

Interview with Stan Grof

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January 10, 2009

This interview follows-up on a 1997 interview that was published as a chapter in the book *Higher Wisdom: Eminent Elders Explore the Continuing Impact of Psychedelics*.

What would you want to tell future generations about the significance of the transpersonal perspective?

The industrial civilization is paying a great toll for the fact that it has lost spirituality and completely oriented itself on the pursuit of external goals. This has led to a destructive and self-destructive way of being in the world. We have become a threat to the future of life on our planet. So a psychology that not only recognizes spirituality, but also has developed technologies that make it possible for people to actually *have* spiritual experiences, is extremely beneficial for people individually as well as for humanity collectively.

One of the technologies that you have found useful for allowing access to spiritual experiences has been psychedelics. Can you describe the circumstances and impact of your first psychedelic experience?

Around the time when I had my first psychedelic session, I was experiencing deep disappointment with psychoanalysis. Psychoanalysis was what initially inspired me to study medicine and psychiatry. But I had begun to realize

all of its limitations. There was a narrow indication range and one had to meet very special criteria to be considered a good candidate for psychoanalysis. It takes a lot of time, a lot of energy, and a lot of money. And I began to realize that even after a long time, the results were not exactly breathtaking.

My own analysis lasted seven years, and I loved every minute of it: playing with my dreams and finding that there was some deep meaning in every slip of my tongue. But if you had asked me, “Did it change you?” I would have said that, while I certainly changed during those seven years, there was no convincing causal relationship between the interpretations of the free associations that I did on the couch and any of the changes that happened in my life. Seven years is a long time, enough for significant changes to happen with or without psychoanalysis. Whereas, when I had my first LSD session, I was one kind of person in the morning and a very different person in the evening, and there was no doubt in my mind that the change was the result of my psychedelic experience.

During that era there was great excitement about psychopharmacology that accompanied the advent of the first tranquilizers and antidepressants. We had just finished a large study with Mellaril (thioridazine), one of the early tranquilizers produced by the Sandoz pharmaceutical company in Basel, Switzerland. So we had a good working relationship with Sandoz. As part of this cooperation, we got a large box of ampoules of a new substance. It came with a letter from Sandoz describing how Dr. Albert Hofmann discovered the psychedelic effects of LSD, when he more-or-less accidentally intoxicated himself. I should say that Albert did not like the term “accidentally.” He called it “serendipity,” because when he synthesized LSD the second time, he was interested in its effects as a potential analeptic and psychostimulant, not just as a substance that contracts the uterus or helps to relieve migraine headaches.

So, in this letter, Sandoz asked us if we would like to experiment with LSD. On the basis of Dr. Werner Stoll's pioneering 1947 paper, Sandoz suggested that LSD could be used to induce an "experimental psychosis"—a model of the naturally occurring ones—and that was very exciting, since it is always great to have models in science. We could conduct various examinations before, during, and after the LSD sessions. We could find out what was happening biologically, while the mental functioning was being so profoundly changed. Such experiments might provide some deeper understanding of psychosis, particularly schizophrenia. If we could determine that schizophrenia is caused by a chemical aberration, rather than being a "mental disease," then hopefully we could find a substance that would neutralize the chemical imbalance and have a test tube cure for this mysterious disorder.

There was another little comment in the letter, which kind of seeded my destiny. Sandoz's letter said that, on the basis of their initial experiments, LSD could also be used as an unconventional educational tool; psychiatrists, psychologists, nurses, and students of psychology could spend a few hours in a world that seemed similar to the world where many of their patients live. As a result of this, they could obtain some deeper understanding of their patients. This would allow them to communicate with them better, and possibly be more effective in treating them.

At the time the LSD arrived at the psychiatric clinic, I was experiencing a serious existential crisis. I had started to question whether it was a good choice to become a psychiatrist. My initial plan was to work in animated movies. I like to paint and draw, and when I was finishing gymnasium—in Europe the equivalent of high school—I had an interview with the leading artist in the animated movie industry and I was going to start working at the Barrandov film studios in Prague. But just at that time, a friend of mine lent me Freud's *Introductory Lectures to*

Psychoanalysis. I read it overnight, and decided in a very short time that I would move from animated movies to psychoanalysis and enroll in the medical school. By the time the LSD arrived at the psychiatric department, I was seriously questioning my decision to study psychiatry. Having a session with LSD seemed like an interesting opportunity, so I became one of the early volunteers.

To have the LSD experience, I had to agree to be briefly exposed during the experiment to a powerful strobe light. My preceptor, who had received the LSD from Sandoz, was interested in electroencephalography, with a particular focus on what is called “entraining” or “driving” the brain waves. He exposed people to acoustic or optical frequencies and studied the EEG of corresponding areas of the brain—the temporal or the occipital regions—to see if the brain waves would pick up the frequency that he was feeding in. Those of us who wanted to have an LSD session thus had to agree to have our brain waves driven as part of the experiment. The first part of my LSD experience was filled with beautiful fractal, displays—arabesques, kaleidoscopic images, patterns resembling stained glass windows in Gothic cathedrals, and so on. Then the experience opened into my individual history; it was very much like a personal analysis, only much more profound. I was seeing connections that I had not discovered in my previous self-explorations.

The most important part of the experience happened between the second and third hour. The research assistant came and said it was time to drive my brain waves. She took me to a little cell, where I lay down and she pasted the electrodes on my head. Then she brought in a giant strobe, put it above my head, turned it on, and there was this incredible explosion of light. At the time I likened it to the explosion of the atomic bomb in Hiroshima. Today I would say it was more like the Primary Clear Light (*dharmakaya*) that—according to the *Tibetan Book of the Dead*—we see at the moment of our deaths.

My consciousness was catapulted out of my body; I lost my connection with the place of the experiment, with the research assistant, with the clinic, with Prague, and then with the planet. I had the feeling that my consciousness had absolutely no boundaries, I became “All There Was,” the totality of Existence. At one point, my experience focused on the astronomical universe. There were things happening for which I did not even have a name. Later, when I read about the Big Bang, white holes, black holes, and worm holes, I realized it was something from this category of phenomena—an unbelievable cosmic display.

While it was happening, the research assistant was being very scientific. She gradually moved the frequencies of the strobe from 2 Hz up to 60 Hz and then brought them slowly back. Rigorously following the protocol, she left them for a while in the middle of the alpha range, the theta range, and the delta range. Then she turned the strobe off. My consciousness started shrinking, I reconnected with the planet, and finally found my body. For quite a while, I could not align my consciousness with my body. It became absolutely clear to me that what I had been taught at the university—about consciousness being a product of matter, of the neurophysiologic processes in the brain—was just not true. Consciousness was clearly something much bigger; it was at least an equal partner with matter, but was possibly supraordinated to matter. At that point, I could imagine that consciousness could create reality by complex orchestration of experiences, but it seemed absurd to me that matter could create consciousness. In any case, I finally managed to get my consciousness and my body together, and I was very impressed. I realized I was already stuck with psychiatry and I felt that by far the most interesting thing a psychiatrist could do would be to study non-ordinary states of consciousness like the one I had just experienced.

This experience happened in 1956, and for over fifty years now I have done very little professionally that was not related in one way or another to a specific

subgroup of non-ordinary states that I call “holotropic.” These are the kinds of states that shamans induce in their clients or experience themselves when they heal others, the experiences of the initiates in the rites of passage of native cultures or in the ancient mysteries of death and rebirth, the experiences of yogis, Buddhists, Sufis, Cabbalists, and Christian mystics. These are experiences that I believe have a great healing, heuristic, transformative, and even evolutionary potential. So the study of these states became my profession, vocation, passion, and lifetime commitment.

The work with holotropic states confirms Jung’s concept of the collective unconscious. There is a realm in which there is a record of all events that happened in the past. Jung thought mostly about human history, but there are many other kinds of experiences of the past. For instance, you can have phylogenetic experiences—go back in the evolution of species—or even beyond that and experience the history of geological formation of the earth and of the universe itself. And we have now a scientific model for such experiences, which is Ervin Laszlo’s concept of what he originally used to call the “PSI field;” more recently he renamed it the “Akashic field,” which links his model to the spiritual realm. In some instances, when we experience visions from the collective unconscious, it is associated with a sense of *déjà vu* or *déjà vecu*, where one feels that this is not the first time one has that particular experience: “I have seen this before, I have been here before, I have experienced this before.”

In another category of these experiences from the past, one can have the feeling of connecting with one’s own ancestral lineage. I have seen a number of situations where people experienced specific scenes from the lives of their biological ancestors. I included several examples of such accounts in my book, *When the Impossible Happens*. A somewhat similar situation can be seen in shamanic cultures’ relationship with the spirits of their ancestors. However, the

shamans and native people, in general, are talking about actually going back in history, connecting with their ancestral lineage, and receiving support or help from their ancestors, while also expressing a deep respect and gratitude toward them and honoring them.

The part of the psychedelic literature where this is most frequently described relates to the use of eboga (*Tabernanthe iboga*) in Africa for the Bwiti initiation ceremonies. It is also an important element in the ritual life of the Australian Aborigines, where this occurs—as far as we know—without the use of psychedelics. Their experiences of “dreamtime,” or *Alcheringa*, take them back to the life of their ancestors, and even before the human ancestors, to the time when the earth was created. The people with whom I have worked over the years also occasionally experienced this mythological world of the Australian Aborigines, and I have had such experiences myself.

In other instances, I have seen people carrying some particular intrapsychic conflict who realized that its ultimate source was related to problems in their ancestral lineage that they had introjected. For instance, if their father was Catholic and their mother Jewish, they discover a generational conflict between the two ancestral lines that they have introjected and experienced as their own. Many of the psychedelic phenomena that we can experience are related to our biological lineage, human or phylogenetic. But the interesting thing is that the regressive process does not have to stay within our ancestral lineage.

Once I realized that people could travel to a point of time preceding their conception—having a medical background—the only mechanism I could imagine that might allow for this to happen was genetic transfer of DNA. Beside all its other functions—carrying the blueprint for building the body, character traits, talents, hereditary diseases, etc.—the DNA would have to have the capacity to

create a record of complex past situations that could then be transformed into a conscious experience of those situations. And, naturally, this would make DNA even more mysterious than it currently appears to medical science! But then I found out that these experiential excursions into the past could transcend the DNA. You can be Anglo Saxon and have the experience of being an African slave in America or a Samurai from historical Japan.

Additional evidence against a genetic mechanism comes from experiential identification with representatives of various species that are not part of our biological lineage. For example, you can have a very authentic and convincing experience of identification with a silverback gorilla. But we do not have gorillas as our animal ancestors—both species share a proto-hominid in their ancestry, but as the Darwinian tree splits, the gorillas and chimpanzees form separate branches. So moving backward via the DNA you could get to the proto-hominid, but not to a gorilla. Experiences of this kind cannot be recorded in any material substrate that we know. But perhaps their source is some kind of immaterial field, like Ervin Laszlo's Akashic field, or in the field of consciousness itself.

What value do psychedelics hold for the transpersonal model of psychology?

For me, the transpersonal area opened up as a result of psychedelic research. I came into medicine equipped with traditional psychiatry and Freudian psychoanalysis, which offer a very inadequate model of the psyche. This image of the psyche is not wrong. But it describes a relatively superficial level of the psyche and mistakes it for the totality of the psyche. When Freud discovered the individual unconscious, he compared the psyche to an iceberg. He said what was known as the human psyche at the time was just the tip of the iceberg. Psychoanalysis showed that a large domain of the psyche—like the submerged part of the

iceberg—remained hidden in everyday life. After working with psychedelics, we could rephrase Freud’s simile and say that the domains of the psyche revealed by traditional psychoanalysis represent just the tip of the iceberg. Research into holotropic states has discovered vast domains of the psyche that remained hidden even from Freud and most of his followers. There are some exceptions, such as Otto Rank with his focus on the trauma of birth and, of course, C. G. Jung with his concept of the collective unconscious.

In my own self-experimentation, the first material that surfaced was limited to my postnatal biography, to memories from childhood and infancy. But later, as my regression reached deeper, I became aware that we carry in our psyches a powerful imprint of biological birth. And, at the time of that first connection with the perinatal domain, I also started having experiences of what we now call transpersonal. For example, I would experience myself as being stuck in the womb in the first stage of birth. This experience would then open up into the collective unconscious, where I was identifying with prisoners of all ages, people confined in insane asylums, victims trapped in the torture chambers of the Inquisition, or individuals decimated by wars or autocratic tyrants. As I moved to the memory of the stage of birth where the cervix is open and I struggled to free myself from the clutches of the birth canal, suddenly there were images of revolutions. “Enough of the oppression, let us overthrow the tyrant, so we can again breathe freely!” So these experiences were a mixture of perinatal and transpersonal themes, a combination of experiences drawn from both my personal biological history and the collective unconscious.

The perinatal experiences were also often associated with specific archetypal figures and motifs. During what I call the second basic perinatal matrix (experiences related to the stage of birth when the uterus contracts but the cervix is not yet open), there would be experiences of hell: claustrophobic nightmarish

atmosphere, infernal landscapes, scenes with cruel devils and tormented sinners, a sense of “no exit,” and enormous physical and emotional suffering.

When the cervix opens and one struggles to escape and be born, there appear various mythological scenes representing death and rebirth, such as images from the story of Isis and Osiris or of Persephone’s abduction to the underworld by Hades. Finally, reliving the moment of birth was typically connected with images from the collective unconscious depicting the end of wars or victory in various revolutions. It could also be an experience of psychospiritual death and rebirth, with visions of archetypal beings bathed in light, peacock designs, and rainbow spectra. So my first awareness that the current map of the psyche was limited and incomplete came from the discovery of perinatal experiences and the opening into the collective unconscious that they provided.

How might psychedelics play a role in the future of medicine?

What we discovered through the work with psychedelics and then again later, working with holotropic breathwork (a non-drug method which Christina and I jointly developed), is that there is an aspect of many medical disorders that are considered organic, where the problem is really energetic. So transpersonal work is not limited to treating emotional and psychosomatic disorders. Mainstream clinicians are not aware of the fact that bioenergetic blockages represent important sources of various forms of pathology. And, conversely, that interventions which release these blockages have great therapeutic potential. Chinese medicine has a better sense of this situation; if your *qi* is flowing, you have the best chance of remaining healthy and making the blocked energies move is a critical factor in healing. What we discovered in the work with psychedelics and holotropic breathwork was that the holistic, energetic approach is a significant alternative to the allopathic philosophy promoted by Western medicine.

It is ironical that psychedelic research made us realize that the shamanic healing methods were in many ways superior to what Western psychotherapists were able to achieve with their verbal approaches to therapy. As far as somatic medicine is concerned, the native cultures obviously do not have the sophisticated technology we have, particularly in emergency medicine—the imaging methods, surgical interventions, organ transplants, etc. But the whole concept of energy medicine is extremely important, especially in those estimated 35–40% of the patients where Western medicine is not very successful (chronic pains without a clear organic basis, repeated infections in various parts of the body, migraine headaches, psychogenic asthma, Raynaud’s disease, and others).

When I studied psychosomatic medicine, the way it was described by Franz Alexander and others, I found it difficult to believe that the kind of psychotraumas described in psychosomatic medicine as etiological factors, such as Freud’s famous “primal scene”—an infant watching its parents having intercourse—could *really* have serious physiological consequences. But when I started seeing what happens to people during psychedelic and breathwork sessions and was able to witness the enormous amount of blocked pent-up energy that we carry in our bodies (Wilhelm Reich’s “character armor”)—then it became obvious to me that psychotraumas causing such blockages, such as birth, could really make a big difference physiologically.

To provide a specific example, we have repeatedly seen in people who have chronic or recurrent infections—sinusitis, laryngitis, tonsillitis, bronchitis, or cystitis—that the primary problem is not the presence of the infectious agents. The real cause is the lack of vitality of the tissues due to vasoconstriction resulting from bioenergetic blockages. This means inadequate supply of antibodies, leucocytes, and lymphocytes to the area that otherwise would be able to keep the bacteria in

check. Most of the bacteria causing these chronic infections are not vicious and virulent microorganisms; they are normal inhabitants of the afflicted areas. As long as the tissues can protect themselves adequately no infection develops. So the infection is really a consequence, not the cause of the problem.

In holotropic breathwork, we have seen repeatedly that faster breathing reveals and temporarily intensifies blockages in the areas prone to infection. Continued faster breathing then releases the energetic blockages and opens the circulation; when this happens, it clears the infections. We have seen similar therapeutic effects in at least fifteen cases of Raynaud's disease. Underlying this disorder is again bioenergetic blockage that causes vasoconstriction, resulting in cold hands and even serious skin problems. Another example is psychogenic asthma. Over the years, we have seen many individuals, who were able to clear their asthma through this kind of bioenergetic work.

What opportunities do you see for researchers who want to work with psychedelics in the future?

I am very excited about all the new research projects and the fact that a new generation of researchers is coming into this field. A lot of it is repeating in a better way research that was done in the past, which is great. But I also think there are new fascinating areas that research could move into. I am myself most interested in the effects of psychedelics on creativity. What happens when people, who are outstanding in their own field and have been working for a long time on a difficult problem for which they cannot find the solution, are given psychedelics and look at the problem in a holotropic state of consciousness? We have a lot of indications that it makes it possible to break through the barriers that prevent the solution, to transcend the limitations of traditional thinking, and get completely new insights.

Willis Harman and Howard Rheingold wrote a book called *Higher Creativity: Liberating the Unconscious for Breakthrough Insights*, which is full of examples of people who made major discoveries when they were in non-ordinary states of consciousness—scientists like Einstein and, of course, many artists. Puccini related that he did not really write *Madame Butterfly*, it “was God who did it and he was just holding the pen.” They give the extraordinary example of an Indian mathematician who had visions of the village goddess who was teaching him mathematics; he then came to Oxford and was able to solve problems that the Oxford mathematicians could not solve.

There are several more recent examples, the most famous being Francis Crick, who admitted that LSD helped him to crack the DNA code. Another Nobel Prize-winning scientist, Kary Mullis, said the same about his invention of the polymerase chain reaction. So I think that investigation of the potential of psychedelics to enhance creativity would be the most exciting work that we could do. There are other specific projects that I would be interested in. I would like to see research comparing serial psychedelic sessions of people who had difficult births, average births, and elective Cesarean sections, to see if any trends could be found correlating different birth situations of these individuals with the nature of their sessions and with the incidence of various forms of psychopathology, their life strategy, and hierarchy of values later in life. Psychedelic work with specific emotional and psychosomatic disorders may allow us to find out how deep their roots go, deepening and changing our understanding of psychopathology.

What disorders might be most amenable to treatment with psychedelics?

In our early work, we were getting the best results in patients suffering from depression. This seems to be a condition that can be most easily influenced by holotropic states. Psychedelics can also help with various phobias, and

psychosomatic disorders. We had the least success with severe obsessive–compulsive patients. But in Prague, the entire group of patients we worked with consisted of people who had not responded to any other method—that was one of the criteria for acceptance into our research program. They were the kind of obsessive–compulsive patients who during a certain period of psychiatric history might have been sent to lobotomy. They seemed to have unusually strong psychological resistances.

Could you explain the difference between “low dose” and “high dose” psychedelic treatment? What particular symptoms or conditions did each approach target?

In the history of psychedelic psychotherapy we find two basic models. The “psycholytic” model uses low or medium doses and an entire series of sessions. In contrast, the “psychedelic” model calls for a limited number of high-dose sessions, and it incorporates eyeshades, headphones, and powerful music, aiming to produce a “single overwhelming experience,” a breakthrough of a transcendental nature. I have done work with both of these models.

Early on in Prague, when I was strongly influenced by my Freudian training, I conducted a large number of the medium-dose sessions. They were extremely helpful in allowing me to map the unconscious, because I could investigate it layer by layer. One of my clients called it the “onion peeling of the unconscious.” This approach reveals how various contents are connected in the unconscious and how they are related to specific symptoms.

In psycholytic therapy, the patients were allowed to keep their eyes open for significant parts of the sessions. So I spent a lot of time analyzing my patients’ accounts, trying to understand the nature of their optical illusions: why they saw

the environment or myself illusively transformed in a particular way. I wanted to know why they saw me at a certain time as a jaguar or Hitler and at another time as the Supreme Judge, Arabian merchant, or American Indian. Or why they saw the treatment room at one point as the death row and a bordello, cottage on a Pacific island, or Heaven at another point. In my first book, *Realms of the Human Unconscious*, I spent some time discussing at some length what I had learned about these mechanisms, but I also made it clear that this kind of analytic approach was not the most effective therapeutic strategy.

With the psychedelic model we used at the Maryland Psychiatric Research Center, the high-dose internalized approach, the sessions seemed to be much more effective therapeutically, but they did not provide any understanding of why these changes occurred. However, my previous work gave me a great advantage in this regard. I could work with a model that offered faster results and infer what mechanisms might be involved using the observations made during my earlier research in Prague.

Will psychedelic plants ever have a role in medicine, vs. their synthetic counterparts?

I think the work with psychedelic plants is extremely useful and important, if you are not a researcher. If you are primarily a healer, then working with plants is wonderful. But in research, you get into the problems of how much of the presumed target compound is in the plant and what other possibly active chemicals the plant might contain. Are there any interactions between the assorted chemicals that a plant contains? In peyote, for example, it is not only the mescaline that can have an effect on the body and the mind. While history clearly shows that powerful healing can be achieved with psychedelic plants, I do not believe that using plants is the best approach for research.

Do specific plants or chemicals—for instance, ayahuasca, peyote, psilocybin-containing mushrooms, ketamine, MDMA, salvinorin A—have preferable applications for particular clinical conditions or situations?

MDMA is most useful in couple's therapy or in the work with individuals who are trying to come to terms with some horrific human experience, such as rape or a hostage situation. In the early years when MDMA was still legally employed by many therapists, it was very popular and useful for couple's therapy. Joint sessions with MDMA have saved quite a few marriages and relationships. The partners could look at each other and discover each other's cosmic status. So I think there is a particular place for that sort of work with the amphetamine analogues.

I found personally ketamine to be extremely interesting. It can take us to psychological places that, in a sense, are far beyond where LSD or mescaline can take us—to very strange worlds indeed. For example, with ketamine, it is often possible to experience consciousness of inorganic objects. I had one session in which I identified experientially with the ski boot of a cross-country skier and—as the skier was moving—I was experiencing the tensions in the leather of this shoe in my body. I had another experience when I became the end of a burning candle. It was accompanied by an interesting insight that the burning of candles in a church symbolizes the ego melting in the presence of the Divine, like the Sufi image of the moth flying into the flame. I did not find ketamine to be particularly transformative or very useful therapeutically, but it certainly provides evidence that the world is much more complex and mysterious than we can imagine in our wildest fantasies.

Ayahuasca is powerful healing potion, a sacrament with centuries of use. The same can be said for peyote. The inspiration for our study with alcoholics

came from the success that the Native American Church had in combating alcoholism through ritual use of peyote. But I am not sure that we have adequate evidence indicating that certain psychedelic substances are more or less effective with certain specific diagnoses. We do not have a broad enough spectrum of experiences where we can compare large numbers of patients with a certain problem treated by different psychedelics. Psychedelic therapists have worked with very selective samples of the patient population and of psychedelic substances and it is quite difficult to make any generalizations on the basis of the existing data.

Shifting the topic, what is your sense of what happens at the moment of death?

I had many experiences in my psychedelic sessions when I was sure that I had died and I was very surprised when I ended up in the same place where I started the session. Because in the session I had a strong feeling that I could easily end up somewhere else. My current idea of what might happen at death is that we probably move from the organization of reality that we experience in everyday life into a rich matrix of transpersonal realities, where all those things described in the religious literature are real possibilities: hell, paradise, purgatory, and other archetypal domains, another place in space and time, or in the animal or plant kingdom. Most people who have taken psychedelics have had those kinds of experiences.

Now, whether this is going to *really* happen at the time when we die is an open and very interesting question. From all we know, it is a good possibility. But if the universe is a cosmic game, *lila*, there is always place for surprises. Some people who have had near-death experiences have gone pretty far, but only about thirty percent of those who have been brought back report any memory of what it was like when they were “dead.” While I think it is a good guess that death is

going to be something like what we experience in holotropic states, we can only compare it with the experiences of people who went to the Beyond and returned. There are no reports from those who completed the posthumous journey.

Nevertheless, do you think that psychedelic medicines may be useful in preparing us for our own inevitable death?

To the extent that death might take us into these transpersonal worlds, then certainly the work that one does with holotropic states would be a good preparation for our eventual demise. Such states of consciousness have a long history of acting as training for dying. Shamanic work, rites of passage of native cultures, ancient mysteries of death and rebirth, or systematic spiritual practice where people have holotropic experiences, can be seen as experiential training for dying. Abraham a Sancta Clara, a seventeenth-century Austrian Augustinian monk, is said to have remarked, “The man who dies before he dies, does not die when he dies.”

There are some personal reports about the Eleusinian mysteries indicating that participation in them radically changed the initiates’ understanding of death and dying. We saw this in Maryland in some of our cancer patients, who first had psychedelic sessions with us, in which they experienced psychospiritual death and rebirth, and later as their disease progressed, they actually had a near-death experience. One of these patients developed an obstruction of his ureter due to a metastasis. During the operation aimed at opening the flow of urine, he had a cardiac arrest. When we saw him in the emergency room after he regained consciousness, he said, “I’m glad I had those LSD trips, because the territory was not new to me. Had I not experienced death in those sessions, I would have been really scared.” I believe that there is a good possibility that these transpersonal experiences act as training for death. And, in addition, they seem to significantly improve the quality of the remaining days of terminal patients.

In patients with advanced-stage cancer or other terminal medical illnesses, psychedelics might be a way to help them prepare for the inevitable.

We had numerous examples of that during the work at the Maryland Psychiatric Research Center; it was really the most moving part of the research that we did there. It was quite amazing to see, from one day to another, the kind of change that we saw in these patients: reduction of their fear of death, improved relationship with the staff, increased zest, and the narrowing of the focus to the present day, present moment. This last change was very important, because much of the suffering of cancer patients is not caused just by their current situation, but by anticipation of how bad things will get in the future.

They know that cancer is a progressive disease, very likely fatal, and they expect that things will be worse tomorrow, next week, next month. But many of our patients were able to assume the kind of attitude toward life that is recommended in Twelve-Step Programs. “How am I doing today? Is this situation tolerable? Can I make it through today? Okay, I can and tomorrow is another day.” They shifted focus onto the present, rather than projecting what their lives might be a half a year from then. So there were some really significant changes in these patients. Even if psychedelic treatment is not allowed to any other category, there is certainly no good reason why psychedelics should not be offered to cancer patients.

Can you comment on the use of psychedelics to treat alcoholism and other drug addictions?

The work with alcoholics and narcotic drug addicts was among the most successful programs. For example, there was a large study that we did at Maryland

of over 140 patients from the state hospital's alcoholic rehabilitation unit. Many of these patients would fit in the category of "skid row" alcoholics. The study design required two separate teams. On the therapeutic team, all of the researchers had taken psychedelics themselves. But NIMH required the evaluation of the results to be done by a second, independent team of researchers who had never taken psychedelics. This was because NIMH believed that once you have taken psychedelics, you have compromised your judgment and you cannot objectively evaluate your own results.

The independent team saw the patients before and after the session and then in three follow-up sessions. At the six-month follow-up point, they concluded that over fifty percent of the patients were essentially rehabilitated. At the twelve- and eighteen-month follow-ups, that number went somewhat down. But part of the reason for this decline was that some patients had moved and they could not be found for evaluation. In the narcotic drug study, rehabilitation was over thirty percent. That may not seem like a lot, but these were patients who—without psychedelic treatment—would have likely been using drugs again within a few weeks.

What have you have learned about the healing power of the self-transcending potential that lies within?

One of the most interesting, most exciting observations from the work with holotropic states—whether it involves psychedelics, holotropic breathwork, or spiritual emergencies—is the discovery of what we now refer to as the "inner healer." In traditional psychotherapy there is the idea that we should try to understand with our intellect how the psyche functions, why the symptoms appear, and what they mean and then derive from our intellectual understanding the appropriate treatment technique. The problem with this approach toward

psychotherapy is the astonishing lack of agreement about some of the basic issues, such as: what are the main motivating forces in the psyche, why do symptoms develop, what they mean, and what should be the strategy of treatment? So when you have a problem, you can randomly choose a school, and each school gives you a different story about what is wrong with you. And each school then provides a different technique how to work with that particular problem.

The holotropic strategy is very different. First you use some of the methods that induce a holotropic state—whether it is some breathing technique, shamanic drumming, spiritual practice, or psychedelic substances. Then once that state emerges, the unconscious material, which has a strong emotional charge, starts surfacing spontaneously. In traditional psychotherapy, you decide on the basis of your training what part of the material is relevant and what is not so relevant, and you provide “interpretations.” Naturally, the assessment of the relevancy of the material and what you do with it will be different for a Freudian, for an Adlerian, for a Jungian, for a Sullivanian, or a therapist from some of the many other schools.

With the holotropic approach, you have to work with the material that is spontaneously chosen by the psyche of the client. Our experience has been that the holotropic states activate something like an “inner radar,” which automatically selects the unconscious content that has the strongest emotional charge and is available for processing on that particular day. The order of what appears is determined from within. This is similar to what Jung called the “individuation process.” There is a higher aspect of you (the Self) that guides the entire process. In my experience, in ayahuasca sessions it seems to be *more* than your inner healing intelligence. It can take a personified form of an archetypal healer, an outside entity that guides the process. Ayahuasca was the only substance with which I had the experience of having a personal transpersonal therapist.

What have you learned from these transformative experiences about reality and about the nature of the psyche?

Looking at all the experiences I have had over more than fifty years now, and also at the experiences I have seen in others, I would definitely move away from our culture's dominant worldview, the kind of worldview that was inculcated in me by my medical and scientific training, which claims that life, consciousness, and intelligence are the by-products of material processes. I would move all the way to the other side of the spectrum and embrace something like the Hindu concepts of *maya* or *lila*, wherein what we call objective reality is ultimately created by cosmic consciousness.

It is virtual reality created by infinitely complex and sophisticated orchestration of experiences that create the illusions of phenomenal worlds, including the material realm. In twenty years or so, when the technology of virtual reality is more perfect, we will better understand that just because we experience something it does not mean it is really there in the form we experience it. All my experiences and observations from the study of holotropic states seem to support this way of understanding reality. It is easier for me to imagine that consciousness as the ultimate reality can create the illusion of the material world than it is for me to believe that matter is capable to generate consciousness. I have seen in my holotropic states that consciousness was able to create many other worlds that were as real and believable as the material world, or even more so.

What have you learned about human identity? Who are we?

We like to think about ourselves as being individuals: clearly demarcated bodies with egos, separate from others—"skin-encapsulated egos" as Alan Watts

facetiously called it. The work with holotropic states reveals that we are actually more like multiple personalities, only we are able to handle this situation better than people who experience that condition as a clinical disorder. So it is more like we are a collective of sub-personalities. Roberto Assagioli, the founder of the school of psychosynthesis made this idea the central focus of his psychology. In transpersonal experiences, we can considerably, or even infinitely, expand our sense of personal identity. Not only can we experience oneness with other people or with animals, but we can also become other life forms or even archetypal beings.

Ultimately, we do not have a fixed identity. Our identity stretches from the body ego all the way to the creative source itself. The Hindus say we are not *namarupa* (name and form), we are not body/ego, we are *Atman/Brahman*, divine energy and Absolute Consciousness. The Hindu religion provides different systems of yoga that we can practice to obtain empirical validation that this is true. We can actually reach that source, and become that source. When we have that experience, we realize that, in the last analysis, we are identical or commensurate with the overall field of cosmic energy. In holotropic states we can travel on that continuum, from the body/ego to God, and experience ourselves as anything in between. So in some sense, all the aspects of the world are part of us.

Considering the growing global environmental crises, can you envision viable planetary survival; and if so, what form will it take?

Obviously we are in a profound and dangerous crisis. It is easy to imagine that if we continue to pursue our destructive and self-destructive strategies at the present rate, our species might not survive. I am talking not only about atomic war or nuclear accidents, but also the vast quantities of industrial pollution we are generating. Our use of fossil fuels is creating an environment hostile to life,

whether the toxins go into the air or the ground or the water. Most people in the transpersonal movement believe that the different aspects of the global crisis are ultimately expressions or symptoms of one underlying cardinal problem—the state of consciousness of the human species. If we could change this, we could solve most if not all those problems. There are no problems for the planet other than people. So if our heads and hearts were in the right place, we could easily solve the problems that currently seem overwhelming.

We have seen over the years that inner personal transformation helps create individuals who would have much better chance at survival. They show a significant reduction of aggression, increase of tolerance and compassion, and a tendency to view differences as something interesting, rather than something irritating. Whether these are racial, cultural, religious, ideological, or gender differences, they start viewing it as very fascinating that people have so many colors, speak so many languages, sing so many different songs, and create so many different kinds of art. Celebrating diversity is not limited to humans; there are also many other species in the world. When we experience identification with members of other species—such as identifying what it is like to be a fish in the river Elbe after the German industry dumps into the water its toxic fallout—creates tremendous ecological sensitivity. As biological creatures, we should have as our highest priority: clean air, clean water, and clean soil. There are no other priorities that are more important—individual or group ambitions, economic profit, ideology, politics, or religious beliefs.

So if we had a civilization of individuals who have been transformed in a way I have just described, we could have a world constitution where ecological concerns and caretaking the environment are the highest priority. Life would be protected, aggression as means for solving disagreements and conflicts would be outlawed. It is probably our only real hope: that sufficient numbers of people

undergo this type of transformation. Psychedelics and holotropic breathwork are not the only means to this end. There exist many powerful spiritual disciplines, shamanic practices, effective experiential therapies, and even laboratory mind-altering techniques that people could use for this purpose, as long as we recognize that this is a direction that is desirable.

And there are many people undergoing this psychospiritual transformation spontaneously. Christina and I call such experiences “spiritual emergencies.” Unfortunately, in current psychiatry, such spontaneous experiences are seen as manifestations of serious mental illness, psychosis. As a result, a process that could be healing, transformative, and evolutionary is routinely pharmacologically suppressed. It could significantly facilitate this transformation if it would get the support of the media; it would be an extremely powerful tool. But the general attitude of the media is still influenced by people sitting in the university chairs; when they hear about transpersonal psychology, they tend to call it “unscientific, flakey, irrational.”

Do psychedelics have any treatment potential in people who are experiencing psychotic states?

In traditional clinical psychiatry, there are many reports that the best therapeutic results can be expected in psychotic patients with very acute, rich, and dramatic symptomatology. In some instances, such episodes can actually result in clinical improvement, leaving the patient in a better condition than his or her pre-psychotic state. By contrast, those psychoses that develop slowly, have fewer symptoms, and are not as dramatic or as rich in content, have the worst prognosis.

And yet, the traditional strategy in psychiatry is to stop or slow down these episodes, rather than accelerate them. When I became aware of this fact, I started

using LSD to accelerate their progression instead. This strategy was based on the idea that this will help these patients get through these episodes, whereas suppressing the symptoms slows down the process and interferes with its successful completion and integration of the process. I have included some of these case histories in my book *When the Impossible Happens*.

But I should mention, that I would not give LSD to a patient who is paranoid and has delusions of persecution, particularly if he or she has the tendency to include me in the group of enemies. The administration of LSD under these circumstances could blow the paranoia to catastrophic proportions. To do a psychedelic session, I needed to have the feeling that I have a decent working relationship with the client. When I was working in Prague, I worked with several psychotic patients, in whom this approach was very successful.

How effective is contemporary mainstream psychology and psychiatry?

In my opinion, psychiatry is moving in the wrong direction. Mainstream psychiatry has increasingly embraced a biological approach toward treatment—particularly psychopharmacological suppression of symptoms—and moved away from psychotherapy and other uncovering techniques. This kind of approach confuses a reduction of symptoms with clinical improvement: if patients are showing less aggression or anxiety and are quieter and more docile, they are “improving.” Whereas in the kind of work we have done, what you see is that the emergence of symptoms can be viewed homeopathically, as an effort of the organism to get rid of some traumatic material, and this is a process that we want to support.

At present, there is very little awareness in academic circles what you can achieve with experiential psychotherapy when you take the therapeutic process in

the opposite direction and activate the symptoms through breathing, music, psychedelics, or some other way. I am not very optimistic about where psychiatry is going to end up, if it continues developing in the same direction. The fact that the astronomical income of the pharmaceutical industry functions as a powerful force propelling psychiatry in the wrong direction does not make things any easier.

For historical reasons, psychiatry became a sub-discipline of medicine. In somatic medicine, limiting therapy to suppression of symptoms would be very bad practice. In medicine you use symptomatic treatment only if you simultaneously address the cause of the disorder. Or you use it in incurable diseases, where all you *can* do is to alleviate the patients' symptoms. Outside of this category, the idea that focusing exclusively on suppressing the patients' symptoms is adequate treatment would be bizarre.

Let us take an extreme example: Imagine that you would have a patient with high fever and your therapeutic strategy would be to put her on ice. Her temperature would go down, and you would be satisfied with the result of your intervention without asking, "Why did she have the temperature in the first place, and what can we do to influence the cause of that problem?" In a sense, what is happening currently in psychiatry is that we treat all emotional disorders as if they were incurable and all we can do is to suppress symptoms. This would be justifiable, if there were not approaches that can address the deeper causes of emotional and psychosomatic problems. And the work with holotropic states shows that this is not the case.

We last spoke for an interview in 1997. Has your vision been changed in any major way since then?

My basic ideas have not changed much in the last ten years or so. Except, I

have become more interested in archetypal psychology. Coming from medicine, from psychiatry, I initially put a lot of emphasis on birth, because there was such an obvious material substrate there. When I started working with psychedelics, I soon realized how strange it was that in psychiatry we do not recognize the enormous psychotraumatic impact of birth. This oversight involves an unbelievable logical error. We all agree that early experiences, like bonding and nursing that happen immediately after birth, are very important. But strangely, the hours of potentially life-threatening situations—where babies might have died in the birth canal and needed to be resuscitated—are only taken into consideration if they were so bad that they irreversibly damaged the brain cells. The experiences associated with birth are not seen as psychologically relevant.

In addition, prenatal research has shown the remarkable sensitivity of the fetus in the womb. So the fetus is considered sensitive in the womb, and sensitive immediately after birth, but the hours spent in the birth canal involving some *really* challenging, stressful situations are not seen as psychologically relevant! The explanation usually offered for the alleged absence of birth memory is that the cerebral cortex of the newborn is not yet fully myelinated. Yet biologists tell us that the capacity for memory can be found in organisms that do not have any cerebral cortex or any brain at all. In the year 2000, neuroscientist Erik Kandel received a Nobel Prize for his research of the memory mechanisms in the sea slug *Aplysia californica*.

This kind of thinking violating elementary logic can be explained only by profound psychological repression of the birth memory. The memory of this experience is so scary that we do not want to deal with it and we use our intellect in an attempt to deny that there is anything significant there. In the early years of my research—challenging the mainstream myth concerning the birth trauma—I put a lot of emphasis on the psychological importance of birth, and then gradually

discovered and accepted the existence of the collective unconscious and of the transpersonal realms in general. This involved a much more serious intellectual challenge and, in this case, my skeptical colleagues were not denying something that was as obvious as the importance of the birth experience.

Over the years, I have increasingly shifted emphasis to the importance of archetypal dynamics. I now believe that when we take a psychedelic substance or experience other types of holotropic experiences, it tunes us into a specific archetypal field. Within that field, we can then encounter biographical experiences, perinatal experiences, or transpersonal experiences. I have also become much more interested in the correlations between these archetypal fields and astrology. This obviously is an area that is more controversial than psychedelics themselves. It opens a whole can of worms, because one has to radically change one's thinking in order to take something like astrology seriously.

We cannot just add astrological thinking to the Newtonian/Cartesian materialistic approach. This would force us to think in terms of causal influences: "If there *is* some correlation with the movements and angular relations of the planets, what are the mediating energies or other physical factors? Are there gravitational fields or some kind of rays involved?" And that would naturally be absurd. But that is not the way astrologists see the relation between the planets and psychological processes or events in the world. Astrological thinking is based on the existence of interconnectedness in the universe and complex synchronistic correlations.

I have worked with Rick Tarnas over the last thirty-five years, but much more so in the last ten years, as my interest has shifted toward astrology. I am very impressed by Rick's book *Cosmos and Psyche*, in which he has shown that besides correlations between personal transits and psychological processes, there are also

deep systematic correlations between collective transits and historical events. The increase of interest in archetypal psychology and astrology has been a major change in my professional life over the last decade.

Another change was more strategic and was caused by external circumstances. When our house burned down in February of 2001, I lost my entire reference library which made it much more difficult to write the kind of books I used to write, which required quotes and references to books written by others. So I decided to write a book of personal memoirs. From the rich history that Christina and I had regarding holotropic states, I focused on events and experiences that should not be possible if the universe were the way it is described by materialistic science. This is why the book is entitled *When the Impossible Happens*. Drawing on my own personal experiences, I am much more self-revealing in this book than I have been in my earlier books, particularly in regard to experiences I have had in my psychedelic sessions.

Can you describe some of the important professional relationships you have had that have inspired your work?

Over the years I had many wonderful experiences with Albert Hofmann. He was my ultimate spiritual father. Without his discovery, my professional and personal life would be very different. We did not have long discussions about the specifics of my assorted findings; I did not get his opinions on those. But he read most of my books and I received from him many compliments on my work. The two of them that were most meaningful and moving for me was when he called me “the godfather of LSD,” of which he was the father, and when during my last visit with him, shortly before his death, he showed me that he kept by his bed my book *The Ultimate Journey: Consciousness and the Mystery of Death* and was reading it as a preparation for his own great transition. And I loved Albert’s books and his

lectures, in which he described what kind of conclusions he made from his own LSD sessions. We had many wonderful encounters. Still, his major contribution to my life was his discovery of LSD, per se.

Abe Maslow was a kindred spirit who opened many doors for me. Abe invited me to join his small group in Palo Alto, where I participated in several meetings with him, Tony Sutich, Sonja Margulies, Jim Fadiman, and Miles Vich. In one of these meetings, Viktor Frankl participated as a visiting guest. We were talking about the birth of transpersonal psychology, its mission, and its basic principles. Abe and Tony took the name “transpersonal” from my classification of psychedelic experiences: biographical, perinatal, and transpersonal. They had originally wanted to call this new psychology “transhumanistic”—going beyond the humanistic psychology, which the two of them had launched about a decade earlier. So these were obviously important friendships for me, which made it possible for me to be at the cradle of transpersonal psychology.

When transpersonal psychology took its basic form, we were very pleased with it. We felt it was culturally sensitive and respectful of ritual and spiritual life of humanity; it did not make schizophrenics or borderline psychotics of the founders of the great religions, the shamans, and the mystics, as it is common in mainstream psychiatry. It also incorporated the challenging observations from consciousness research, psychedelic therapy, field anthropology, meditation studies, comparative religion, and other areas. But we faced a major problem. This new psychology was fundamentally incompatible with the worldview formulated by Western science and with its monistic-materialistic philosophy. It was quite vulnerable to accusations of being unscientific, unprofessional, irrational, flakey, “woo-woo,” and “new agey”. For a while, we did not know how to address this challenge.

But then another very influential person appeared in my life. I was invited

to a party at Frances Vaughan's house in Tiburon. It was a party for Fritjof Capra honoring the publication of his book *The Tao of Physics*; Fritjof and I made an instant connection, recognizing the complementarity of our work. Reading his book, I realized that the problem we were facing was that we were trying to reconcile transpersonal psychology with seventeenth-century thinking. Physicists themselves, as Fritjof exemplified, had already transcended every single aspect of the Newtonian/Cartesian paradigm that had dominated science for the last three centuries. But the other disciplines—biology, medicine, psychiatry, and psychology—were still stuck in the old way of understanding reality. So all we had to do was to connect transpersonal psychology with the new paradigm in science that started emerging.

Fritjof and I started conducting joint seminars called "Journeys Beyond Space and Time," where Fritjof would take the morning and tell people what modern physics had discovered about the universe. By the time lunch came, people's minds had completely blown. By that point, there were no objects in the world and matter did not really exist. On the subatomic level, it just showed a certain statistical probability to exist, and eventually disappeared into the dynamic vacuum. On the subatomic level, the world started looking more like consciousness than "stuff." All the matter that now constitutes billions of galaxies, time, and space had emerged about fifteen billion years ago from a dimensionless point, "singularity." Fritjof had talked about such puzzling phenomena as black holes, white holes, and wormholes and scientists were getting Nobel Prizes for discovering that a particle moving forward in time is actually an anti-particle moving backward in time. So after lunch, what I was talking about seemed pretty sober. In addition, I was describing experiences that we can have in certain non-ordinary states of consciousness, whereas Fritjof was redefining our understanding of matter, an essential aspect of our everyday reality. So Fritjof certainly was another major influence in my life.

I had also the good fortune to spend two-and-a-half years with Gregory Bateson. Gregory had been diagnosed with a large lung tumor, which was inoperable, and was given four weeks to live. Michael Murphy offered to Gregory that he could come to the Esalen Institute to die. Then everybody who had any kind of healing ambition descended on him, and he lived for two-and-a-half years longer. We were both Scholars-in-Residence at Esalen, so we had hundreds of discussions and Gregory came as guest faculty to many of our month-long workshops, which was also a great blessing.

A more recent influence in my life has been Ervin Laszlo. I consider his work, particularly his concept of the PSI field or Akashic field, to be the most interesting and important model for transpersonal psychology. Karl Pribram and David Bohm also had major influence on my thinking. I could add a long list of my transpersonal friends—Jack Kornfield, Michael and Sandra Harner, Frances Vaughan, Roger Walsh, Angie Arrien, Ram Dass, and many others. And of course the ideas of people, whom I know only from their writings, such as Freud, Reich, and C. G. Jung, have been very influential in my own work.

Earlier you also mentioned Rick Tarnas' influence on your work. Can you share a bit more about him?

Rick certainly has had a strong influence on my thinking. We have been close friends and colleagues for more than thirty-five years. Rick originally came to Esalen as a student writing his doctoral dissertation on LSD psychotherapy, and I was on his dissertation committee. At some point, a visitor to Esalen called Arne Trettevik introduced both of us to astrology. Arne was a real aficionado of astrology; he carried *The American Ephemeris* around with him everywhere he went, looking at his life and the life of others through the astrological lens.

He taught us how to calculate a horoscope, and we became increasingly

interested in astrology. For Rick, astrology became a lifetime passion, and I was the one who was mostly supplying the material for astrological research—descriptions of powerful experiences that people had in holotropic breathwork and psychedelic sessions, spiritual emergencies, mystical states, or psychotic breaks. I am not an astrologer, but I learned a lot in this team cooperation with Rick. His influence on my thinking has been increasing over the years and I got to appreciate the predictive power of astrology, when it is properly understood and practiced.

Rick and I have conducted many joint workshops and have been teaching at CIIS a course called “Psyche and Cosmos,” which focuses on holotropic states, archetypal psychology, and astrology. I almost hesitate to say it, because I am aware of the reaction that some of my colleagues will have reading this, but I see the future of psychotherapy in a combination of responsible work with holotropic states, archetypal psychology, and astrology, particularly transit astrology. I was interested from the very beginning of my psychedelic research in finding or developing instruments that could predict what kind of experiences people would have in psychedelic sessions and what outcome of the session we can expect. This was very important, particularly in the early years, when we were choosing patients with serious emotional problems who could not be helped by any of the traditional therapies, to feel justified in using psychedelics.

We used for this purpose a whole battery of psychological tests: Rorschach, MMPI, TAT, and others. We continued with these efforts at the Maryland Psychiatric Research Center and we found out that those tests are basically useless for this task. They cannot capture the versatility and richness that psychedelic states have. If you retest using the current psychological tests, the results remain pretty much the same. Whereas if you have a psychedelic session today and another one a month from now, the sessions could be completely different. When I found to my great surprise a tool that *could* predict what sort of experience would

happen—it was a tool that was more controversial than psychedelics themselves! So it is academically quite a challenging package when Rick and I are teaching courses combining archetypal psychology, astrology, and psychedelics. But I really believe that this combination represents a cutting-edge tool that holds great promise—if psychology and psychiatry were able embrace it.

What do you see as your legacy left to future generations?

Probably the most interesting, and I hope most lasting, is the extended cartography of the psyche I have outlined. In its totality, it is a radical innovation, although many of its elements are not new. Its various components can be found in shamanism, Eastern spiritual philosophies, various mystical traditions, and in the history of psychoanalysis. There was Otto Rank who emphasized the importance of birth, challenging Freud's psychology limited to postnatal biography and the individual unconscious. Another renegade, Wilhelm Reich, came with the idea of the importance of energy pent-up in the "character armor;" he saw this energy as repressed libido, whereas in my model most of that energy is generated in birth.

There was Sandor Ferenczi, who went beyond birth and death. He accepted Rank's theory of the trauma of birth and was also one of the few analysts who accepted Freud's concept of *Thanatos*, the death instinct. But then he went farther, to phylogenetic memory; he believed that behind our desire to return to the womb is a deeper craving—to return to the primeval ocean that life came from. And then there is also the Neptunian world of the mystical experience, of the collective unconscious, the domain discovered and described by the most radical renegade, C. G. Jung. The cartography that I designed brings these various elements scattered in the history of psychoanalysis into one continuum.

When we started using holotropic breathwork and therapy with people in spiritual emergencies, we found out that this extended cartography is not just a “psychedelic cartography,” but is applicable to many other situations. It is a very general map of the psyche and—I believe—my most significant contribution. The holotropic breathwork that Christina and I have developed is another significant contribution. It allows us to work with holotropic states of consciousness without using psychedelic substances. You can see it as a substitute for psychedelic therapy that is not subjected to the same legal constrictions, or you can see it as an early step for people who want to learn how to work with psychedelics, or holotropic states in general. So the holotropic breathwork is another contribution that deserves some notice. Then there is my role in the history of transpersonal psychology and the efforts I have made over the years to bring transpersonal psychology together with new paradigm thinking, so that it can one day become a part of a new comprehensive worldview integrating science and spirituality.

Why has mainstream society had such a hard time understanding psychedelics? Today in early 2009, are we in more-or-less the same place we were in the late 1960s? Or have we evolved over the past forty years to be able to better integrate psychedelics into society?

There are both professional reasons and cultural reasons why psychedelics have been so hard to integrate into our society. For mental health professionals, to accept that experiences very similar to those that they see and treat as pathology can be healing and transformative did not make any sense. The process seemed primitive—like a step backward toward something illiterate societies were doing in their rituals, rather than our more sophisticated scientific approach to therapy. I had seven years of training psychoanalysis three times a week. In that context, there was a lot of talk about “acting out,” as something one should not do, something that was incompatible with the psychoanalytic process. This included expression of

powerful emotions and motor activity on the couch. And, of course, this sort of “acting out” is exactly what is very common in psychedelic sessions.

However, on the other hand, there were not any many major problems and objections against psychedelics in the early years of psychedelic research. In 1960, Sidney Cohen, a psychiatrist and psychedelic researcher, published an article based on about 25,000 sessions with LSD or mescaline. He sent questionnaires to a number of therapists who were doing the early work. Although this was back in the years that we did not know very much about psychedelics, the complications, such as suicidal attempts, psychotic breaks, prolonged reactions, or flashbacks were very rare. The early psychedelic research was a pioneering venture into an unknown territory, but most of us followed certain basic rules. We knew that there should be a sitter present and the experience should happen in a protected and contained environment. We kept the patients and experimental subjects overnight, and talked with them in the morning before they went home. And under these circumstances the complications were minimal.

This situation changed in later years, particularly when Timothy Leary became an LSD prophet and proselytizer, emphasizing all the fantastic experiences that one can have and encouraging the youth to take the substance practically indiscriminately. “Turn on, tune in, drop out! Trillions of cells in your body will be singing the song of ecstasy and liberation,” and that sort of thing. He was talking about celestial experiences, without warning people that they could also experience hell, and without explaining all the precautions they should take. I had a discussion with Tim about this issue and he clearly felt that anybody could take psychedelics under any circumstances. For him, psychedelics were an accelerator of karma. “If you have a good karma, you will have a good experience. If you have a bad karma, tough luck!” Once this attitude was inculcated into the minds of the young generation, it radically changed the psychedelic scene.

In addition, the people who started taking psychedelics developed a system of values and attitudes that were completely different from the mainstream and were hard to swallow for the repressed culture at large. Psychedelic users started dressing differently and growing beards and long hair; they advocated free sexuality and painted their cars with psychedelic colors and patterns. They also became the main force in the anti-war movement, urging fellow Americans to “make love, not war.” The establishment saw them as major troublemakers and because they were easily identifiable, it was simple for the police to target and arrest them for drug violations, which caused more social tension. All this significantly contributed to the legal repression that came into place.

Now, you asked: “Is the situation today different?” I think it is very different, because of what happened in the meantime. In the last several decades, powerful non-drug techniques have been developed and practiced: primal therapy, neo-Reichian approaches, rebirthing, holotropic breathwork, and other methods, where no drugs are used. In these experiential therapies, working with powerful emotions and physical manifestations became commonplace. In the early years, mainstream psychiatrists had difficulties accepting the reports and claims of psychedelic therapists, because these were describing phenomena that could not be accounted for by the current paradigm. I have described many of such anomalies in my book *When the Impossible Happens*.

So they were incredulous, dismissive, and critical, or saw the use of psychedelics by the general public as well as therapists as a craze that reputable and serious professionals should not get involved in. However, these days there are increasing numbers of therapists who do experiential work, where the same phenomena happen: powerful emotions and physical manifestations, birth experiences, past-life experiences, archetypal visions, synchronicities, and many

others. So people who use these powerful experiential techniques for self-exploration or therapists who use it for work with their clients often reach a point where psychedelics seem like the next logical step, rather than being something that is in fundamental conflict with what they are doing already.

Moreover, the Newtonian-Cartesian thinking in science was a primary conceptual obstacle for the acceptance of psychedelics. While this sort of thinking enjoyed great authority and popularity in the 1960s, it has been progressively undermined since then by astonishing developments in a variety of disciplines. This has happened to such an extent that an increasing number of scientists feel an urgent need for an entirely different worldview, a new scientific paradigm. It is very encouraging to see that all these new developments that are in irreconcilable conflict with traditional science seem to be compatible with the findings of psychedelic research and with transpersonal psychology. In the emerging paradigm, the “anomalous phenomena” observed in holotropic states will become integral part of the new scientific worldview.

The other thing that might play some role in the future of psychedelics is the fact that the values and philosophy of the industrial civilization have been seriously undermined and discredited. We are increasingly aware that it is not going to triple our wellbeing if we triple our gross national product, particularly if, in the process, we trash the natural environment that we critically depend on. We are reaching a point where there is going to be general fear and concern about survival not caused by any terrorist actions, but by our own way of life. As this crisis intensifies, it will become more and more acceptable that we do something rather unconventional and drastic to change the situation. The old strategies that got us into this trouble in the first place are not going to work; we will have to do something radically different.

Do you have an optimistic vision for the future?

I am moderately optimistic that the consciousness revolution or evolution will occur in time to prevent serious damage to our species and life on this planet. However, I see it very much the same way as Ram Dass described in his talk at the ITA conference in Prague. He was open to the possibility that we will not make it. There were other great civilizations in the past that did not survive; and they did not do the insane things we do and did not have the powerful means to self-destruct. But no matter which direction it goes, I would keep doing what I am doing. I would continue to pursue serious self-exploration and inner transformation and to help facilitate it in others, because I believe that is the best contribution I can make toward improving the situation in the world. And if I had to experience one of the doomsday scenarios that we read and hear about, I believe that inner work is the best preparation for facing serious challenges. I am moderately optimistic; but again, regardless of the direction it will go, I think serious responsible self-exploration and spiritually informed action in the world is the preferred strategy.

What would you tell the younger researchers out there?

First of all, I have great appreciation for the perseverance and tenacity that the new generation of researchers has shown in order to get government permissions to do this important work. You are dealing with enormous ignorance and prejudice in relation to psychedelics in the professional circles and in our society, in general, combined with formidable administrative obstacles. So just the fact that you have hung in there and obtained the permissions is admirable and I feel very grateful to see the renaissance of psychedelic research. It is very encouraging that three large US universities are now conducting scientific research with psychedelics – Johns Hopkins, UCLA, Harvard, and the University of

Arizona. And of particular importance are also the studies of the therapeutic potential of psychedelic substances in treating patients with post-traumatic syndrome, particularly the soldiers returning from Iraq and Afghanistan

I really believe that responsible systematic exploration of psychedelics is extremely important, not only for psychiatry, psychology, and psychotherapy, but also for Western science, in general, because it could radically change its philosophy, its basic metaphysical assumptions, and lead to a new scientific worldview. For the reasons I have mentioned earlier, it could also play a significant role in alleviating the current global crisis. I hope that the new research will be done in a professional and responsible way. There have been instances – beginning with the Tim Leary’s Harvard affair - in the USA and in Switzerland, where professionals were able to get the permission, but then violated some basic rules.

If people want to do irresponsible things, it is better when they do them privately and do not mix them with their professional activities. This is more important in relation to the work with psychedelics than in other fields. If a dentist or a surgeon screws up, it is *that* dentist or *that* surgeon who screwed up. If a psychedelic researcher screws up, it will undoubtedly negatively affect the chances of their colleagues to obtain permission for future psychedelic research. It is important to continue with the same perseverance—to get the permissions and to keep the work clean, so that it opens up the possibility for other colleagues, rather than endangering future development in this area. Responsible and respectful work with psychedelic plants and other forms of holotropic states has been an important part of the ritual and spiritual life of all ancient and native societies and their healing practices. I believe strongly that the same might happen in the industrial civilization.

(Transcribed by Bonnie L'Allier, 1/20/09)