscious integration. This automatic selection of relevant topics then leads the process spontaneously to two transbiographical levels that are not recognized and acknowledged in academic psychiatry and psychology. I call them the perinatal and the transpersonal levels of the psyche.

Walter: Can we take a closer look at the first of these? What is the perinatal level of the psyche?

It is the domain of the psyche that lies immediately beyond the recollective-biographical realm; it seems to have close connections with death and birth. Many people identify the experiences that originate on this level as reliving of their biological birth trauma. This is reflected in the name perinatal that I have suggested for this level of the psyche. This term is a Greek-Latin word composed of the prefix peri-, meaning "near" or "around", and of the root natalis, or "pertaining to childbirth." This word is commonly used in medicine to describe various biological processes occurring shortly before, during, and immediately after birth. Thus the obstetricians talk, for example, about perinatal hemorrhage, infection, or brain damage. However, since traditional medicine denies that the child can consciously experience birth and claims that the event is not recorded in memory, one does not ever hear about perinatal experiences. The use of the term perinatal in connection with consciousness reflects my own findings and is entirely new.

Walter: What happens when people confront this level of their psyches in non-ordinary states of consciousness/

People who reach this realm in their inner explorations start experiencing emotions and physical sensations of extreme intensity, often surpassing anything they consider humanly possible. As I mentioned before, these experiences represent a very strange mixture and combination of two critical aspects of human life- birth and death. They involve a sense of a severe, life-threatening confinement and a desperate and determined struggle to free oneself and survive. The intimate connection between birth and death on the perinatal level reflects the fact that birth is a potentially life-threatening event. The child and the mother can actually lose their lives during this process and children might be born severely blue from asphyxiation, or even dead and in need of resuscitation.

As their name indicates, an important core of perinatal experiences is the reliving of various aspects of the biological birth process, which occurs even in people who have no intellectual knowledge about their birth and often is rendered with photographic

details. The replay of the original situation can be very convincing. We can, for example, discover through direct experience that we had a breech birth, that a forceps was used during our delivery, or that we were born with the umbilical cord twisted around the neck. We can feel the anxiety, biological fury, physical pain, and suffocation associated with this terrifying event and even accurately recognize the type of anesthesia used when we were born.

Walter: Is all this happening inside of people's heads? Does it also manifest on the outside?

The reliving of birth is often accompanied by various physical manifestations that can be noticed by an external observer. The postures and movements of the body, arms, and legs, as well as the rotations, flexions, deflections of the head can accurately recreate the mechanics of a particular type of delivery, even in people without elementary obstetric knowledge. Bruises, swellings, and other vascular changes can unexpectedly appear on the skin in the places where the forceps was applied, the wall of the birth canal was pressing on the head, or where the umbilical cord was constricting the throat. All these details can be confirmed if good birth records or reliable personal witnesses are available.

However, the spectrum of perinatal experiences is not limited to the elements that can be derived from the biological processes involved in childbirth. The perinatal domain of the psyche also represents an important gateway to the collective unconscious in the Jungian sense. Identification with the infant facing the ordeal of the passage through the birth canal seems to provide access to experiences involving people from other times and cultures, various animals, and even mythological figures. It is as if by connecting with the fetus struggling to be born, one reaches an intimate, almost mystical connection with the sentient beings who are in a similar difficult predicament.

Experiential confrontation with birth and death seems to result automatically in a spiritual opening and discovery of the mystical dimensions of the psyche and of existence, whether it happens symbolically as in psychedelic and holotropic sessions and in the course of spontaneous psychospiritual crises ("spiritual emergency") or in actual life situations, such as in people having a near-death experience or delivering women. The specific symbolism of these experiences comes from the Jungian collective unconscious, not from the individual memory banks, and can, therefore, be drawn from any religious tradition of the world, quite independently from the subject's racial, cultural, or religious background.

Walter: Are these experiences actually similar to those that are described in the religious literature?

Yes, very much so. People who have experiences of this kind open up to spirituality found in the mystical branches of the great religions or in their monastic orders, not necessarily in their mainstream form. If they take a Christian form, the subject would feel close to St. Teresa of Avila, St. John of the Cross, Meister Eckhart, or St. Hildegard von Bingen, rather than develop appreciation for the Vatican hierarchy, the

edicts of the popes, or the acts of the Inquisition. An Islamic experience of this kind would bring the subject close to the teachings of the various Sufi orders, not to Khomeini, Saddam Husein, or to the concept of jiddam, the Holy War. A Judaic variety of this experience would connect to the Hassidic or the Cabalistic tradition and not to fundamentalist Judaism or Sionism, etc. It is spirituality that is universal, all-embracing, and based on direct experience rather than dogma or religious scripture.

The observations from the study of non-ordinary states of consciousness confirm the ideas of C. G. Jung. According to him the experiences from deeper levels of the psyche (in my own terminology perinatal and transpersonal) have a certain quality that Jung calls (after Rudolph Otto) numinosity. The subjects having them feel that they are encountering a dimension which is sacred, holy, radically different from everyday life, belonging to another order of reality. This term is relatively neutral and thus preferable to others, such as religious, mystical, magical, holy, sacred, etc., which have often been used incorrectly and are easily misleading.

Walter: What about the second transbiographical level of the psyche that you mentioned, the transpersonal domain?

The name transpersonal means literally reaching beyond the personal. The experiences that originate on this level involve transcendence of the usual boundaries of the individual (his or her body and ego) and of the limitations of three-dimensional space and linear time that restrict our perception of the world in the ordinary state of consciousness. Transpersonal psychology is a discipline that recognizes and honors the spiritual dimension of existence and studies the entire range of human experience, including various non-ordinary states and levels of consciousness. It is particularly interested in the experiences that we now call transpersonal.

Transpersonal experiences are best defined by describing first the everyday experience of ourselves and the world- how we have to experience ourselves and the environment to pass for "normal" according to the standards of Newtonian-Cartesian psychiatry. In the ordinary or "normal" state of consciousness, we experience ourselves as Newtonian objects existing within the boundaries of our skin. The American writer and philosopher Alan Watts referred to this experience of oneself as identifying with the "skin-encapsulated ego".

Our perception of the environment is usually restricted by the physiological limitations of our sensory organs and by physical characteristics of the environment. We cannot see objects we are separated from by a solid wall, ships that are beyond the horizon, or the other side of the moon. If we are in Paris, we cannot hear what our friends are talking about in San Francisco. We cannot feel the softness of the lambskin unless the surface of our body is in direct contact with it. In addition, we can experience vividly and with all our senses only the events that are happening in the present moment. We can recall the past and anticipate future events or fantasize about them; however, these are very different experiences from an immediate and direct experience of the present

moment. In transpersonal states of consciousness, however, none of these limitations are absolute; any of them can be transcended.

Walter: Can you give me some specific examples of such experiences?

Transpersonal experiences can be divided into three large categories. The first of these involves primarily transcendence of the usual spatial barriers, or the limitations of the "skin-encapsulated ego. Here belong experiences of merging with another person into a state that can be called "dual unity", assuming the identity of another person, identifying with the consciousness of an entire group of people (e.g. all mothers of the world, the entire population of India, or all the inmates of concentration camps), or even experiencing an extension of consciousness that seems to encompass all of humanity. Experiences of this kind have been repeatedly described in the spiritual literature of the world.

In a similar way, one can transcend the limits of the specifically human experience and identify with the consciousness of various animals, plants, or even inorganic objects and processes. In the extremes, it is possible to experience consciousness of the entire biosphere, of our planet, or the entire material universe. Incredible and absurd as it might seem to a Westerner committed to Cartesian-Newtonian science, these experiences suggest that everything we can experience in the everyday state of consciousness as an object, has in the non-ordinary states of consciousness a corresponding subjective representation. It is as if everything in the universe has its objective and subjective aspect, the way it is described in the great spiritual philosophies of the East (e.g. in Hinduism all that exists is seen as a manifestation of Brahma, or in Taoism as a transformation of the Tao).

Walter: What about the second category of transpersonal experience? How does it differ from this one?

The second category of transpersonal experiences is characterized primarily by overcoming of temporal rather than spatial boundaries, by transcendence of linear time. We have already talked about the possibility of vivid reliving of important memories from infancy and of the trauma of birth. This historical regression can continue and involve authentic fetal and embryonal memories from different periods of pregnancy. It is not unusual to experience, on the level of cellular consciousness, full identification with the sperm and the ovum at the time of conception.

But the historical regression does not stop even here and it is possible to have experiences from the lives of one's human or animal ancestors, or even those that seem to be coming from the racial and collective unconscious as described by C. G. Jung. Frequently, experiences that seem to be happening in other cultures and historical periods are associated with a sense of personal remembering; people then talk about reliving of memories from past lives, from previous incarnations.

Walter: You said earlier that there are three groups of transpersonal experiences. What experiences are included in the third one?

In the transpersonal experiences described so far, the content reflects various phenomena existing in space-time. They involve elements of the everyday familiar reality—other people, animals, plants, materials, and events from the past. What is surprising here is not the content of these experiences, but the fact that we can witness or fully identify with something that is not ordinarily accessible to our experience. We know that there are pregnant whales in the world, but we should not be able to have an authentic experience of being one. The fact that there was once the French revolution is readily acceptable, but we should not be able to have a vivid experience of being there and lying wounded on the barricades of Paris. We know that there are many things happening in the world in places where we are not present, but is usually considered impossible to experience something that is happening in remote locations (without the mediation of the television and a satellite). We may also be surprised to find consciousness associated with lower animals, plants, and with inorganic nature.

However, the third category of transpersonal experiences is even stranger; here consciousness seems to extend into realms and dimensions that the Western industrial world does not consider to be "real". Here belong numerous visions of archetypal beings and mythological landscapes, encounter or even identification with deities and demons of various cultures, communication with dis-carnate beings, spirit guides, suprahuman entities, extraterrestrials, and inhabitants of parallel universes.

Walter: This is quite an amazing image of the dimensions of consciousness and of the potentialities of the human psyche. How does this relate to the traditional academic psychology and psychiatry?

Transpersonal experiences have many strange characteristics that shatter the most fundamental metaphysical assumptions of the Newtonian-Cartesian paradigm and of the materialistic world view. Researchers who have studied and/or personally experienced these fascinating phenomena realize that the attempts of mainstream science to dismiss them as irrelevant products of human fantasy and imagination or as hallucinations - erratic products of pathological processes in the brain- are naïve and inadequate. Any unbiased study of the transpersonal domain of the psyche has to come to the conclusion that the observations represent a critical challenge not only for psychiatry and psychology, but for the entire philosophy of Western science.

Although transpersonal experiences occur in the process of deep individual self-exploration, it is not possible to interpret them simply as intrapsychic phenomena in the conventional sense. On the one hand, they appear on the same experiential continuum as the biographical and perinatal experiences and are thus coming from within the individual psyche. On the other hand, they seem to be tapping directly, without the mediation of the senses, into sources of information that are clearly far beyond the conventional reach of the individual. Somewhere on the perinatal level of the psyche, a strange flip seems to occur and what was up to that point deep intrapsychic probing becomes experiencing of

the universe at large through extrasensory means. Some people have compared this to an "experiential Moebius strip", since it is impossible any more to say what is inside and what is outside.

Walter: This seems to open entirely new possibilities for learning, for acquiring new information, not only about ourselves, but the universe at large!

Yes. These observations indicate that we can receive information about the universe in two radically different ways: beside the conventional possibility of learning through sensory perception and analysis and synthesis of the data, we can also find out about various aspects of the world by direct identification with them in a non-ordinary state of consciousness. Each of us thus appears to be a microcosm containing in a holographic way the information about the macrocosm. In the mystical traditions, this was expressed by such phrases as: "as above so below" or "as without, so within."

The reports of subjects who have experienced episodes of embryonal existence, the moment of conception, and elements of cellular, tissue, and organ consciousness abound in medically accurate insights into the anatomical, physiological, and biochemical aspects of the processes involved. Similarly, ancestral, racial and collective memories and past incarnation experiences provide quite frequently very specific details about architecture, costumes, weapons, art forms, social structure, and religious and ritual practices of the culture and historical period involved, or even concrete historical events.

People who experienced phylogenetic experiences or identification with existing life forms not only found them unusually authentic and convincing, but often acquired in the process extraordinary insights concerning animal psychology, ethology, specific habits, or unusual reproductive cycles. In some instances, this was accompanied by archaic muscular innervations not characteristic for humans, or even such complex behaviors as enactment of a courtship dance.

Walter: You are talking about various phenomena that belong to the material universe, the world of space-time. But you mentioned also experiences of the mythological realms. Can they also impart new knowledge, as was first suggested by C.G.Jung?

Yes. This further augments the philosophical challenge associated with the observations we have already talked about, as formidable as it might be all by itself. Transpersonal experiences correctly reflecting the material world often appear on the same continuum as and intimately interwoven with others that contain elements which the Western industrial world does not consider to be real. Here belong, for example, experiences involving deities and demons from various cultures, mythological realms such as heavens and paradises, and legendary or fairy-tale sequences.

One can have an experience of Shiva's heaven, of the paradise of the Aztec raingod Tlaloc, of the Sumerian underworld, or of one of the Buddhist hot hells. It is also possible to communicate with Jesus, have a shattering encounter with the Hindu goddess Kali, or identify with the dancing Shiva. Even these episodes can impart accurate new information

about religious symbolism and mythical motifs that were previously unknown to the person involved. Observations of this kind confirm C.G.Jung's idea that beside the Freudian individual unconscious we can also gain access to the collective unconscious that contains the culture heritage of all humanity.

The existence and nature of transpersonal experiences violates some of the most basic assumptions of mechanistic science. They imply such seemingly absurd notions as relativity and arbitrary nature of all physical boundaries, non-local connections in the universe, communication through unknown means and channels, memory without a material substrate, non-linearity of time, or consciousness associated with all living organisms, and even inorganic matter. Many transpersonal experiences involve events from the microcosm and the macrocosm, realms that cannot normally be reached by unaided human senses, or from historical periods that precede the origin of the solar system, formation of planet earth, appearance of living organisms, development of the nervous system, and emergence of homo sapiens. However, it is very encouraging that these observations are quite compatible with the most revolutionary advances of Western science that point to an urgent need for an entirely new worldview, or paradigm.