Grof Excerpts

I.

PSYCHODYNAMIC EXPERIENCES

The experiences belonging to this category are associated with and derived from biographical material from the subject's life, particularly from emotionally highly-relevant events, situations, and circumstances. They are related to important memories, problems, and unresolved conflicts from various periods of the individual's life since early childhood. Psychodynamic experiences originate in areas of the human personality that are generally accessible in normal states of consciousness, or in the individual unconscious which contains repressed biographical material. The least complicated psychodynamic phenomena have the form of actually reliving events from the past and vivid reenactments of traumatic or unusually pleasant memories from infancy, childhood or later periods of life. More complicated experiences involve creative combinations of various memory elements, pictorial concretizations of fantasies, dramatizations of wishful daydreams, screen memories, and other complex mixtures of fantasy and reality. In addition, the psychodynamic level involves a variety of experiences that contain important unconscious material in the form of symbolic disguises, cryptic defensive distortions, and metaphorical allusions. The experiences in psychodynamic LSD sessions can be understood to a great extent in terms of basic psychoanalytic concepts. If psychodynamic episodes were the only type of LSD experience, the observations from LSD psychotherapy could be considered laboratory proof of the Freudian theoretical framework. Psychosexual dynamics and the basic conflicts described by Freud are manifested with unusual clarity and vividness even in the sessions of naive subjects. Under the influence of LSD, such persons experience regression to childhood and early infancy, relive various psychosexual traumas and confront conflicts related to activities in different libidinal zones. They have to face and work through some of the basic psychological problems described by psychoanalysis, such as the Oedipus and Electra complex, early cannibalistic feelings, conflicts about toilet training, castration anxiety, and penis envy.

However, for a more complete understanding of these sessions and of the consequences that they have for the clinical condition of psychiatric patients and their personality structure, a new principle has to be introduced into

psychoanalytic thinking. Many LSD phenomena on this level can be comprehended and some of them even predicted if one thinks in terms of specific memory constellations, for which I use the name *COEX systems* (systems of condensed experience}.

II.

The psychodynamic level of the unconscious, and thus the role of COEX systems, is much less significant in individuals whose childhood was not particularly traumatic.

According to the basic quality of the emotionai charge we can differentiate *negative* COEX systems (condensing unpleasant emotional experiences) from *positive* COEX systems (condensing pleasant emotionai experiences and positive aspects of the individual's past). Although there are certain interdependencies and overlaps, individual COEX systems function relatively autonomously. In a complicated interaction with the environment they can selectively influence the subject's perception of himself or herself and of the world, his or her feelings and thoughts, and even somatic processes.

The phenomena observed in LSD sessions that are predominantly psychodynamic in nature can be understood in terms of the successive exteriorization, abreaction, and integration of various levels of negative COEX systems in the subject, and an opening of pathways for the influence of positive ones. When a negative COEX system approaches the experiential field, a specific change takes place in the content and course of the LSD sessions. The system assumes a governing influence on all the aspects of the psychedelic experience. It determines the direction in which the physical and interpersonal environment is illusively transformed, dictates the way the subject sees and experiences himself or herself, and dominates the emotionai reactions, thought-processes, and certain physical manifestations. In general, the COEX system plays this governing role until the oldest memory, or core experience, of the system is completely relived and integrated. After this happens, another system takes over and dominates the experiential field. Frequently, several COEX systems alternate in the leading role.

III.

Above. The 'psychedelic breakthrough' during a perinatal* experience. The lower part of the painting shows a scatological area which the patient described as the 'quagmire' of her unconscious: numerous dangerous animals represent the negative emotions. In the upper part a heavenly blue tunnel symbolizes rebirth and transcendence. The patient is sitting on a porpoise-like animal made friendly by the presence of the divine element. She is represented as a little naked princess with a golden crown, a divine child. This experience was related to the moment of biological birth ('crowning').

Below. Influences from the external world destroy the newly achieved positive state; on a deeper level, uterine contractions encroach on the oceanic peace of the womb.

[perinatal* = occurring at the time of birth]**

IV.

During a particular session or sequence of sessions, undergoing a parallel process of abreaction and integration, a very interesting interdependence and interplay can be demonstrated between the dynamics of coex systems and events in the external world. It has already been mentioned that an activated coex system determines the subject's perception of the environment and his or her reaction to it. Conversely, certain elements of the setting or specific

events during the session can activate a coex system which has associated features; we will discuss this mechanism again in connection with the significance of the set and setting of LSD sessions. The governing function of an activated coex system may not be limited to the period of pharmacological action of LSD; it can continue for days, weeks, or months following the session. The principles of coex dynamics described above are thus important for understanding the therapeutic effect of psychodynamic LSD sessions, as well as their complications. Before concluding this discussion of the psychodynamic and biographical aspects of LSD sessions, it is important to mention a category of experiences that represent a transitional form between the psychodynamic area and the following perinatal level, which focuses on the phenomena of birth and death, or death and rebirth. This transitional group involves the reliving of traumatic memories from the life of an individual that are of a physical rather than a purely psychological nature. Such memories typically deal with situations from the past that represented a threat to survival or body integrity. They cover a wide range, from serious operations, painful and dangerous injuries, severe diseases and instances of near drowning to episodes of cruel psychological and physical abuse. Memories of incarceration in concentration camps, exposures to the brainwashing and interrogation techniques of Nazis or communists, and maltreatment in childhood could be mentioned as special examples of the latter group. These memories are clearly biographical in nature, yet thematically they are closely related to perinatal experiences. Not infrequently, the reliving of various physical traumas from one's life occurs simultaneously with the experience of the birth agony as a more superficial apposition. Memories of somatic traumatization are a frequent source of very painful and frightening experiences in LSD sessions. They also seem to play a significant role in the psychogenesis of various emotional disorders that is as yet unrecognized and unacknowledged by the schools of dynamic psychotherapy. This is particularly true in the case of depressions, suicidal behavior, sadomasochism, hypochondria, and psychosomatic disorders.

Perinatal experiences

The most important common denominator and focus of the experiences

originating in this area of the unconscious is a group of problems related to biological birth, physical pain and agony, disease, aging, decrepitude, dying and death. It is important to emphasize that the encounter with these critical aspects of human life typically takes the form of a profound first-hand experience, rather than just symbolic confrontation. Specific eschatological ideation, and visions of wars, revolutions, concentration camps, accidents, decaying cadavers, coffins, cemeteries and funeral corteges occur as characteristic illustrations and concomitants of perinatal experiences. However, their very essence is an extremely realistic and authentic sense of the ultimate biological crisis which subjects frequently confuse with real dying. It is not uncommon for patients in this situation to lose critical insight and develop a delusional conviction that actual physical demise is imminent.

The shattering confrontation with these alarming aspects of existence and deep realization of the vulnerability and impermanence of humans as biological creatures has two important consequences. The first of these is a profound emotional and philosophical crisis that forces individuals to question seriously the meaning of existence and their values in life. They come to realize through these experiences, not intellectually but on a deep, almost cellular level, that no matter what they do, they cannot escape the inevitable. They will have to leave this world, bereft of everything that they have achieved and accumulated. This process of ontological crisis is usually associated with a definite crystallization of basic values. Worldly ambitions, competitive drives, and cravings for status, power, fame, prestige and possessions tend to fade away when viewed against the background of the mandatory ending of each human drama in biological annihilation.

The other important consequence of this shocking encounter with the phenomenon of death is the opening of areas of religious and spiritual experience that seem to be an intrinsic part of the human personality and are independent of the individual's cultural and religious background and programming. The only way to resolve the existentialist dilemma described above is through transcendence. The individual has to find reference points that are beyond the narrow boundaries of his or her perishable physical shrine and the limitations of the individual life span. It would appear that everybody who experiences these levels develops convincing insights into the utmost relevance of the spiritual dimension in the universal scheme of things. Even

positivistically oriented scientists, hard-core materialists, skeptics and cynics, uncompromising atheists and antireligious crusaders such as Marxist philosophers and politicians, suddenly become interested in the spiritual quest after they confront these levels in themselves. The sequences of dying and being born (or reborn) that are characteristic of the process of perinatal unfolding are frequently very dramatic and have many biological concomitants, apparent even to the outside observer. Subjects may spend hours in agonizing pain, with facial contortions, gasping for breath and discharging enormous amounts of muscular tension in tremors, twitches, violent shaking and complex twisting movements. The face may turn dark purple or dead pale, and the pulse show considerable acceleration. The body temperature usually oscillates in a wide range, sweating may be profuse, and nausea with projectile vomiting is a frequent occurrence. It is not quite clear at the present stage of research how the above experiences are related to the circumstances of the individual's actual biological birth. Some LSD subjects refer to them as reliving of their birth trauma, others do not make this explicit link and conceptualize their encounter with death and rebirth in purely symbolic, philosophical, and spiritual terms. However, even in this latter group perinatal experiences are quite regularly accompanied by a complex of physical symptoms that can best be interpreted as a derivative of biological birth.

In addition to the seizure-like motor discharges and other conditions described above, there may be cardiac distress and irregularities, and hyper-secretion of mucus and saliva. Such subjects also assume various fetal postures and move in sequences that bear a similarity to those of a child during the stages of biological delivery. In addition, they frequently report visions of or identification with fetuses and newborn children. Equally common are several authentic neonatal feelings, postures and behavior, as well as visions of female genitals and breasts.

Most of the rich and complex content of the LSD sessions reflecting this level of the unconscious seems to fall into four typical clusters or experiential patterns. Searching for a simple, logical and natural conceptualization of this observation, I was struck by the astonishing parallels between these patterns and the clinical stages of delivery. It proved very useful for didactic purposes, theoretical considerations, and the practice of LSD psychotherapy,

to relate these four categories of phenomena to the four consecutive stages of the biological birth process and to the experiences of the child in the perinatal period. For the sake of brevity I refer to the functional structures in the unconscious which manifest in these four major experiential patterns as *Basic Perinatal Matrices* (BP M l-IV). I see them as hypothetical dynamic governing systems that have a similar function on the perinatal level of the unconscious as the COEX systems have on the psychodynamic level.

Basic perinatal matrices have specific content of their own: concrete, realistic and authentic experiences related to individual stages of the biological birth process and their symbolic and spiritual counterparts (exemplified by the elements of cosmic unity, universal engulfment, no-exit, death-rebirth struggle, and death-rebirth experience). In addition to manifesting specific content, basic perinatal matrices also function as organizing principles for the material from other levels of the unconscious. Perinatal experiences can thus occur in psychedelic sessions in association with specific psychodynamic material related to various COEX systems, and also in association with certain types of transpersonal experiences. Particularly frequent concomitants of the birth experience are memories of diseases, operations and accidents from the individual's life, archetypal phenomena (especially images of the Terrible Mother and the Great Mother), elements of group consciousness, ancestral and phylogenetic experiences, and past-incarnation memories.

Individual perinatal matrices also have fixed associations with activities in the Freudian erotogenic zones and with specific categories of psychiatric disorders. All these complex interrelations are shown in the synoptic paradigm on pages 75-78. They provide clues to the understanding of many otherwise puzzling aspects of LSD experiences, and also have far-reaching implications for psychiatric theory. This paradigm demonstrates, among other things, the close parallels between the stages of biological delivery and the pattern of sexual orgasm. The similarity between these two biological patterns is a fact of fundamental theoretical importance. It makes it possible to shift the etiological emphasis in the psychogenesis of emotional disorders from sexual dynamics to perinatal matrices, without denying or negating the significance and validity of the basic Freudian principles for understanding the psychodynamic phenomena and their mutual interrelations.

In the following text, Basic Perinatal Matrices will be discussed in the

sequence in which the corresponding phases of biological delivery follow during childbirth. In serial LSD sessions this chronological order is not maintained, and elements of individual matrices can occur in most variegated sequential patterns. The death-rebirth process does not consist of one single experience of dying and being reborn, no matter how profound and complete this experience might feel.

OBS: As a rule it takes a great number of death-rebirth sequences and an entire series of high-dose LSD sessions to work through the material on the perinatal level, with all its biological, emotional, philosophical and spiritual manifestations.

In this process the individual has to face the deepest roots of existential despair, metaphysical anxiety and loneliness, murderous aggression, abysmal guilt and inferiority feelings, as well as excruciating physical discomfort and the agony of total annihilation.

These experiences open up access to the opposite end of the spectrum-orgiastic feelings of cosmic proportions, spiritual liberation and enlightenment, a sense of ecstatic connection with all of creation, and mystical union with the creative principle in the universe. Psychedelic therapy involving experiences on the perinatal level thus seems to represent a twentieth-century version of a process that has been practiced through millennia in various temple mysteries, rites of passage, secret initiations, and religious meetings of ecstatic sects.

V.

BPM II (76)

1. Related Psychopathological Syndromes: schizophrenic psychoses (elements of hellish tortures, experience of meaningless "cardboard" world); severe, inhibited "endogenous" depressions; irrational inferiority and guilt feelings; hypochondria (based on painful physical sensations); alcoholism and drug addiction

2. Corresponding Activities in Freudian Erotogenic Zones: oral frustration (thirst, hunger, painful stimuli): retention of feces and/or urine; sexual frustration; experiences of cold, pain and other unpleasant sensations

3. Associated Memories from Postnatal Life: situations endangering survival and bodily integrity (war experiences, accidents, injuries, operations, painful diseases, near-drowning, episodes of suffocation, imprisonment, brainwashing and illegal interrogation, physical abuse, etc.); severe psychological traumatizations (emotional deprivation, rejection, threatening situations, oppressing family atmosphere, ridicule and humiliation, etc.)

4. Phenomenology in LSD Sessions: immense physical and psychological suffering; unbearable and inescapable situation that will never end; various images of hell; feelings of entrapment and encagement (no exit); agonizing guilt and inferiority feelings; apocalyptic view of the world (horrors of wars and concentration camps, terror of the Inquisition; dangerous epidemics; diseases; decrepitude and death, etc.): meaninglessness and absurdity of human existence; "cardboard world" or the atmosphere of artificiality and gadgets; ominous dark colors and unpleasant physical symptoms. (feelings of oppression and compression, cardiac distress, flushes and chills, sweating, difficult breathing).

VI.

BPM

IV

RELATED PSYCHCOPATHOLOGICAL SYNDROMES

schizophrenic psychoses (death-rebirth experiences, messianic delusions, elements of destruction and recreation of the world, salvation and redemption, identification with Christ); manic symptomatology; female homosexuality; exhibitionism

Corresponding Activities in Freudian Erotogenic Zones

satiation of thirst and hunger; pleasure of sucking; libidinal feelings after defecation, urination, sexual orgasm, or delivery of a child

Associated Memories from Postnatal Life

fortuitous escape from dangerous situations (end of war or revolution, survival of an accident or operation); overcoming of severe obstacles by active effort; episodes of strain and hard struggle resulting in a marked success; natural scenes (beginning of spring, end of an ocean storm, sunrise, etc.)

Phenomenology in LSD Sessions

enormous decompression, expansion of space, visions of gigantic halls; radiant light and beautiful colors (heavenly blue, golden, rainbow, peacock feathers); feelings of rebirth and redemption; appreciation of simple way of life; sensory enhancement; brotherly feelings; humanitarian and charitable tendencies; occasional manic activity and grandiose feeling; transition to elements of BPM I; pleasant feelings may be interrupted by *umbilical crisis:* sharp pain in the navel; loss of breath, fear of death and castration, shifts in the body, but no external pressures

VII.

As far as the relation to memory mechanisms is concerned, the positive aspects of BPM I are related to positive COEX systems. The positive facet of BPM I seems to represent the basis for the recording of all later life situations in which the individual is relaxed, relatively free from needs, and not disturbed by any unpleasant stimuli. Negative aspects of BPM I have similar links to certain negative COEX systems.

In regard to the Freudian erotogenic zones, the positive aspects of BPM I coincide with the biological and psychological condition in which there are no tensions in any of these zones and all the partial drives are satisfied. Conversely, satisfaction of needs in these zones (satiation of hunger, release of tension by urination, defecation, sexual orgasm, or delivery of a child) results in a superficial and partial approximation to the tension-free ecstatic experience described above.

Perinatal Matrix II (Antagonism With Mother)

LSD subjects confronted with this experiential pattern frequently relate it to the very onset of the biological delivery and to its first clinical stage. In this situation the original equilibrium of the intrauterine existence is disturbed, first by alarming chemical signals and later by muscular spasms. Later, the fetus is periodically constricted by uterine contractions; the cervix is closed and the way out is not yet open.

As in the previous matrix, the corresponding biological situations can be relived in a rather realistic way. The symbolic concomitant of the onset of delivery is the *experience of cosmic engulfment.* It involves overwhelming feelings of increasing anxiety and awareness of an imminent vital threat. The source of this approaching danger cannot be clearly identified and the subject has a tendency to interpret his or her immediate environment or the entire world in paranoid terms. Not infrequently do individuals in this state report experiences of evil influences coming from members of secret organizations, inhabitants of other planets, malevolent hypnotists, black magicians, or diabolic gadgets emanating noxious radiation or toxic gases. Further intensification of anxiety typically results in an experience involving a monstrous, gigantic whirlpool, a Maelstrom sucking the subject and his or

her world relentlessly toward its center. A frequent variation of this universal engulfment is an experience of being swallowed by a terrifying monster, such as a giant dragon, octopus, python, crocodile, whale, or spider. A less dramatic form seems to be the theme of descent into the underworld and encounter with various dangerous creatures and entities. The symbolic counterpart of a fully developed first clinical stage of delivery is the *experience of No Exit.* An important characteristic of this experiential pattern is the darkness of the visual field and the ominous and sinister colors of all the images that accompany it. Subjects feel encaged or trapped in a monstrous claustrophobic situation and experience incredible psychological and physical tortures. The situation is typically absolutely unbearable and appears to be endless and hopeless. While under the influence of this matrix the individual can not see the possibility of any end to his or her torments nor any form of escape from them. Death-wishes and suicidal craving can be combined with feelings of futility and with a conviction that not even physical death would terminate this hellish state and bring relief.

This experiential pattern can be manifested on several levels, which may be experienced separately, simultaneously, or in an alternating fashion. The deepest level is related to various concepts of hell--a situation of unbearable suffering that will never end--as it has been depicted by many religions of the world. In a more superficial version of the same experiential pattern, the subject is confronted with images of our planet and sees the whole world as an apocalyptic place full of bloody terror, senseless suffering, genocidal wars, racial hatred, dangerous epidemics, and natural catastrophes. Existence in this world appears to be completely meaningless, nonsensical and absurd, and the search for any meaning in human life futile. While under the influence of this matrix the individual perceives the world and human existence as if through a negatively biased stencil; he or she appears to be blinded to any positive aspects of life. In the most superficial form of the experience, the subject sees his or her own concrete life situation in terms of circular patterns and as completely desperate, unbearable, and full of insoluble problems. Agonizing feelings of metaphysical loneliness, alienation, helplessness, hopelessness, inferiority and guilt are a standard part of this matrix.

The symbolism that most frequently accompanies this experiential pattern

involves various images of hell, Christ's humiliation and suffering, and the theme of eternal damnation as exemplified by Ahasverus, the Flying Dutchman, Sisyphus, Ixion, Tantalus or Prometheus. The most important characteristic that differentiates this pattern from the following one is the unique emphasis on the role of the victim and the fact that the situation is unbearable, inescapable and eternal--there appears to be no way out either in space or in time.

BPM II seems to represent the basis for recording all extremely unpleasant future situations, in which the passive and helpless individual is victimized and endangered by an overwhelming and destructive external force. In regard to Freudian erotogenic zones, this matrix seems to be related to a condition of unpleasant tension in all of them. On the oral level, it is hunger, thirst, nausea, and painful stimuli; on the anal level, retention of feces; and on the urethral level, retention of urine. The corresponding phenomena on the genital level are sexual frustration and excessive tension, as well as pains experienced by the delivering female in the first clinical stage of labor.

Perinatal Matrix III (Synergism with Mother)

Many aspects of this complex experiential matrix can be understood from its association with the second clinical stage of biological delivery. In this stage, the uterine contractions continue, but the cervix stands wide open and makes possible gradual and difficult propulsion through the birth canal. There is an enormous struggle for survival, crushing mechanical pressures, and often a high degree of anoxia and suffocation. In the terminal phases of delivery the fetus may experience immediate contact with a variety of biological materials, such as blood, mucus, fetal liquid, urine and even feces. From the experiential point of view, this pattern is rather ramified and complicated; besides actual realistic reliving of various aspects of the struggle through the birth canal it almost always involves a variety of phenomena that can be arranged in typical sequences. Its most important facets are an atmosphere of *Titanic fight, sadomasochistic orgies, intense sexual sensations, scatological involvement, and the element of purifying fire (pyrocatharsis)* occurring in various combinations. The above elements constitute the *death-rebirth struggle.*

Perinatal Matrix IV (Separation from Mother)

This perinatal matrix seems to be meaningfully related to the third clinical stage of delivery. In this final phase, the agonizing process of the intense struggle culminates; the propulsion through the birth canal is completed and the extreme intensification of tension and suffering is followed by a sudden relief and relaxation. After the umbilical cord is cut blood ceases to flow through its vessels, and the child has to develop its own system of respiration, digestion and elimination. The physical separation from the mother has been completed and the neonate starts its existence as an anatomically independent individual. As in the case of the preceding matrices, some of the experiences belonging here seem to represent a realistic reenactment of the actual biological events during this phase, as well as specific obstetric interventions. The symbolic counterpart of this final stage of delivery is the *death-rebirth experience;* it represents the termination and resolution of the death-rebirth struggle. Physical and emotion agony culminates in a feeling of utter and total annihilation on all imaginable levels. It involves an abysmal sense of physical destruction, emotional catastrophe, intellectual defeat, ultimate moral failure, and absolute damnation of transcendental proportions. This experience is usually described as "ego death"; it seems to entail an instantaneous and merciless destruction of all the previous reference points in the life of the individual.

After the subject has experienced the limits of total annihilation and "hit the cosmic bottom," he or she is struck by visions of blinding white or golden light. (LB: The same reaction is described in the “Tibetan Book of the Dead.”)

The claustrophobic and compressed world of the birth struggle suddenly opens up and expands into infinity. The general atmosphere is one of liberation, salvation, redemption, love, and forgiveness. The subject feels unburdened, cleansed and purged, and talks about having disposed of an incredible amount of personal "garbage," guilt, aggression, and anxiety.

This is typically associated with brotherly feelings for all fellowmen and appreciation of warm human relationships, Friendship and love. Irrational and exaggerated ambitions, as well as cravings for money, status, fame, prestige and power, appear in this state as childish, irrelevant and absurd. There is often a strong tendency to share and engage in service and charitable activities. The universe is perceived as indescribably beautiful and radiant.

All sensory pathways seem to be wide open and the sensitivity to and appreciation of external stimuli is greatly enhanced. The individual tuned into this experiential area usually discovers within himself or herself genuinely positive values, such as a sense of justice, appreciation of beauty, feelings of love, and self respect as well as respect for others. These values, as well as the motivations to pursue them and live in accordance with them, appear on this level to be intrinsic to human nature. They cannot be satisfactorily explained in terms of compensation or reaction-formation; individuals experience them as genuine and integral parts of the universal order. The symbolism associated with the experience of death and rebirth can be drawn from many different cultural frameworks. The element of ego death can be associated with visions of various destructive deities, such as Moloch, Shiva the Destroyer, Huitzilopochtli, and the terrible goddesses Kali and Coatlicue, or experienced in full identification with the death of Christ, Osiris, Adonis, or Dionysus. Typical symbolism of the moment of rebirth involves fantastic visions of radiant sources of light experienced as divine, heavenly blue cosmic spaces, magnificent rainbow spectra, or stylized peacock designs. Rather frequent are non-figurative images of God, as exemplified by the Tao, Atman-Brahman, Allah, or the Cosmic Sun. On occasion subjects may see personified images and traditional representations of God and the various deities of specific religions. Thus God can appear in the Christian form as an archetypal wise, old man sitting on a throne surrounded by cherubim and seraphim in radiant splendor. Also quite common in this context is the experience of union with the Great Mother, such as the Divine Isis of the Egyptians, Cybele, or the Virgin Mary. Joining the Greek gods on Mount Olympus in drinking nectar and eating ambrosia, admission to the Germanic Valhalla, or advent to the Elysian fields are some additional symbolic alternatives for the rebirth experience. Other visions involve gigantic halls with richly decorated columns, marble statues and crystal chandeliers, or beautiful natural scenery: the star-filled sky, majestic mountains, luscious valleys, flourishing meadows, or clear lakes and oceans.

In regard to memory, BPM IV represents a matrix for the recording of all later situations involving major personal success and termination of conditions of prolonged serious danger, such as ends of wars or revolutions, survival of accidents, or recoveries from severe diseases. As far as Freudian

erotogenic zones are concerned, BPM IV is associated on all the levels of libidinal development with the condition of satisfaction immediately following an activity that reduced or discharged tension (swallowing of food, relieving vomiting, defecation, urination, sexual orgasm and delivery of a child).

The Basic Perinatal Matrices have a function on the perinatal level which is comparable to the one that COEX systems play in the psychodynamic realm. The phenomena occurring in psychedelic sessions of a predominantly perinatal nature can be understood as the result of successive exteriorization, abreaction, and integration of the content of negative perinatal matrices, (BPM II and III) and connecting with the positive ones (BPM I and IV). When a perinatal matrix dominates the experiential field its content determines not only the subject's emotional reactions, thought-processes and physical manifestations, but also his or her perception of the physical and interpersonal environment. The hegemony of BPM I provides a totally positive stencil which makes the subject see the world as radiant, incredibly beautiful, safe, nourishing, and essentially a manifestation of the divine. Transition from BPM I to BPM II (cosmic engulfment) introduces the element of insidious, but very basic, threat. The world and all its components seem to be closing in on the subject and seem to represent a serious danger to his or her security, sanity, and life. The subject tends to fear entrapment and might make an attempt to escape from the treatment room, not recognizing that the trap is inside. Feelings of panic and paranoia are typical concomitants of this state. In terms of an experiential stencil, BPM II is the exact opposite of BPM I. The world is seen as a hopeless place of diabolic, absurd and meaningless suffering. It can also have an empty cardboard-like quality or the bizarre and grotesque character of a circus sideshow. The influence of BPM III typically gives the world the quality of a dangerous battlefield, where one has to be on guard and struggle hard to defend one's life. The sexual, sadomasochistic and scatological component of this matrix can also find its expression in shaping the perception of the world. BPM IV gives the world a touch of freshness, novelty, cleanliness and joy, associated with a sense triumph. The above descriptions reflect only the most general characteristics of the perinatal matrices in their function as governing systems; the individual experiences that occur within this context represent

manifestations of their specific content as described earlier (see paradigm on pages 75-78). Like the COEX systems, perinatal matrices show a complicated two-sided interaction with the elements of the environment. After a poorly-resolved LSD session, the dynamic influence of the activated negative matrix can continue in the subject's everyday life for an indefinite period of time. After a well-integrated session of a perinatal nature, the subject can be under the continuing influence of the positive matrix that dominated the experiential field at the time when the effect of the drug was wearing off. Conversely, external influences involving elements characteristic of the individual perinatal matrices can facilitate specific corresponding experiences related to the death-rebirth process.

TRANSPERSONAL LEVEL 87 b

Observations from LSD psychotherapy provide ample evidence that transpersonal experiences are more than just curious phenomena of theoretical interest. In many instances, specific clinical symptoms are anchored in dynamic structures of a transpersonal nature and cannot be resolved on the level of psychodynamic or even perinatal experiences. In order to eliminate a specific emotional, psychosomatic, or interpersonal problem, the patient sometimes has to experience dramatic sequences of a clearly transpersonal nature. Many unusual and interesting observations clearly indicate the need to incorporate transpersonal aspects and approaches into everyday psychotherapeutic practice.

To the surprise of both patient and therapist, seemingly bizarre and unexplainable experiences sometimes have a dramatic impact on certain clinical symptoms and problems. Since the therapeutic process frequently leads into unexplored and uncharted territories, it requires considerable open-mindedness and an adventurous spirit in both the client and the therapist. A therapist who adheres rigidly to conventional paradigms and is unaware of and closed to unfamiliar levels of consciousness will generally be less effective with patients whose problems have a strong transpersonal emphasis. He or she will not encourage them to have experiences that would resolve their symptoms, or might even implicitly and explicitly discourage them from entering transpersonal realms. Such an approach, in addition to being therapeutically less effective, also fails to meet the intense spiritual needs of

these patients and give them sensitive guidance.

In some LSD patients difficult emotional symptoms that had not been resolved on the psychodynamic or perinatal level disappeared or were mitigated in connection with various *embryonal experiences*. Reliving attempted abortions, maternal diseases or emotional crises during pregnancy, and fetal experiences of being unwanted ("rejecting womb") can be of great therapeutic value. Particularly dramatic instances of therapeutic change have been observed in connection with *past-incarnation experiences*. Sometimes these occur simultaneously with perinatal phenomena, at other times they are independent thematic gestalts. The subject experiences a sequence set in another country and/or a different historical period, usually with deep emotional involvement and dramatic abreaction.