

**Questions for the interview with Dr. Stanislav Grof
for The Moscow Psychotherapeutic Journal**

Moscow, Oct. 2007

1. Transpersonal psychology as a social and cultural phenomenon and the attitude towards it in the USA.

Dr. Grof, it appears that transpersonal psychology now means more than research and therapy. What is transpersonal psychology in the USA in terms of social and cultural phenomena? In terms of sociology and culture, did the image of transpersonal psychology undergo any changes in the last decades? What are the main trends you could see?

We have had over the years sixteen international transpersonal conferences. Initially, the main emphasis was on clear formulation of the basic principles of this new branch of psychology – recognition that spirituality is a legitimate and important dimension of human life, inclusion of the knowledge and wisdom accumulated by the great spiritual traditions of the world, exploration of the conceptual challenges from the study of non-ordinary states of consciousness, and so on. The main problem in this phase was the difficulty to reconcile this new psychology with the scientific worldview based on the findings of the “hard sciences” and its basic metaphysical assumptions.

Later the emphasis shifted to the revolutionary discoveries of new paradigm science that pointed to the emergence of a new scientific worldview, with which transpersonal psychology seemed to be fully compatible – philosophical implications of quantum-relativistic physics as first outlined by Fritjof Capra, Rupert Sheldrake’s concept of morphogenetic fields, holographic models of Karl Pribram and David Bohm, etc. These showed the exciting possibility that transpersonal psychology might become an integral part of a radically new scientific worldview. The transpersonal vision moved beyond psychology and became interdisciplinary.

In the last fifteen years or so there has been an increasing awareness of the sociopolitical significance of the transpersonal vision. It became obvious that the current global crisis with its many symptoms is essentially a psychospiritual crisis reflecting the state of consciousness evolution of humanity. Diplomatic negotiations, administrative and legal measures, economic and social sanctions, military

interventions, and other similar efforts have had very little success; as a matter of fact, they have often produced more problems than they solved. Clearly, the global crisis cannot be solved by the application of the same strategies that created it in the first place.

The presentations and publications in the transpersonal field were increasingly focusing on such issues as understanding the roots of human violence and greed and the methods that could be used to facilitate a deep inner transformation of humanity. This was also reflected in participation of important political figures in the transpersonal conferences - His Holiness the Dalai Lama, Czech president Václav Havel, Indian presidential candidate Karan Singh, US presidential candidate Jerry Brown, California senator John Vasconcellos, president of the US Gorbachev Foundation Jim Garrison, Thai spiritual activist Sulak Sivaraksa, and others.

2. Holotropic therapy, its theory and practice.

2.1. What difficulties and obstacles does the client typically encounter in the course of holotropic therapy? What would you recommend for the client to use in difficult moments?

The difficulties clients encounter in holotropic breathwork and – for that matter - in any other form of work with non-ordinary states of consciousness fall into two categories. The first one comprises various emotionally and physically difficult experiences that they can encounter in the course of therapy and self-exploration – reliving of traumatic experiences from infancy, childhood, and later life, trauma of birth, prenatal crises, and a variety of karmic, archetypal, and other transpersonal elements. The second category involves difficulties to face these experiences – various forms of psychological resistances and defenses that stand in the way of bringing this unconscious material into consciousness, resolve, and integrate it.

In terms of dealing with these two categories of problems, it is important to emphasize that breathing and music do not create these experiences. They exist in the clients' unconscious and can seriously complicate their life – cause emotional and

psychosomatic problems, interpersonal difficulties, and so on. Bringing them into consciousness will naturally produce temporary discomfort, but in the long run will be therapeutic and transformative. Some of the most painful and challenging experiences in the holotropic breathwork are often the ones that have the most profound therapeutic effect if they are properly completed and integrated.

Resistance to face the unconscious material can take many forms – fear of losing control, fear of death, fear of insanity, reluctance to experience emotional and physical pain and other forms of discomfort, tendency to intellectual analysis rather than experience, etc. There is no simple general solution for these resistances; they take specific forms in individual clients. It is important to find the source of resistance and help the client to resolve it. If there is one general principle that can help, it is to instill in the client trust in his or her inner healing intelligence.

2.2. What do you think is the most important for holotropic therapists in their work? What would you recommend for the therapist to be always aware of?

The most important in the preparation of therapists is personal experience with non-ordinary (holotropic) states of consciousness. Our training for facilitators includes not only theoretical preparation, but also a large number of sessions, in which they alternate in the roles of breathers and sitters. Resolving one's own major emotional issues and developing trust to the inner healing intelligence are necessary prerequisites for good holotropic facilitators. While they are working with clients, it is important to pay attention not only to the experiences of their clients, but also to their own emotional reactions to them. This can help them to identify areas in their own psyche that require some additional inner work. The facilitators typically continue in their own self-exploration.

2.3. What are the limits for the therapist's role in holotropic therapy? Would you agree to a certain amount of therapeutic intervention?

Modern psychotherapy is plagued by an astonishing lack of agreement among its different schools about the most fundamental questions concerning the functioning and the main motivating forces of the human psyche, the cause, nature, and dynamics of symptoms, and the strategy and technique of psychotherapy. This does not apply only to the schools based on entirely different philosophical assumptions, such as

behaviorism, psychoanalysis, and existential therapy, but also to the various branches of depth psychology that evolved historically from the same source, the original work of Sigmund Freud - the Adlerian, Rankian, Jungian, Kleinian, Reichian, and Lacanian schools, ego psychology, and many others.

The work with holotropic states suggests a very interesting alternative: if the experts are not able to reach agreement, why not to trust one's own healing intelligence, one's own inner healer. This approach was first suggested by C. G. Jung. He was aware of the fact that it is impossible to reach intellectual understanding of how the psyche functions and why the symptoms develop and derive from it a technique that makes it possible to correct the psychological functioning of other people. According to Jung, the psyche is not a product of the brain; it is a cosmic principle (*anima mundi*) that permeates all of existence and our individual psyche partakes in this cosmic matrix. This perspective has now received ample support from modern consciousness research.

The intellect is just a partial function of the psyche, which makes it possible for us to orient ourselves in practical situations and solve everyday problems; it is incapable to fathom and manipulate the psyche. Jung saw the task of the therapist in helping to establish a dynamic interaction between the client's conscious ego and the Self, a higher aspect of the client's personality; this interaction takes the form of a dialectic exchange using the language of symbols. The healing then comes from the collective unconscious and it is guided by an inner intelligence whose immense wisdom surpasses the knowledge of any individual therapist or therapeutic school. This is the essence of what Jung called the *individuation process*.

Therapeutic work with holotropic states, as exemplified by holotropic breathwork or psychedelic therapy, generally supports Jung's understanding of the therapeutic process. However, it is much more effective than the therapeutic techniques, which were available to Jung, such as the analysis of dreams and the method of active imagination. Holotropic states tend to activate the spontaneous healing potential of the psyche and of the body and initiate a transformative process guided by deep inner intelligence. In this process, unconscious material with strong

emotional charge and relevance will automatically emerge into consciousness and become available for full experience and integration.

All therapeutic interventions of holotropic breathwork facilitators have one common denominator – an effort to support the intrinsic spontaneous healing process of the client.

2.4. Practicing therapists may be especially interested in cases where negative psychodynamic transpersonal systems dominate, e.g. obsession with demonic archetypes. This may be illustrated by Flora's case from *The Adventure of Self-Discovery* (1988).

Dr. Grof, how often did you and your colleagues encounter similar situations in holotropic therapy? What would you recommend for the client and the therapist in such situations?

One of the main dangers associated with transpersonal experiences is what C.G.Jung called inflation. When the archetypal experiences are not associated with simultaneous surrender of the ego, the individual can appropriate for himself or herself the numinosity and glorious nature of the archetypal images. We can have the experience of identification with Jesus or experience our own divinity (the *Tat tvam asi* of the Upanishads) – both very common occurrences in holotropic states – and do not realize that the potential of having these experience is available to all human beings. We can then conclude that we are special and unique - the Second Coming of Christ or avatars - and continue seeing all the others as ordinary humans and thus inferior to us. This process naturally ends in psychiatric hospitalization. When the process is successfully completed by surrendering the ego and well integrated, it is extremely healing and enhances the individual's quality of life. Unfortunately, the general psychiatric practice is to arrest this process in its problematic stage by tranquilizing medication, rather than facilitating its completion.

Assisting the process of a breather, who is experiencing manifestation of energy that has a distinctly demonic quality, represents a major challenge for facilitators in holotropic breathwork. It is usually associated with reliving of memories of severe emotional and physical abuse or of traumas that brought the individual to the threshold of death, such as a very difficult birth. As the emotional

and physical expressions of the breathers are increasing in intensity, they suddenly undergo a profound qualitative change. The first indication that this might be happening is a change of the breather's facial and vocal expressions, which becomes strange and uncanny. Their voices are deep and raspy, their eyes assume an indescribably evil expression, their faces cramp up into a "mask of evil," spastic contractions make their hands look like claws, and their entire bodies tense up.

Subjectively, breathers experience inside themselves alien dark energy that feels ominous and evil. It also seems to have definite personal characteristics or can even be visualized. The breathers in this condition usually find it difficult to admit that they harbor this entity, because they are afraid that they will themselves be considered evil by their helpers. This concern is not completely unjustified. We have seen repeatedly that sitters and less experienced facilitators tend to withdraw from breathers who manifest demonic energy because of strong moral judgment, their own metaphysical fear, or both. This is particularly common in people brought up in a rigid fundamentalist setting.

Once it is understood that we are dealing with demonic energy, we reassure the breather that we feel comfortable working with it and that we have had ample experience doing it. General strategy in this situation is to encourage the breather to fully express the alien energy with grimaces, sounds, and body movements. We do it with exhortations, such as: "Show us what it looks like! Show us what it sounds like! Express it really fully, with your whole body!" Some of the most remarkable therapeutic changes we have observed in our work resulted from appropriately handled situations of this kind.

2.5. What are the main objections that the medical profession now has against holotropic therapy? Is there any unprejudiced and useful criticism?

One of the reasons is the attitude that the industrial civilization has toward non-ordinary states of consciousness of any kind. In this sense, we are quite unique in the history of humanity. The ancient and pre-industrial societies held these states in

high esteem, whether they were induced by psychedelic plants or some of the many powerful non-drug “technologies of the sacred” – fasting, sleep deprivation, breathing, social and sensory isolation, dancing, chanting, music, drumming, or physical pain. Members of these social groups had the opportunity to repeatedly experience holotropic states of consciousness during their lifetime in a variety of sacred contexts. By comparison, the industrial civilization has pathologized holotropic states, rejected or even outlawed the contexts and tools that can facilitate them, and developed effective means of suppressing them when they occur spontaneously.

It is not just the culture at large that is unprepared for holotropic experiences; this is also true for the helping professions. For most psychiatrists and psychologists, psychotherapy means disciplined face-to-face discussions or free-associating on the couch. The intense emotions and dramatic physical manifestations in holotropic sessions appear to them to be too close to what they are used to associate with psychopathology. It is hard for them to imagine that such states could be healing and transformative. In a sense, inducing these states is exactly the opposite of what is considered in mainstream practice to be therapeutic – namely to find ways to suppress these states when they emerge spontaneously.

To complicate the situation even further, many of the phenomena occurring in holotropic sessions cannot be understood within the context of theories dominating academic thinking. The possibility of reliving birth or episodes from embryonic life, obtaining accurate information about world history and mythology from the collective unconscious, experiencing archetypal realities and karmic memories, or perceiving remote events in out-of-body states, are simply too fantastic to be believable for an average professional. Yet those of us who work with holotropic states and are willing to radically change our theoretical understanding of the psyche and practical strategy of therapy are able to see and appreciate their enormous potential, both as therapeutic tools and as phenomena of extraordinary heuristic value.

There are certainly risks associated with holotropic breathwork, as in any other human activity. However, these can be minimized if participants in workshops and training are screened for emotional and physical contraindications and the sessions are conducted by experienced facilitators. When we work with clients, who have serious emotional problems, the risks can be significantly reduced if the sessions are conducted in facilities with 24-hour supervision, rather than on an out-patient basis. The concerns about the dangers of holotropic breathwork are somewhat surprising when they are coming from a profession that had no problems appropriating methods with known and serious risks, such as electroshocks, insulin comas, psychopharmaca with significant side-effects, and even psychosurgery. In 1949, the Portuguese neurologist Egas Moniz received a Nobel Prize for the development of lobotomy, a procedure which practically severed the frontal lobe from the rest of the brain.

2.6. Are the effects of psychedelic therapy and holotropic breathwork comparable as to strength and lasting of therapeutic effect?

It is somewhat difficult for me to compare those two modalities. Christina and I have developed and practiced holotropic breathwork outside of the professional setting - in our monthlong seminars and shorter workshops at the Esalen Institute, in various breathwork workshops in many other parts of the world, and in our training program for facilitators. We have not had the opportunity to test the therapeutic efficacy of this method in the same way that I was able to do in relation to psychedelic therapy. The psychedelic research program at the Maryland Psychiatric Research Center was well funded and involved controlled clinical studies with psychological testing and systematic, professionally conducted follow-up at six, twelve, and 18 months. This format remains an ideal model for future studies of holotropic breathwork.

Over the years, individual American and European researchers conducted studies of the effects of holotropic breathwork and reported encouraging results in their articles and dissertations. The papers of Russian researchers, who had studied various aspects of holotropic breathwork and its therapeutic effects, have been

reported in professional conferences and assembled in two special monographs edited by Bubeev, Kozlov, and Maykov. Clearly, much more controlled research is needed to legitimize holotropic breathwork as a clinical tool. However, the therapeutic results of holotropic breathwork have often been so dramatic and meaningfully connected with specific experiences in the sessions that there is little doubt that holotropic breathwork is a viable form of therapy and self-exploration.

We have seen over the years numerous instances when participants in the workshops and the training were able to break out of depression that had lasted several years, overcome various phobias, free themselves from consuming irrational feelings, and radically improve their self-confidence and self-esteem. We have also witnessed on many occasions disappearance of severe psychosomatic pains, including migraine headaches, and radical and lasting improvements or even complete clearing of psychogenic asthma. On many occasions, participants in the training or workshops have favorably compared their progress in several holotropic sessions to years of verbal therapy.

We have also seen repeatedly improvement of various physical conditions after releases of bioenergetic blockages – chronic infections, Raynaud’s disease, and arthritis. The most astonishing observation that we have made in our work with holotropic breathwork was a dramatic lasting improvement of advanced symptoms of Takayasu arteritis, an inflammatory disease of unknown etiology that afflicts the aorta and its branches, is progressive and often fatal. These results, although not achieved in controlled studies, are sufficiently encouraging to warrant systematic exploration in the future.

3. Altered states of consciousness: scientific and social perspectives.

3.1. Is Charles Tart's concept of altered states of consciousness still the reference frame? In what do you think is its explanatory power?

Charles Tart focused in his research primarily on certain formal characteristics of altered states of various provenience and his concepts, such as “state-dependent

learning and recall” or factors stabilizing states of consciousness remain valid. My own focus over the years has been the content of various states of consciousness and creating an extended cartography of the human psyche. I have myself stopped using the term “altered states of consciousness” for the category of those states that have heuristic, healing, transformative, and evolutionary potential – experiences of shamans, of the initiates in rites of passage and the ancient mysteries, Buddhists, yogis, Christian mystics, and so on. That term suggests that they are distortions of perception of reality, rather than valid addition to knowledge about ourselves and of reality. I prefer to call them “holotropic,” meaning literally “moving toward wholeness.”

3.2. Which of the results of modern altered states of consciousness research that you consider to be the most important?

It would be the discovery of a wide range of what we now call “anomalous phenomena – experiences and observation that current psychiatry and psychology cannot explain. Some of them are so revolutionary that they undermine the fundamental metaphysical assumptions of the materialistic world view concerning the relationship between matter (the brain) and consciousness. The scope of this interview does not allow me to discuss the specifics and I have to refer interested readers to my books, particularly *Psychology of the Future* and *When the Impossible Happens*.

However, I believe that careful examination of the findings of modern consciousness research would lead to a conceptual revolution in psychiatry and psychology that in its scope and depth would resemble what happened in the first three decades of the twentieth century when physicists had to move from Newtonian mechanics to quantum-relativistic physics. And, in a certain sense, this revolution in the understanding of consciousness and the human psyche would be a logical complement to what has already happened in the understanding of the physical world.

In essence the radical changes we would have to make in our thinking about the psyche would fall into the following categories:

1. *The dimensions of the human psyche*
2. *The nature, function, and architecture of emotional and psychosomatic disorders*
3. *Effective therapeutic mechanisms*
4. *Strategy of psychotherapy and self-exploration*
5. *The role of spirituality in human life*
6. *The nature of reality: cosmos, consciousness, and psyches*

4. Religious, philosophical and cultural perspectives of transpersonal psychology.

4.1. I have often heard representatives of Christian communities criticize transpersonal psychology. Do you think that traditional Christian world-view and the current picture of transpersonal reality could actually contradict each other? If so, is the contradiction at all soluble?

One of the important sources of transpersonal psychology is modern consciousness research. The study of holotropic states has thrown new light on the problem of spirituality and religion. The key to this new understanding is the discovery that in transpersonal states it is possible to encounter a rich array of experiences which are very similar to those that inspired the great religions of the world – visions of God and various divine and demonic beings, encounters with discarnate entities, episodes of psychospiritual death and rebirth, visits to Heaven and Hell, past life experiences, and many others. An astonishing aspect of transpersonal experiences occurring in holotropic states of various kinds is that their content can be drawn from religious mythologies of any culture of the world, including those of which the individual has no intellectual knowledge. Modern research has shown beyond any doubt that these experiences are not products of pathological processes afflicting the brain, but manifestations of archetypal dynamics of the collective unconscious, and thus normal and essential constituents of the human psyche.

In this sense, modern consciousness research has brought strong supportive evidence for a certain important aspect of religions – the authenticity of spiritual experience. This is important, since all great religions had their origin and source in what we now call transpersonal experiences, whether these were the experiences of Moses, Jesus, Buddha, Mohammed, or Mahavira. However, it is necessary to emphasize that this applies to genuine spirituality based on personal experience and does not provide support for ideologies and dogmas of organized religions.

Once a religion becomes organized, it often loses the connection with its spiritual source and becomes a secular institution that exploits human spiritual needs without satisfying them. Organized religions tend to create hierarchical systems focusing on the pursuit of power, control, politics, money, possessions, and other worldly concerns. When that happens, genuine spiritual life continues only in the mystical branches, monastic orders, and ecstatic sects of the religions involved. Organized religions tend to unite groups of people who are using the same symbolism and narratives in their approach to the Divine, but set this group against others, whose symbolism and narrative is different.

Religion that should unite (religare = to bind together again) becomes a divisive element in the world, separating not only one creed from another (“we are Christians, you are pagans,” “we are Moslems, you are Infidels,” “we are Jews, you are Goyim”), but also one faction of a religion from another (“we are Catholics, you are Protestants,” “we are Shiites, you are Sunnis”), in a way well-known from history. These differences are often sufficient reasons for violent internecine wars and bloodshed.

Holotropic spiritual experiences are universal, non-denominational, ecumenical, and all-embracing; Participants in holotropic breathwork workshops have experiences from different religions, including various native cultures, and shamanic traditions. Facilitators welcome any form that serious spiritual quest takes and have no interest or investment which direction it takes. This, of course, antagonizes religious groups that believe that one should worship in a particular way, meaning their own. Holotropic breathwork can thus get into conflict with various organized religions, but is generally compatible with their mystical forms, such as Christian mysticism, Sufism, or Kabbalah. And it has no problems with religions that involve personal spiritual practice, such as different forms of yoga or various schools of Buddhism.

4.2. Nowadays one can see that people are getting more and more interested in altered states of consciousness, especially since information is getting easily available (e.g.

on the Internet). At the same time, conflict and global problems escalate. There is a hypothesis that some hidden mechanisms are working to bring the world community to a global catastrophe. Hence, could it be that we are now approaching the stage when humankind has to go through drastic transformation due to the working of some evolutionary laws? Can the imagery of death and re-birth be applied to not only the human individual but to human society, civilization and humankind as a whole?

Some of the insights of people experiencing holotropic states of consciousness are directly related to the current global crisis and its relationship with consciousness evolution. They show that we have exteriorized in the modern world many of the essential themes of the perinatal process that a person involved in deep personal transformation has to face and come to terms with internally. The same elements that we would encounter in the process of psychological death and rebirth in our visionary experiences make our evening news today. This is particularly true in regard to the phenomena that accompany the final stage of birth. I refer to this experiential pattern as the third Basic Perinatal Matrix (BPM III).

We certainly see the enormous unleashing of the aggressive impulse in the many wars and revolutionary upheavals in the world, in the rising criminality, terrorism, and racial riots. Equally dramatic and striking is the lifting of sexual repression and freeing of the sexual impulse in both healthy and problematic ways. Sexual experiences and behaviors are taking unprecedented forms, as manifested in the sexual freedom of adolescents, premarital sex, gay liberation, general promiscuity, common and open marriages, high divorce rate, overtly sexual books, plays and movies, sadomasochistic experimentation, and many others.

The demonic element is also becoming increasingly manifest in the modern world. Renaissance of satanic cults and witchcraft, popularity of books and horror movies with occult themes, and crimes with satanic motivations attest to that fact. Terrorism of the fundamentalist fanatics and groups is also reaching satanic proportions. The scatological dimension is evident in the progressive industrial pollution, accumulation of waste products on a global scale, and rapidly deteriorating hygienic conditions in large cities. A more abstract form of the same trend is the

escalating corruption and degradation of political, military, economic, and religious institutions.

Many of the people with whom we have worked saw humanity at a critical crossroad facing either collective annihilation or an evolutionary jump in consciousness of unprecedented nature and dimension. Terence McKenna put it very succinctly: "The history of the silly monkey is over, one way or another". We either undergo a radical transformation of our species or we might not survive. It seems that we are collectively involved in a process that parallels the psychospiritual death and rebirth, which so many people have experienced individually in holotropic states of consciousness.

If we continue to act out the problematic destructive and self-destructive tendencies originating in the depth of the unconscious, we will undoubtedly destroy ourselves and seriously damage life on this planet. However, if we succeed in internalizing this process on a large enough scale, it might result in an evolutionary progress that can take us to a state when we deserve the name that we have so proudly given to our species – homo sapiens sapiens. As utopian as the possibility of such a development might seem, it might be our only real chance.