

# Across The Universe



# Stanislov Grof

## On Nonordinary States Of Consciousness

ANGELA WINTER

**I NEVER** intended to interview Stanislov Grof. I had ordered some books from Colorado-based publisher Sounds True, and when the package arrived, I found the company's senior publicist had also enclosed a copy of Grof's memoir, *When the Impossible Happens: Adventures in Non-Ordinary Realities*, which she said was one of her favorites. I recognized Grof's name from my university studies. He is one of the founders and principal theoreticians of transpersonal psychology, a discipline that integrates traditional Western psychology with spiritual principles.

Grof was born in 1931 in Prague, Czechoslovakia, where he went on to receive an MD from Charles University and a PhD in philosophy of medicine from the Czechoslovakian Academy of Sciences. While he was a psychiatric resident, his research lab received a box of LSD ampules from Sandoz Laboratories in Switzerland. Grof was fascinated by the possibilities the new substance offered for psychiatry and psychology, and psychedelics and nonordinary states of consciousness soon became the focus of his work. From 1960 to 1967 Grof served as principal investigator in a psychedelic-research program at the Psychiatric Research Institute in Prague. He then moved to Baltimore, Maryland, to serve as a clinical and research fellow at Johns Hopkins University. Later he became chief of psychiatric research at the Maryland Psychiatric Research Center, where he headed one of the last official psychedelic studies in the United States.

By the early 1970s, funding and permission for psychedelic research had largely ceased, for administrative and political reasons, and Grof shifted his focus to writing. In 1973 he was invited to serve as scholar-in-residence at the Esalen Institute in Big Sur, California, where he conducted seminars and wrote until 1987. During this time he and his wife, Christina, developed "holotropic breathwork," a drug-free method of exploring nonordinary states of consciousness. The technique uses a combination of accelerated breathing and evocative music to help participants enter nonordinary states, which, Grof asserts, activate their natural healing intelligence. Holotropic breathwork is typically done in groups, and participants work in pairs, alternating between the roles of the "breather" and the "sitter," who assists the breather. The Grofs have conducted sessions using this technique with more than thirty-five thousand people in the U.S., Asia, Europe, South America, and Australia and have trained and certified more than a thousand breathwork facilitators.

Grof currently lives in Mill Valley, California, and serves as distinguished adjunct professor of psychology at the California Institute of Integral Studies in San Francisco. He has published more than 150 academic papers and is the author of twenty books, including *Beyond the Brain: Birth, Death, and Transcendence in Psychotherapy*; *Psychology of the Future: Lessons from Modern Consciousness Research*; *The Cosmic Game: Exploration of the Frontiers of Human Consciousness* (all State University of New York Press); and *LSD: Doorway to the Numinous* (Park Street Press). He is also the founder and president of the International Transpersonal Association.

After reading *When the Impossible Happens*, Grof's personal account of his fifty years of exploring nonordinary realms, I contacted him to request an interview, and we arranged to meet at a hotel near the San Francisco airport, where he was leading an introductory holotropic-breathwork workshop. We found a small table in an alcove of the lobby, and the indefatigable Grof spoke with me for nearly three hours, his voice melodious and measured. At the end of the conversation, I told him that I'd decided to participate in the workshop the next day.

I arrived for the morning workshop unsure of what to expect — and, frankly, a little apprehensive. Would the experience be akin to tripping on LSD, and if so, why would I want to do that in an airport-hotel ballroom with strangers watching? I made my way to the spot my friend and breathing partner, Bruno, had staked out for us, and he and I made a nest of the sleeping bag, blankets, and pillows we'd brought. My partner wanted to breathe first, and I was glad to ease my way into the experience by being the sitter. Bruno reclined on the sleeping bag, eyes closed, as Grof led the breathers through a brief relaxation exercise and then instructed them to find their own natural breathing rhythm, let it deepen, and connect the inhalation with the exhalation, creating a "circle of breath." As Grof spoke, one of the twenty trained facilitators assisting him started some recorded music. After the breathing instruction had ended, they cranked the volume to rock-concert level. (Grof had explained that the music would be loud, both to encourage an emotional response and to mask the sounds made by other breathers.)

As the music's tempo increased and the beats became tribal, some of the breathers entered what seemed to be a trance state. A woman beside us began to make intricate arm movements, her eyes rolled back in her head. Bruno was sweating profusely, his

hands curled into hard, tight fists. I heard groans, screams, and what sounded like the wail of an infant coming from a nearby woman in her sixties. Grof sat alone at the head of the room as the facilitators supported the pairs of partners. Every now and then he'd tour the room, like a psychiatrist emeritus making rounds. I became accustomed to seeing his champagne-colored dress socks in my peripheral vision whenever he walked by.

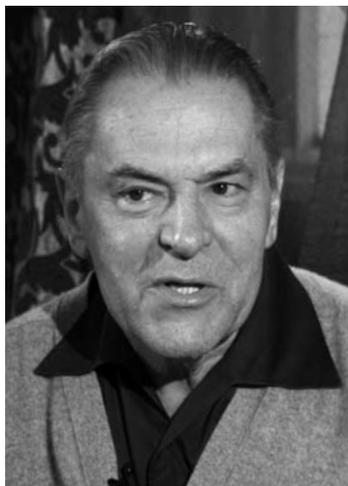
Near the end of the breathing session, Bruno reported feeling tension in the area around his sacrum, where the spinal column meets the pelvis. Grof offered to help release it, and Bruno accepted. When Bruno began to experience nausea, Grof motioned for me to make ready the plastic bag given to sitters. (We'd been told that vomiting is one of the possible outcomes of a breathwork session.) And my partner did throw up as Grof pressed on his sacrum, back, and diaphragm. Though I was distressed, Grof showed no revulsion or hesitation. When the session was over, I helped my partner rise; his muscles had cramped so intensely that he could barely walk. We went outside and sat in the sun, and he told me he was glad he'd had the experience, despite the muscle pain and vomiting, because he'd been able to release difficult emotions that he'd held in for some time.

Next it was my turn as breather. I was nervous lying on the sleeping bag as Grof led us through the relaxation exercise and breathing instruction. My breathing felt artificial and forced at first, but I tried to relax and focus instead on sensations in my body, the first of which was a prickly, buzzing feeling in my hands. My fingers soon clenched into tight, painful fists. Worried this would continue for hours, I breathed through the pain until I felt an unusual rippling sensation under my arms. Then I felt as if my body were being tugged upward off the floor and through the air, and suddenly my consciousness inhabited the body of a red-tailed hawk soaring over the ocean. With each beat of my wings I felt my sinew and bone moving delicately and powerfully. I saw minute details at a vast distance. At the same time I could still feel my body on the floor of the hotel ballroom, where my breathing had shifted into an easy rhythm and my hands had relaxed. I reveled in the freedom of flight at the beginning of my journey into the nonordinary.

**Winter:** What led you to study medicine and psychiatry?

**Grof:** I didn't discover my interests until my late teens. My original plan was to be involved in animated movies, and as I was finishing high school, I already had an interview at the film studios in Prague. Just before I made the final commitment, however, a friend came to visit me holding a book he was excited about. It was Freud's *Introductory Lectures on Psychoanalysis*.

Freud was not well-known in Czechoslovakia at that time. During the Nazi era all psychoanalytic books had been banned.



STANISLAV GROF

After the war the nation experienced three years of freedom, during which the books slowly came back to the libraries, but then the Communists came, and Freud was again on the blacklist. All I knew about Freud was what they'd told us in philosophy classes: that he was a "pansexualist" who tried to explain everything people do as repressed sexuality. I took the book and started reading it that evening. I was so fascinated that I couldn't go to sleep. I read through the night, and within two days I had decided to become a psychoanalyst.

So I enrolled in medical school and joined a small group headed by the only Czech psychoanalyst who'd survived the war. (Most of the psychoanalysts were Jewish, and they'd either ended up in concentration camps or managed

to escape to the West.) We read psychoanalytic books and discussed case histories. I also was in analysis three times a week for seven years, for training purposes.

**Winter:** What led you away from orthodox Freudian analysis?

**Grof:** The first problem was that in Communist Czechoslovakia it was dangerous to be labeled an analyst. My own sessions had to be arranged in secret. Then, when I became a psychiatric resident and got more acquainted with actual case histories, I started having second thoughts. I was still excited by psychoanalytic theory, but I also realized its practical limitations. A patient had to meet very specific criteria to be considered a good candidate for psychoanalysis, the treatment lasted years, and the results were not exactly breathtaking. An analyst could expect to treat only eighty or so patients in a lifetime. I started to think I should have stayed with animated movies.

And then an amazing thing happened: We had just finished a study of Mellaril, one of the early tranquilizers. Sandoz, the Swiss pharmaceutical company that produced Mellaril, sent us a box full of ampules. The letter that came with it said the substance was LSD-25, and it had extremely powerful "psychoactive" properties, which later became known as "psychedelic." The psychedelic effect was already familiar to researchers through substances such as mescaline, the alkaloid of the peyote plant, which is a sacrament in the Native American Church and has been used for centuries in Mesoamerica. It was the incredible efficacy of LSD that was exciting: you had to take maybe a hundred milligrams of mescaline to have a decent experience, but with LSD you had to take only a hundred *micrograms* — a thousand times less. If such a small dose could so greatly affect the consciousness, perhaps what we called mental "diseases" were really aberrations of body chemistry. And if we could somehow identify the chemical culprit and neutralize it, we would have a cure for psychosis, particularly schizophrenia. This, of course, would be the Holy Grail of psychiatry.

LSD could be used to produce experimental psychosis, allowing us to administer it to "normal" people and study the biochemical changes in their bodies and the electrical activ-

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ity in their brains using EEGs — before, during, and after the experience — to see what was happening biologically while the mental function was so deeply affected. We wanted to see if LSD, psilocybin (the pure alkaloid from hallucinogenic mushrooms), and mescaline produced, by and large, the same effect, and then compare this with what was happening in schizophrenic or psychotic patients.

The manufacturers at Sandoz also suggested that we could take LSD ourselves to experience the world in which our patients lived and perhaps understand them better, which might help us to be more successful in treating them. This suggestion became my destiny, or karma, if you will. I was already in crisis over psychoanalysis, and this seemed like an interesting new avenue. I became one of the early volunteers, and I had an extremely powerful experience that changed me profoundly, both professionally and personally.

The research protocol was a combination of LSD and exposure to a powerful stroboscopic light of various frequencies to study the effects of LSD on what is called “driving” or “entraining” the brain waves. When my experience was culminating, the research assistant took me to a small room for my EEG and put the electrodes on my scalp. I lay down and closed my eyes, and then she turned on a strobe. There was an incredible light, more powerful than anything I had ever seen in my life. At the time I thought it must have been what it was like to see the atomic bomb fall on Hiroshima. Today I think it was more like the “primary clear light,” or *dharmakaya*, which the *Tibetan Book of the Dead* says we are supposed to see at the time of our death.

What happened next was my consciousness catapulted out of my body. I lost the research assistant, I lost the clinic, I lost Prague, I lost the planet. I had the feeling that my consciousness had no boundaries anymore, and I had become the totality of existence. A little later I returned to the physical universe, but in some strange way I did not just see it; I actually *became* the universe. Then the research assistant

turned off the strobe, and my consciousness shrank again. I connected with the planet, I found Prague, I found the clinic, and I found my body, although for quite a while my body and my consciousness were separate, and I had difficulty aligning them, bringing them together. It became clear to me that consciousness is not a product of the neurophysiological processes in the brain, as I had been taught at the university, but something much higher, possibly superordinate to matter. The idea that consciousness somehow mysteriously emerges from matter didn't make sense to me anymore. It was easier to imagine that consciousness could create the experience of the material universe by an infinitely complex orchestration. I was suddenly in the realm of the Eastern philosophies, where consciousness is a primary attribute of existence and cannot be reduced to anything else.

**Winter:** Your upbringing wasn't particularly religious. Was that realization a difficult shift for you at the time?

**Grof:** Well, there was a complex history with religion in my family. When my parents fell in love and wanted to get married, there was a problem, because my father's family had no church affiliation and my mother's family was strictly Catholic. The Catholic church in the small Czech town where they lived refused to marry them because my father was a “pagan.” It wasn't until my grandparents made a major financial donation to the church that they were willing to relax their rules. My parents were so disenchanted by the whole affair that they didn't commit my brother and me to any religion. They said we should make our own choice when we came of age.

From this background I went to medical school, which certainly does not cultivate mystical awareness. And Czechoslovakia had at that time a Marxist regime, so we were fed the purest materialist doctrine you can get. The message was “There is nothing mysterious about the universe; see how much we have discovered already. And, if we persist, we will eventually understand it all and control it all.” We were taught that in the universe matter is primary, and life, consciousness, and intelligence are its byproducts, epiphenomena. So I'm a strange example of somebody who was brought to spirituality and mysticism through laboratory and clinical work.

**Winter:** What were the results of that initial LSD study?

**Grof:** We found that when we gave LSD or another psychedelic substance in the same dosage under the same circumstances to a number of people, each of them had a completely different experience. Even if the same person took the same substance multiple times, each of the sessions would be different. So we were not dealing with a predictable pharmacological effect. If you have no idea what might happen when you give someone a substance, that is the end of its use as a traditional pharmacological agent.

But in the course of this research it became clear that LSD was opening access to deep levels of the unconscious. So I dropped the experimental-psychosis approach and took LSD into clinical studies. When a patient could not be helped by any other method, if that person was interested, we would put him or her through psychedelic sessions using medium dosages of LSD. We were with the patients the whole time, kept

records of what was happening, and later asked them to write their own accounts of the experiences. I thought initially that we were doing a kind of deepened and accelerated Freudian psychoanalysis. But LSD opened up dimensions of the psyche that had not been recognized by mainstream psychiatry. So it became a powerful therapeutic tool.

When we worked with artists, LSD changed their style completely. Suddenly painters were working in more surrealist or cubist or abstract styles. The drug could also facilitate scientific inspiration. Sometimes when people have the information they need to solve a problem but still can't find a solution, a psychedelic experience can help them transcend the mind's usual limitations. Some examples are Francis Crick, the codiscoverer of the helix structure of DNA, who admitted that he'd done it with the help of LSD; and Kary Mullis, a Nobel-prize-winning chemist, who revealed that LSD had aided him in developing the polymerase chain reaction that helps amplify specific DNA sequences.

In his wonderful book *Higher Creativity*, Willis Harman talks about how nonordinary states have inspired many scientists and artists. These states were not all induced by psychedelics; some were products of powerful dreams and spontaneous mystical experiences. Chemist Friedrich Kekulé was working with the solvent benzene, and he knew that the benzene molecule had six carbon atoms and six hydrogen atoms, but he couldn't figure out how they were connected. He was dozing off in front of a fireplace, looking into the fire, and suddenly he had a vision of a snake biting its tail. Kekulé was in what we call a "hypnagogic state" — in between waking and sleeping — when the solution came to him. He realized that was how the atoms were connected: in a circle. The benzene ring then became the basis of organic chemistry.

And at the cradle of all the major religions have been personal mystical experiences of their founders and prophets. When the religions become organized, they tend to lose the connection with their spiritual source and become concerned with politics, money, power, and possessions. Spirituality and organized religion are two very different things. You can be spiritual without being associated with any religion, and you can be a member of a religious group with little, if any, spirituality in it.

**Winter:** Have all the uses of LSD been beneficial?

**Grof:** No, there have been destructive uses, of course. Militaries around the world seriously considered using LSD as a chemical weapon, and the secret police of many countries became interested in LSD as a tool for brainwashing and interrogations. They have explored all sorts of sinister possibilities. Psychedelics are tools. There's nothing intrinsically good or bad about them. It's like asking whether a knife is dangerous or useful: it depends on who is using it and for what purpose.

**Winter:** What are "nonordinary states"? Are they different from altered states of consciousness?

**Grof:** No, they are the same. Mainstream psychiatry calls them "altered states," but I don't like that term. There is a pejorative twist to it, as if these states were conveying an impaired or distorted view of ourselves and of reality. There are some

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who have problems with the term "nonordinary states" as well. Our daughter's husband comes from a Native American family, and his mother once said to me, "Stan, I don't know why you are calling these states 'nonordinary.' For my people these states are part of the normal spectrum of experiences human beings can have." So I might be avant-garde in Western academic circles, but to her I'm very square and limited in my thinking.

I am interested specifically in nonordinary states that have therapeutic, transformative, and heuristic potential. (The last term means that they provide access to new information about the psyche, consciousness, and reality.) That's not true of all nonordinary states. Drunkenness, for example, has no such potential. Neither does delirium from a high fever or toxicity associated with uremia. After I began my work, I realized that we do not have a special term in psychiatry for nonordinary states that have positive potential, so I decided to coin one myself: I call them "holotropic," meaning literally "moving toward wholeness."

What this implies is that we are not whole in our everyday state of consciousness, because we identify with only a fraction of who we really are. The Hindus say we are not *namarupa*, meaning "name and shape," or "body and ego." We carry deep within us a core of divine energy that is identical to the creative energy of the universe. Holotropic states take us — sometimes in small steps, sometimes in large jumps — out of our everyday identity and into deeper realms of our psyche, where we can reclaim our cosmic status. We realize our own divinity and our essential deep connection with other people, nature, and all life.

**Winter:** Are these what you call the "transpersonal" domains of the psyche?

**Grof:** Yes. Traditional psychoanalysis limits the psyche to postnatal biography: things that happened to us in infancy, childhood, and later life. The unconscious mind, as defined by Freud, consists of all the material from our lives that we have forgotten, repressed, found unacceptable, or rejected. In holo-

tropic states a certain portion of the experience comes from this biographical material, but it does not end there. If you continue the sessions or increase the dosage of psychedelics, the experiences start moving into other areas. For most people the next available area is what I call the “perinatal region,” which contains memories of experiences that preceded birth, were associated with it, or immediately followed it.

Even deeper than the perinatal region is the transpersonal level, a vast domain in the psyche where you can have the experience of becoming other people, animals, or even plants. In one of my sessions I had the experience of being a carnivorous plant catching and digesting a fly. In another I became a sequoia tree. These experiences not only are very convincing, but they can give us new and accurate information that we did not have before. Other types of transpersonal experiences involve travels into various periods of human history. People talk about reliving experiences from previous lifetimes. And there is yet another category of transpersonal experiences that take us to the realm of world mythology; there we can encounter deities or demonic presences from various cultures and visit archetypal domains such as heaven and hell.

The history of psychoanalysis has been a gradual revelation of increasingly deeper levels of the unconscious psyche. Freud talked about the newborn as “tabula rasa” — a clean slate — and believed that psychological life begins after birth. His student Otto Rank challenged Freud and attributed paramount importance to the trauma of birth. Then there was Sándor Ferenczi, who believed that we carry in our unconscious memories of our existence in the primeval ocean where life originated. And the most radical renegade and innovator, Carl Gustav Jung, discovered that, besides the Freudian individual unconscious, each of us also has access to the “collective unconscious,” a repository of the entire human history and cultural heritage. Under certain circumstances we can directly tap into the information about world history and mythology stored in this realm, which by far transcends our previous intellectual knowledge.

**Winter:** You and your wife, Christina, developed holo-tropic breathwork as a means for inducing nonordinary states without psychedelics. What drew you to work with the breath specifically?

**Grof:** I’d been working with psychedelics since 1956, first in Prague and then at the Maryland Psychiatric Research Center in Baltimore. Around 1973 it got more and more difficult to get permission and funding for psychedelic projects, so I decided to take a year off to write two books. At a party in New York City I connected with Michael Murphy, cofounder of the Esalen Institute in Big Sur, California, and he invited me to come and stay there while writing these books. I agreed to do some workshops for Esalen in exchange for room and board. The participants in these workshops were frustrated that they could not take LSD and have some of the extraordinary experiences I was telling them about, but I did not have permission to administer psychedelic substances in California. Then I remembered some observations I had made in Prague. There had been a couple of occasions when patients in LSD sessions

had spontaneously started breathing faster as the drug was wearing off. They told me that the fast breathing took them back into the experience and deepened and intensified it. So when people at Esalen asked to experience nonordinary states, I thought, *Why not try doing something with breath?*

Initially we had people lie in a circle with their heads to the center, hold hands, and close their eyes. Then we had them breathe faster while we played evocative music. There was always somebody in the group who was very close to some significant unconscious material. That person would get triggered and go into an intense emotional process. We would then discontinue the group exercise and focus on helping this individual using a form of bodywork.

I knew from my Prague patients that working with the body could help someone through an unresolved experience. It had started when one of my clients, who was coming down from the LSD experience, had felt quite charged and angry and had mentioned having a bad pain in his shoulder. He kept hitting his shoulder and asked if I would press on it. I figured, *What is there to lose?* So I started pressing. He began acting out, making faces, shaking, growling, coughing, and screaming. We did this for a while until he was completely relaxed, pain free, and in a good mood. Another time a woman experienced intense nausea in the termination period. She said she had something sitting in her stomach, so I put my hand there and gently pressed; she started making faces and noises. I asked her to express how she was feeling, and that triggered projectile vomiting. Again, within minutes she was feeling better. Sometimes, at the Esalen workshops, while we were working with one person, somebody else would get triggered by watching, or we might get three people at once, like a chain reaction. Christina would work with one, and I would work with another, and several people in the group would just hold the hand of the third person and wait.

Then one day I hurt my back in the garden just before we had forty-six people coming for a workshop. I was in too much pain to work with them physically, but we could not send them home: some had come from Australia, South America, and Europe. So we decided just to pair them up, tell them how to work with each other, and walk around and supervise the process. That session was such a success that we have been doing it that way ever since.

**Winter:** What type of music do you play?

**Grof:** The session typically begins with music that is dynamic, flowing, and emotionally uplifting and reassuring. As the session continues, the music gradually increases in intensity and moves on to powerful rhythmic pieces, preferably drawn from various native cultures. Unlike Western composers, native musicians are not primarily interested in aesthetics. Although their music and chanting can be beautiful, their primary interest is to change the consciousness of participants, to induce a trance state. In the same way, the whirling dervishes don’t dance to entertain people; they dance to experience connection with the divine.

About an hour and a half into the session, when the experience typically culminates, we introduce what we call

“breakthrough music.” The selections used at this time range from sacred music — masses, oratorios, requiems, and powerful orchestral pieces — to dramatic movie soundtracks. In the second half of the session, the intensity of the music gradually decreases, and we bring in loving and emotionally moving pieces, or “heart music.” Finally, in the termination period of the session, the music has a soothing, meditative quality.

**Winter:** Why do you prefer to work in groups?

**Grof:** There are a number of reasons: The experience is more powerful when many people share it, and when we have a larger space, we can use powerful music. Also, when many people are having experiences, it’s much easier for those who are self-conscious to join in. After the breathing sessions, we share stories as a group. If you hear three, four, or five people say that they had similar experiences to yours, it encourages you to be more open in your sharing. People realize we’re all in it together. They support and encourage each other. And last but not least, there is the economic element. Working in a group is simply more affordable. It may be ideal to have one or two trained people work with you for three hours, but it’s expensive. This weekend we’ll work with about 150 people. Our largest groups have had between 300 and 360 participants, with between thirty and forty trained facilitators who went wherever their assistance was needed.

Many people tell us what a special experience it is for them to be the sitter and to be there for another person, and how much they learned by seeing other people struggle with certain issues. In the international transpersonal conferences that Christina and I have conducted over the years, people from countries or groups that historically had hated each other — like Germans and Jews or people from countries that had suffered under the Nazis, or Russians and people from the Soviet satellite countries — have sat for each other, and it has been quite amazing to watch how the boundaries melt and the sense of community develops. Even the language barriers are not a big hurdle, because a lot of it is happening nonverbally.

**Winter:** How much training does it take to be a facilitator?

**Grof:** The training consists of seven six-day units and a two-week certification process. In our training we place a great emphasis on self-exploration: getting to know oneself and learning to trust one’s inner healing intelligence. The most important part of the training is not to learn a “technique” but to do a lot of inner work. Everything that the facilitators are doing is guided by one basic principle: they take clues from the breathers and cooperate with the breathers’ inner healing intelligence, then simply find the best way to intensify what is already happening.

Holotropic breathwork essentially follows a strategy described by Jung, who said it is impossible to achieve an intellectual understanding of the psyche. The intellect is a part of the psyche and is not in a position to understand and manipulate it. There is a wonderful passage in Victor Hugo’s *Les Misérables*: “There is one spectacle grander than the sea; that is the sky. And there is one spectacle grander than the heavens; that is the interior of the psyche.” What a psychotherapist can

do, according to Jung, is create a supportive environment in which transformation can occur. Once our clients enter a holotropic state, the healing process is guided from within and does not require any professional guidance from us.

The process automatically activates the unconscious material that has a strong emotional charge, saving the facilitators the hopeless task of sorting out what is “relevant,” which plagues talk therapy. The facilitators simply support whatever is spontaneously emerging from moment to moment, trusting that the process is guided by an intelligence that surpasses the intellectual understanding obtained by professional training in any of the various schools of psychotherapy.

**Winter:** What about the sitters? They are people off the street, some of whom have never had any exposure to psychology.

**Grof:** Most people are great at it. Actually we have more problems with psychiatrists and psychologists, because they bring their own ideas and resist the emphasis we place on the inner healer. Trained professionals want to *do something*, but we generally don’t do anything until the end of the session, and then only if a session doesn’t reach a natural resolution. The guidance has to come from within: it’s not me telling you what to do; it’s you following your own healing energy. Professionals usually have a hard time letting go of their training. People who come in off the streets tend to accept the rules and follow the instructions.

**Winter:** What are the medical contraindications for participating in a holotropic-breathwork session?

**Grof:** Breathwork can be dangerous for participants with serious cardiovascular disorders, because the session can involve strong physical tensions, intense emotions, and considerable stress. For the same reason, people who are pregnant or have a history of epilepsy shouldn’t participate. And if we are conducting a short-term workshop, rather than work in a residential facility that has provision for overnight stay and a trained staff, we do not include individuals who have serious emotional problems that in the past have required psychiatric hospitalization.

**Winter:** You’ve used the term “spiritual emergency” to describe a certain type of psychological crisis. What is that, and how does one distinguish a spiritual emergency from a psychiatric state that would require a medical intervention?

**Grof:** In the early psychedelic sessions, and later in the breathwork sessions, we often saw people having experiences that appeared distressing and frightening but became healing and transformative when we gave the proper support and let them develop. At a certain point it seemed logical to use the same approach with similar experiences that emerge spontaneously in the middle of everyday life. We started calling them “spiritual emergencies.” There is a play on words there, because *emergere* in Latin means “to emerge”; if something emerges too fast, takes us by surprise, and creates problems, it is referred to as an “emergency.”

The sources of spiritual emergencies are traumatic memories from childhood, infancy, birth, and prenatal life, and material from the historical and archetypal collective un-

conscious. We found that, if people are able to stay with the process, even the most difficult experiences can eventually be healing and result in a breakthrough rather than a breakdown. It is the same with psychedelics: the worst thing you can do is give tranquilizers to someone in the middle of a bad trip; it ensures that the experience will not be resolved. With the breathwork you want to go deeper into the experience and get through it, particularly if it is something like reliving birth — which, by definition, is a process that has a beginning, a culmination, and a resolution. Giving the person tranquilizers would be like putting your hand over the head of the baby, pushing it back into the birth canal, and preventing the birth from happening.

The narrow and superficial model of the psyche used by mainstream psychiatry and psychology has no explanation for these states except the idea that some kind of unknown pathology creates the experiences. But if you consider that these states can occur not only after the administration of LSD but also with something as simple as faster breathing, it becomes difficult to see them as pathology. You start seeing them as natural manifestations of the psyche. So it makes sense to provide support for them instead of suppressing them.

I believe this concept has global implications. Around the world more and more people are going through crises that are potentially transformative. Unfortunately, the way psychiatry works today, there's a tendency to stop anyone from going through such a crisis. But if we properly supported these people, the crises could lead to personality changes that would make it more likely for humanity to survive, because we could work through a lot of the aggressive and self-destructive impulses that we are all acting out on a large scale.

After one experiences holotropic states, there is a tendency for one's boundaries to dissolve, whether they are boundaries of race, gender, culture, politics, or religion. People tend to move from organized religions to a more mystical, universal view. In my opinion organized religions are more of a problem than a solution in today's world. The differences among them lead to much hostility and violence, and the same is true even for differences *within* religions, like the centuries of bloodshed between Protestants and Catholics or Sunni and Shiites. We don't really need religions, with their internecine conflicts; we need spirituality that transcends them.

Mythologist Joseph Campbell used to say that you have to look past the specific images of God that people worship and see through to the archetypal level. You want to relate to the source out of which all the images come. The useful God is a God that doesn't have any shape but that has the potential to create all shapes and forms. As soon as you get stuck on specific images, symbols, and rituals and want to impose them on others, you have a dangerous religion. People who experience holotropic states under good circumstances — and we strive for a loving environment in our sessions — develop a spirituality that is all-encompassing, and their primary commitment is planetary and not related to any specific group or country. As Buckminster Fuller said, this is "Spaceship Earth," and we are all on board it together.

**Winter:** You said that some spiritual emergencies involve reliving trauma from birth or past lives. Do you feel that people are having *actual* experiences from their births and the womb and even going back into history?

**Grof:** I have a number of examples in which people came up with details about their birth that they could not possibly have known but that we were able to verify once we got access to birth records or talked to the mother. The question for me is whether the way we experience it is exactly the way the fetus experienced it or whether it is colored by all the intervening years. We are now adults regressing to the original situation and experiencing simultaneously two roles: we are having the experience of the fetus, and we are interpreting it as adults, using information the fetus did not have.

**Winter:** Is reexperiencing a traumatic event always therapeutic, or does it sometimes introduce more trauma?

**Grof:** This problem was discussed at some length in a paper by the Irish psychiatrist Ivor Browne and his colleagues, titled "Unexperienced Experience." They suggest that massive psychological shock can lead to partial or complete loss of consciousness. When the traumatic event cannot be fully psychologically "digested," it is dissociated and remains in the unconscious, where it has a disturbing influence on the person's emotional and psychosomatic condition and behavior. When a traumatic memory emerges into consciousness, it is not just a reliving of what originally happened but the first *full* experience of this event, making it possible to reach closure. Once a traumatic memory is fully, consciously experienced, processed, and integrated, it ceases to have a negative impact on the individual's everyday life.

**Winter:** You've said we need to radically revise the medical model in psychiatry.

**Grof:** Psychiatry developed as a subspecialty of medicine, and initially it made tremendous advances, particularly in the nineteenth century. Psychiatric researchers discovered, for example, that mental problems such as dementia and grandiose delusions could be symptoms of tertiary syphilis. In some patients they discovered temporal tumors or arteriosclerotic changes in the brain. It seemed that if we continued this way, we would eventually explain every mental disorder biologically.

But as time went by, there remained a large number of mental disorders for which no medical cause could be found. Then we discovered psychopharmacology, which made it possible to treat the symptoms of disorders for which no biological explanation had been found and for which no causal therapy existed. If someone can't sleep, he gets a hypnotic. If somebody is agitated, you prescribe tranquilizers. If someone is too inhibited, you give her a stimulant. We've ended up in a situation where we confuse the suppression of symptoms with healing. Is the patient less anxious? His clinical condition is improving. Less aggressive and more docile? She's getting better.

This therapeutic philosophy is very different from the strategy used in general medicine, where symptomatic treatment is applied in two situations. The first is when we are addressing the primary cause but still want to ameliorate the symptoms. So, for example, in addition to giving antibiotics to

**MANY OF** my colleagues who have not had these experiences themselves have real difficulties digesting these reports intellectually. . . . If I had not had mystical experiences myself, and you were describing them to me, it would be like telling a preadolescent about sexual orgasm.

fight the infectious agent, we might also give aspirin to bring down the patient's temperature. The second is in the case of incurable diseases, where all we can do is treat the symptoms. In psychiatry we thus treat many disorders as if they are incurable and all we can do is to keep the symptoms under control. But that's like reducing a fever without asking why the fever is there. Work with holotropic states can do more than suppress the symptoms. It can go to the roots of the underlying condition and change it.

In homeopathy, which is similar to the holotropic approach, the symptoms indicate the organism's effort to heal itself. A homeopath tries to do something to temporarily *intensify* the symptoms. In a similar way, when symptoms start developing during holotropic breathwork, it means something is coming up for processing. The person might be screaming and coughing and choking, but that doesn't mean that it's pathology — as long as you know that the situation that caused it justifies that kind of response. If you work with a traditional psychiatric model that's limited to postnatal biography, and the source of the dramatic symptoms is on deeper levels of the psyche — for example, related to the trauma of birth — you have no logical explanation for them and no basis to work with them. You have to blame the symptoms on some unknown pathological process.

**Winter:** You say we shouldn't suppress the symptoms in spiritual emergencies but instead support them. Love and support can go a long way, it's true, but some people with loving, supportive families and friends commit suicide due to untreated depression. How do we know when to treat the symptoms?

**Grof:** Recognizing the existence of spiritual emergencies does not mean we reject the theories and practices of mainstream psychiatry. Some nonordinary states are clearly biological in nature and require medical treatment. If mainstream psychiatrists tend to pathologize mystical states, there also exists the opposite error of romanticizing and glorifying

psychotic states and overlooking a serious medical problem.

Unfortunately it is impossible to give exact criteria for differentiating between spiritual emergency and psychosis. Psychotic states that are not clearly organic in nature are not medically defined. It is highly questionable whether they should be called "diseases" at all. They are certainly not diseases in the same sense as diabetes, typhoid fever, or pernicious anemia. They do not yield any specific clinical or laboratory results. The diagnosis of these states is based entirely on the observation of unusual experiences and behaviors.

What we can do is perform a medical examination to rule out conditions that are purely organic in nature and require biological treatment. The next important guideline is whether the nonordinary state of consciousness involves a combination of biographical, perinatal, and transpersonal experiences that can be induced in "normal" people by the use of psychedelic substances, faster breathing, bodywork, and a variety of other techniques. Those of us who work with holotropic breathwork see such experiences daily in our workshops and seminars. In view of this fact, it is difficult to attribute similar experiences, when they occur spontaneously, to some exotic and yet unknown pathology. It makes more sense to approach these experiences in the same way they are approached in holotropic sessions: to encourage people to surrender to the process and to support the emergence and full expression of the unconscious material that becomes available.

It is also important for people to recognize that what is happening to them is their inner process and to be open to experiential work. Transpersonal strategies are not appropriate for individuals who use projection or suffer from persecutory delusions. The way clients talk about their experiences often distinguishes promising candidates from inappropriate or questionable ones. If the person describes the experiences in a coherent and articulate way, however extraordinary and strange their content might be, it is a good indicator.

**Winter:** Is talk therapy still relevant today?

**Grof:** Yes, I think that there are situations where verbal approaches are useful. For example, in couples therapy it's good to have a neutral person to observe the interaction, identify and point out the vicious circles in communication, give feedback, and so on. The same is true for family therapy. But even in those instances, it would be much more effective if people would do some individual work on their own inner problems first, rather than have an external observer tell them how they project those problems on each other. If you have dealt individually with the sources of these difficult emotions, and there is still a need to correct the interpersonal interaction, then it can be useful to have a therapist there.

But there are limits to what verbal therapy can do; for example, it is an illusion to believe that you can do something with, say, psychosomatic disorders by talking about them.

**Winter:** Disorders such as . . .

**Grof:** Asthma.

**Winter:** Asthma is a psychosomatic disorder?

**Grof:** Asthma seems to have both an emotional and an allergic component. In some patients it's more one than the other.

We have seen a number of people work through asthma using holotropic breathwork. Behind psychogenic asthma there are typically traumatic memories involving choking, near drowning, whooping cough, difficult birth, and so on. We encourage these people to use voice, coughing, body movements, and other forms of energetic and emotional releases as they are processing these memories. Use of bodywork — applying pressure on the blocked areas — can greatly facilitate this process.

**Winter:** What about anxiety?

**Grof:** With anxiety, again, talk therapy is not very effective. It is necessary to identify and bring into consciousness the situations that are the sources of the anxiety and relive them, which can only be done experientially. One of the most significant sources of anxiety is the trauma of birth, and that, of course, cannot be resolved by talking. We also typically find much trapped emotional and physical energy behind depression. Many people with depression make significant progress when they relive their births. The hours the fetus spends in the birth canal generate difficult emotions and physical sensations that remain stored in the unconscious unless we release them by experiential work.

I've experienced traditional psychoanalysis — three times a week for seven years — and also psychedelic therapy and holotropic breathwork, and for me there's just no comparison: the experiential therapies are much more effective. The ideal treatment is a combination of the two: do the work with psychedelics or the breathwork, and then sit down with a therapist and process what came up. But I think the talk-therapy approach does not go deep enough for the majority of emotional and psychosomatic problems.

**Winter:** Is the birth experience, then, the primary trauma that we all need to go back and revisit?

**Grof:** I believe that we all carry it, but it's more relevant for some people than others. It's not just birth; it's also what the prenatal and the postnatal periods were like. If you have good mothering and a lot of positive experiences early on, the birth trauma is going to be so buried in your unconscious that it's not going to have much influence on your life. But if you go from a bad womb to a difficult birth and then a lousy postnatal life, it is likely to manifest in nightmares and various forms of psychopathology. So the postnatal life can either protect you against the memory of birth or keep it alive. We have found that what is most important in this regard is whether you had childhood experiences that interfered with your breathing, such as whooping cough, diphtheria, near drowning, or an older brother choking you. These are reminiscent of birth and keep the memory of birth alive.

**Winter:** Mainstream medicine says perinatal experiences aren't recorded in memory. Is there evidence, beyond the anecdotal, to support your claims that we remember the womb and birth?

**Grof:** The usual reason for denying the possibility of birth memory is that the cerebral cortex of the newborn is not mature enough to record this event. More specifically, the cortical neurons are not yet completely covered with protective sheaths of a fatty substance called "myelin." Surprisingly, the

same argument is not used to deny the existence and importance of memories from the period that immediately follows birth — Freud's "oral stage" — when the myelin sheaths are still unformed. The paramount psychological significance of this oral period, including the exchange of looks between the mother and child immediately after birth ("bonding"), is generally acknowledged by psychiatrists and obstetricians.

It is also well-known that memory exists in organisms that do not have a cerebral cortex at all, let alone a myelinated one. In 2001 neuroscientist Eric Kandel received a Nobel prize in physiology for his research on memory mechanisms in a sea slug, an organism far more primitive than a newborn child. Fetal research has also shown extreme sensitivity of the fetus in the prenatal stage.

**Winter:** Has anyone found a correlation between certain types of births and certain psychological profiles?

**Grof:** There seems to be a correlation between difficult birth and aggression that's directed inward, particularly suicide. The Scandinavian researcher Bertil Jacobson even found a close correlation between the method of suicide and the nature of the birth: suicides involving asphyxiation were associated with suffocation at birth, violent suicides with mechanical birth trauma, and drug overdose with the administration of opiates or barbiturates during labor. Other studies have shown correlation between difficult birth and outward-directed aggression — specifically, criminal recidivism. French obstetrician Michel Odent has shown that the busy, chaotic atmosphere of many hospitals induces anxiety in the birthing mother, engaging the adrenaline/noradrenaline system and imprinting the fetus with a view of the world as a dangerous place. The anxiety response also inhibits the hormones that mediate parental behavior and bonding — prolactin, oxytocin, and endorphins. These findings, showing the critical importance of birth circumstances for future disposition to violence or love, are essential to the argument for more peaceful and relaxing birthing environments.

According to the traditional psychiatric view, only a birth that causes irreversible damage to the brain cells can have psychological and psychopathological consequences. For example, oxygen deprivation associated with a difficult delivery can cause mental retardation or hyperactivity. Oxygen deprivation during birth and viral infections during pregnancy are among the few consistently reported risk factors for schizophrenia. But, surprisingly, academic psychiatrists tend to interpret these findings only in terms of physical damage to the brain and do not consider the possibility that perinatal insults also have a strong psychotraumatic impact on the child, whether or not they damage the brain cells.

**Winter:** What influence have your experiences with non-ordinary states had on your worldview and your thoughts about the nature of reality?

**Grof:** My own experiences were absolutely critical in shaping my views. I am not sure that my clients' telling me about their holotropic experiences would have been enough, considering my training in traditional science and medicine, to have changed my outlook. I am sure I would have found ways

of explaining it away and giving some rational interpretation of what I was hearing. Many of my colleagues who have not had these experiences themselves have real difficulties digesting these reports intellectually. I did not really understand the experiences I saw others having until I had some of my own. And when I hit some difficult places in my own experiences with psychedelics, I would frequently remember patients I had seen who had been in the same place — for example, feeling that existence was absurd and meaningless and experiencing a suicidal impulse. When I had sat with them as a psychiatrist listening to their stories, I hadn't *really* understood what they were talking about. Now I knew. And it was the same with mystical experiences. If I had not had mystical experiences myself, and you were describing them to me, it would be like telling a preadolescent about sexual orgasm.

**Winter:** How has your work been received in the academic world?

**Grof:** It has been a mixed bag. In my native country, Czechoslovakia, I first got the 2001 Delusional Boulder Award. A group of hard-core Czech academics called the Sisyphus Club give this mock award to researchers they believe have been pushing a “delusional boulder” up a mountain; i.e., investing many years of hard work in a project that produces ridiculous and bizarre results. So I got that one. [Laughs.] But then in 2007 I got the very prestigious Vision 97 Award from the foundation that former Czech president Václav Havel and his wife started.

Usually, when I talk to academics, there's quite a bit of interest and discussion. Sometimes people tell me they've been thinking along these same lines for years but are afraid to mention it to their colleagues. But my work hasn't had much impact on mainstream psychology, where even Jung is still a footnote.

**Winter:** Would you use LSD therapeutically today if the laws were different?

**Grof:** Of course. I think it's an extremely powerful tool, one of the great missed opportunities that psychiatry had. I'm sorry that the research was discontinued because people took it in unsupervised ways. It would be like a group of teenagers breaking into a radiology lab and playing with the x-ray machine, and the doctors would have to give up x-rays because the incident revealed how dangerous the machine was.

Before LSD became illegal, we were talking about creating an institute where many different methods would be available: meditation, tai chi, yoga, breathwork, Gestalt therapy, acupuncture, sensory-deprivation tanks, biofeedback machines. You could even have good astrologers, like Richard Tarnas, and good psychics, like Ann Armstrong, on staff, and people could choose what worked for them. In that context psychedelics would be a great addition. You could start with something gentle like MDMA — or “Ecstasy” — and then move on to mushrooms and LSD. Ideally I would like us to have all these methods available, because different people respond to different things. There are people who would not touch LSD but maybe would do Gestalt. Maybe after doing Gestalt for a while, they would be open to breathwork, and after doing breathwork, they might be open to psychedelics.

**Winter:** In *When the Impossible Happens* you describe your own experiences with nonordinary states. Why did you decide to be so open in the book?

**Grof:** Our house burned down in February 2001, and I lost my whole reference library. It became difficult to write books the way I used to — drawing on the work of others and quoting passages from their books — so I decided to write a memoir. I also thought it would be easier for a lay audience to relate to a collection of personal stories than to more-technical writings. Not only am I self-revealing in the book but also self-incriminating, because I admit to taking psychedelics outside of the research context. But I thought the material was so important that I wanted to do some honest reporting about it, so that people can learn from some of the mistakes we made.

I have always tried to deal with this subject in a way that is acceptable to scientists — or, at least, to open-minded scientists. We have a lot of information from the spiritual and mystical domain that scientists dismiss as irrational and flaky. Early on I tried to bridge the worlds of science and spirituality. I was part of the small group, including Abraham Maslow and Anthony Sutich, that formulated the basic principles of transpersonal psychology. Our goal was to create a psychology that would not make psychotics out of prophets, yogis, and shamans and that would at the same time incorporate observations from the research of holotropic states.

We felt we had succeeded, but we did not know how to reconcile this new psychology with mainstream science. The gap between religion and spirituality seemed unbridgeable. Then I realized that the science we were unable to reconcile with transpersonal psychology was seventeenth-century science, and that since the discovery of radioactivity and x-rays, physicists themselves had moved on to an entirely different understanding of the universe, to quantum-relativistic physics. And, as Fritjof Capra and others have shown, this new worldview is rapidly converging with the image of the universe found in the great Eastern spiritual philosophies and in mystical teachings of all times. It is also easily reconcilable with transpersonal psychology. But many scientists in other disciplines — biologists, physicians, psychologists, and psychiatrists — are still stuck in this seventeenth-century thinking.

Ken Wilber wrote in his book *The Sociable God* that where there seems to be a conflict between religion and science, it likely involves “bogus religion” and “bogus science.” Aldous Huxley, after he had experiences with mescaline and LSD, wrote *Heaven and Hell*, in which he says heaven and hell are real but are states of consciousness and not physical places. Astronomers probing the astronomical heavens with telescopes have not found God and angels, and the molten nickel and iron in the middle of the earth certainly make it an unlikely place for the realm of Satan. But the idea that science is incompatible with spirituality and genuine religion based on personal experience is just absurd. People who think there is such a conflict do not understand either spirituality or science, or both. I believe we are moving to a worldview where there will be no conflict between the two. ■