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Implications of Holotropic Consciousness Research for Psychiatry: Observations from Psychedelic Therapy and Holotropic Breathwork.

Abstract

This article summarizes the author's experiences and observations from over almost forty years of research of non-ordinary states of consciousness (NOSC) concerning the nature of the human psyche and its healing potential. It focuses specifically upon a large and important subgroup of NOSC, *holotropic states* (literally "oriented toward wholeness" from the Greek holos = whole and trepein=moving toward), such as those observed in shamanic rituals, aboriginal healing ceremonies, rites of passage, hypnosis, psychedelic sessions, powerful experiential forms of psychotherapy, near-death experiences, and spontaneous psychospiritual crises.

All ancient and pre-industrial cultures held holotropic states in high esteem and used them for a variety of purposes: in ritual and spiritual practice, for diagnosing and healing diseases, cultivation of intuition and extrasensory perception, and artistic inspiration. They spent much time and energy trying to develop effective and safe methods to induce them. By contrast, Western industrial societies have shown a strong tendency to pathologize these states, suppress them when they occur spontaneously, and interfere with methods and situations conducive to their occurrence. Western academic science has systematically ignored, censored, or distorted all the information about holotropic experiences, whether it came from historical sources, comparative religion, anthropological field studies, or modern consciousness research, such as psychedelic therapy, thanatology, experiential psychotherapy, or biofeedback and sensory deprivation experiments.

The disregard for the evidence from holotropic states introduces a strong bias into the theory and practice of psychiatry and psychology and allows perpetuation of false concepts about the role of consciousness in the universal scheme and its relationship to matter. This papers explores the far-reaching implications that serious and systematic study of holotropic states would have for our understanding of the human psyche, emotional and psychosomatic disorders, spirituality, and the theory and practice of psychotherapy. Some of the observations are so extraordinary that they challenge the most basic metaphysical assumptions of materialistic monism and the Newtonian-Cartesian paradigm that has dominated Western science for the last three hundred years.

Contents

Introduction

The objective of this article is to summarize my experiences and observations concerning the nature of the human psyche and its healing potential that I have collected during almost forty years of research of non-ordinary states of consciousness (NOSC). These states are characterized by dramatic perceptual changes, intense and often unusual emotions, profound alterations in the thought processes and behavior, and by a variety of psychosomatic manifestations. This presentation focuses upon a large and important subgroup of NOSC that I call *holotropic* (literally "oriented toward wholeness" from the Greek holos = whole and trepein = moving toward) (GROF 1992). Psychedelic substances have been some of the primary means through which holotropic states have been induced.

1. Holotropic States of Consciousness

In holotropic states, consciousness is changed qualitatively in a very fundamental way, but is not grossly impaired. This distinguishes them from trivial deliria accompanying traumas, intoxications by various poisonous substances, infections, or degenerative and circulatory processes in the brain. People suffering from deliriant conditions are typically disoriented (not knowing who and where they are and what date it is), show a disturbance of intellectual functions, and subsequent amnesia.

All such functions are intact in the holotropic states of consciousness. In addition, the content of holotropic experiences is often spiritual or mystical. It involves sequences of psychological death and rebirth and a broad spectrum of transpersonal phenomena, including feelings of oneness with other people, nature, and the universe, past life experiences, and visions of archetypal beings and mythological landscapes as described by C.G. JUNG (1960).

Holotropic states of consciousness have many different forms and occur under a variety of circumstances. Ancient and aboriginal cultures have developed mind-altering techniques combining chanting, breathing, drumming, rhythmic dancing, fasting, social and sensory isolation, extreme physical pain, and other elements. These have been used in shamanic procedures, healing ceremonies, and rites of passage – powerful rituals enacted at the time of important biological and social transitions, such as circumcision, puberty, marriage, or birth of a child. Many cultures have used psychedelic plants for these purposes. The most famous examples of these are different varieties of hemp, the Mexican cactus peyote and Psilocybe mushrooms, the African shrub *eboga*, and the Amazonian jungle liana *Banisteriopsis caapi*, the source of *yagé* or *ayahuasca*.

Additional important triggers of holotropic experiences are various forms of systematic spiritual practice involving meditation, concentration, breathing, and movement exercises, that are used in different systems of yoga, Vipassana or Zen Buddhism, Tibetan Vajrayana, Taoism, Christian mysticism, Sufism, or Cabalah. Other techniques were used in the ancient mysteries of death and rebirth, such as the Egyptian temple initiations of Isis and Osiris and the Greek Bacchanalia, rites of Attis and Adonis, and the Eleusinian mysteries. The specifics of the procedures involved in these secret rites have remained for the most part unknown, although it is likely that psychedelic preparations played an important part (WASSON, HOFMANN & RUCK 1978).

Among the modern means of inducing holotropic states of consciousness are psychedelic substances isolated from plants or synthesized in the laboratory and powerful experiential forms of psychotherapy, such as hypnosis, primal therapy, rebirthing, or the Holotropic Breathwork. There also exist very effective laboratory techniques for altering consciousness. One of these

is sensory isolation, which involves significant reduction of meaningful sensory stimuli. In its extreme form the individual is deprived of sensory input by submersion in a dark and soundproof tank filled with water of body temperature. Another well-known laboratory method of changing consciousness is biofeedback, where the individual is guided by electronic feedback signals into non-ordinary states of consciousness characterized by preponderance of certain specific frequencies of brain waves.

It is important to emphasize that episodes of NOSC of varying duration can also occur spontaneously, without any specific identifiable cause, and often against the will of the people involved. Since modern psychiatry does not differentiate between mystical or spiritual states and mental diseases, people experiencing these states are often labeled psychotic, hospitalized, and receive routine suppressive psycho-pharmacological treatment. My wife and I refer to these states as spiritual emergencies or psychospiritual crises. We believe that properly supported and treated, they can result in emotional and psychosomatic healing, positive personality transformation, and consciousness evolution (GROF & GROF 1989, 1990).

Although I have been deeply interested in all the categories of NOSC mentioned above, I have done most of my work in the area of psychedelic therapy, Holotropic Breathwork, and spiritual emergency. This paper is based predominantly on my observations from these three areas in which I have most personal experience. However, the general conclusions I will be drawing apply to all the situations involving holotropic states.

Holotropic States in the History of Psychiatry

It is worth mentioning that the history of depth psychology and psychotherapy is deeply connected with the study of NOSC – FRANZ MESMER's experiments with "animal magnetism", hypnotic sessions with hysterical patients conducted in Paris by JEAN MARTIN CHARCOT, and the research in hypnosis carried out in Nancy by HIPPOLYTE BERNHEIM and AMBROISE AUGUSTE LIÉBAULT. SIGMUND FREUD's early work was inspired by his work with a client (Miss Anna O.), who experienced spontaneous episodes of non-ordinary states of consciousness. Freud also initially used hypnosis to access his patients' unconscious before he radically changed his strategies. In retrospect, shifting emphasis from direct experience to free association, from actual trauma to Oedipal fantasies, and from conscious reliving and emotional abreaction of unconscious material to transference dynamics was unfortunate, and set the wrong direction for Western psychotherapy for the next fifty years.

As a consequence of this development, psychotherapy in the first half of this century was practically synonymous with talking – face to face interviews, free associations on the couch, and the behaviorist deconditioning. At the same time NOSC, initially seen as an effective therapeutic tool, became associated with pathology rather than healing. This situation started to change in the 1950's with the advent of psychedelic therapy and new developments in psychology. A group of American psychologists headed by ABRAHAM MASLOW, dissatisfied with behaviorism and Freudian psychoanalysis, launched a revolutionary movement – humanistic psychology. Within a very short time, this movement became very popular and provided the context for a broad spectrum of new therapies.

While traditional psychotherapies used primarily verbal means and intellectual analysis, these new, so called experiential, therapies emphasized direct experience and expression of emotions and used various forms of bodywork as an integral part of the process. Probably the most famous representative of these new approaches is FRITZ PERLS' Gestalt therapy (PERLS 1976). However, most experiential therapies still rely to a great degree on verbal communication and require that the client stays in the ordinary state of consciousness. The most radical innovations

in the therapeutic field have been approaches so powerful that they profoundly change the state of consciousness, such as psychedelic therapy, Holotropic Breathwork, primal therapy, rebirthing, and others.

The therapeutic use of non-ordinary states of consciousness is the most recent development in Western psychotherapy. Paradoxically, it is also the oldest form of healing and can be traced back to the dawn of human history. Therapies using holotropic states actually represent a rediscovery and modern reinterpretation of the elements and principles that have been documented by historians and anthropologists studying the sacred mysteries of death and rebirth, rites of passage, and ancient and aboriginal forms of spiritual healing, particularly various shamanic procedures. Shamanism is the most ancient religion and healing art of humanity, the roots of which reach far back into the Paleolithic era. Among the beautiful images of primeval animals painted and carved on the walls of the great caves in Southern France and northern Spain, such as Lascaux, Font de Gaume, Les Trois Frères, Altamira, and others, are figures that undoubtedly represent ancient shamans. In some of the caves, the discoverers also found footprints in circular arrangements suggesting that their inhabitants conducted dances, similar to those still performed by some aboriginal cultures for the induction of NOSC. Shamanism is not only ancient, it is also universal; it can be found in North and South America, in Europe, Africa, Asia, Australia, and Polynesia.

The fact that so many different cultures throughout human history have found shamanic techniques useful and relevant suggests that they address the "primal mind" – a basic and primordial aspect of the human psyche that transcends race, culture, and time. All the cultures with the exception of the Western industrial civilization have held NOSC in great esteem and spent much time and effort to develop various ways of inducing them. They used them to connect with their deities, other dimensions of reality, and with the forces of nature, for healing, for cultivation of extrasensory perception, and for artistic inspiration. For pre-industrial cultures, healing always involves non-ordinary states of consciousness – either for the client, for the healer, or both of them at the same time. In many instances, a large group or even an entire tribe enters a non-ordinary state of consciousness together, as it is, for example, among the !Kung Bushmen in the African Kalahari Desert.

In the past, Western psychiatry and psychology, did not see NOSC (with the exception of dreams) as potential sources of healing or of valuable information about the human psyche, but basically as pathological phenomena. Traditional psychiatry tends to use indiscriminately pathological labels and suppressive medication whenever these states occur spontaneously. MICHAEL HARNER (1980), a good academic anthropologist and a practicing shaman initiated during field work in the Amazonian jungle, suggests that Western psychiatry is seriously biased in at least two significant ways. It is ethnocentric, which means that it considers its own view of the human psyche and of reality to be the only correct one and superior to all others. It is also "cognicentric" (a more accurate word might be "pragmacentric"), meaning that it takes into consideration only experiences and observations in the ordinary state of consciousness. Psychiatry's disinterest in holotropic states and disregard for them has resulted in a culturally insensitive approach and a tendency to pathologize all activities that cannot be understood in its own narrow context. This includes the ritual and spiritual life of ancient and pre-industrial cultures and the entire spiritual history of humanity.

Implications of Modern Consciousness Research for Psychiatry

If we study systematically the experiences and observations associated with NOSC or, more specifically, holotropic states, this leads inevitably to a radical revision of our basic ideas about

consciousness and the human psyche and to entirely new psychiatry, psychology, and psychotherapy. The changes we would have to make in our thinking fall into several large categories:

The nature of the human psyche and the dimensions of consciousness. Traditional academic psychiatry and psychology uses a model which is limited to biology, postnatal biography, and the Freudian individual unconscious. This model has to be vastly expanded and a new cartography of the psyche has to be created to describe all the phenomena occurring in NOSC.

The nature and architecture of emotional and psychosomatic disorders (or what is traditionally called psychogenic psychopathology). Traditional psychiatry uses an explanatory model limited to biology and biographical traumas in infancy, childhood, and later life. The new understanding has to include additional realms of the psyche as potential sources of emotional problems. These are transbiographical and transpersonal in nature.

Therapeutic mechanisms and the process of healing. Traditional psychotherapy knows only therapeutic mechanisms operating on the level of biographical material – remembering of forgotten events, lifting of repression, reconstruction of the past from dreams, reliving of traumatic memories, analysis of transference, etc. The work with NOSC reveals many important additional mechanisms of healing and personality transformation operating in realms that lie beyond biography.

Strategy of psychotherapy and self-exploration. The goal in traditional psychotherapies is to reach an intellectual understanding as to how the psyche functions and why symptoms develop and then derive from this understanding a strategy how to "fix" the patients. A serious problem with this strategy is the amazing lack of agreement among psychologists and psychiatrists about these fundamental issues, resulting in an astonishing number of competing schools of psychotherapy. The work with holotropic states shows us a surprising alternative and a way out of this confusion, which I will discuss later.

The role of spirituality in human life. Western materialistic science has no place for any form of spirituality and considers it incompatible with the scientific world-view. Modern consciousness research shows that spirituality is a natural and legitimate dimension of the human psyche and of the universal scheme of things. In this context, it is important to distinguish spirituality from religion.

The nature of reality. The necessary revisions which I have discussed up to this point were related to the theory and practice of psychiatry, psychology, and psychotherapy. However, the work with NOSC brings challenges of a much more fundamental nature. Many of the experiences and observations that occur during this work are so extraordinary that they can not be understood in the context of the Newtonian-Cartesian materialistic paradigm and undermine the most basic metaphysical assumptions of the entire edifice of Western science.

2. Human Psyche and the Dimensions of Consciousness from the Holotropic Perspective.

The phenomena observed in modern consciousness research cannot be explained by a model limited to postnatal biography and to the Freudian individual unconscious. The dimensions of the human psyche are infinitely larger than academic psychology would like us to believe. In

an effort to account for the experiences and observations from NOSC, I have myself suggested a cartography or model of the psyche that contains, in addition to the usual *biographical level*, two transbiographical realms: *the perinatal domain*, related to the trauma of biological birth; and *the transpersonal domain,* which accounts for such phenomena as experiential identification with other people or with animals, visions of archetypal and mythological beings and realms, ancestral, racial, and karmic experiences, and identification with the Universal Mind or the Void. These are experiences that have been described throughout ages in the religious, mystical, and occult literature.

Postnatal Biography and the Individual Unconscious

The biographical level of the psyche does not require much discussion, since it is well known from traditional psychology and psychotherapy; as a matter of fact, it is what traditional dynamic psychotherapy is all about. However, there are two important differences between exploring this domain through verbal psychotherapy and through approaches using NOSC. First, one does not just remember emotionally significant events or reconstruct them indirectly from dreams, slips of tongue, or from transference distortions; rather, one experiences the original emotions, physical sensations, and even sensory perceptions in full age regression. That means that during the reliving of an important trauma from infancy or childhood, one actually has the body image, the naive perception of the world, sensations, and the emotions corresponding to the age he or she was at that time. The authenticity of this regression is supported by the fact that the wrinkles in the face of these people temporarily disappear giving them an infantile expression, the postures and gestures become childlike, and their neurological reflexes are characteristic for children (e. g. , the sucking reflex and the reflex of Babinski).

The second difference between the work on the biographical material in NOSC, as compared with verbal psychotherapies, is that besides confronting the usual psychotraumas known from handbooks of psychology, people often have to relive and integrate traumas that were primarily of a physical nature. Many people have to process experiences of near drowning, operations, accidents, and children's diseases, particularly those that were associated with suffocation, such as diphtheria, whooping cough, or aspiration of a foreign object. This material emerges quite spontaneously and without any programing. As it surfaces, people realize that these physical traumas have actually played a significant role in the psychogenesis of their emotional and psychosomatic problems, such as asthma, migraine headaches, a variety of psychosomatic pains, phobias, sadomasochistic tendencies, or depression and suicidal tendencies. Reliving of such traumatic memories and their integration can then have very far-reaching therapeutic consequences. This contrasts sharply with the attitudes of academic psychiatry and psychology which do not recognize the direct psychotraumatic impact of physical traumas.

It seems appropriate to emphasize in this context a very important and extraordinary characteristic of NOSC that is invaluable for psychotherapy. These states tend to engage something like an "inner radar", automatically bringing into consciousness the contents from the unconscious that have the strongest emotional charge and are most psychodynamically relevant at the time. This represents a great advantage in comparison with verbal psychotherapy, where the client presents a broad array of information of various kind and the therapist has to decide what is important, what is irrelevant, where the client is blocking, etc.

Since there is no general agreement about basic theoretical issues among different schools, such conclusions will always reflect the personal bias of the therapist, as well as the specific views of his or her school. The NOSC saves the therapist such difficult decisions and eliminates the subjectivity and professional idiosyncrasy of the verbal approaches. In the above example,

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

The Perinatal Level of the Unconscious

The domain of the psyche that lies immediately beyond the recollective-biographical realm seems to have close connections with the beginning of life and its end, with birth and death. Many people identify the experiences that originate on this level as the reliving of their biological birth trauma. This is reflected in the name *perinatal* that I have suggested for this level of the psyche. It is a Greek-Latin composite word where the prefix *peri-*, means "near" or "around", and the root *natalis* "pertaining to childbirth." This word is commonly used in medicine to describe various biological processes occurring shortly before, during, and immediately after birth. Thus the obstetricians talk, for example, about perinatal hemorrhage, infection, or brain damage. However, since traditional medicine denies that the child can consciously experience birth and claims that the event is not recorded in memory, one does not ever hear about perinatal experiences. The use of the term perinatal in connection with consciousness reflects my own findings and is entirely new (GROF 1975).

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

As their name indicates, an important core of perinatal experiences is the reliving of various aspects of the biological birth process. It often involves photographic details and occurs even in people who have no intellectual knowledge about their birth. The replay of the original birth situation can be very convincing. We can, for example, discover through direct experience that we had a breech birth, that a forceps was used during our delivery, or that we were born with the umbilical cord twisted around the neck. We can feel the anxiety, biological fury, physical pain, and suffocation associated with this terrifying event and even accurately recognize the type of anesthesia used when we were born. This is often accompanied by various physical manifestations that can be noticed by an external observer. The postures and movements of the body, arms, and legs, as well as the rotations, flections, deflections of the head can accurately recreate the mechanics of a particular type of delivery, even in people without elementary obstetric knowledge. Bruises, swellings, and other vascular changes can unexpectedly appear on the skin in the places where the forceps was applied, the wall of the birth canal was pressing on the head, or where the umbilical cord was constricting the throat. The veracity of all these details can be confirmed if good birth records or reliable personal witnesses are available.

The spectrum of perinatal experiences is not limited to the elements that can be derived from the biological processes involved in childbirth. The perinatal domain of the psyche also represents an important gateway to the collective unconscious in the Jungian sense. Identification with the infant facing the ordeal of the passage through the birth canal seems to provide access

to experiences involving people from other times and cultures, various animals, and even mythological figures. It is as if by connecting with the fetus struggling to be born, one reaches an intimate, almost mystical connection with other sentient beings who are in a similar difficult predicament. Experiential confrontation with birth and death seems to result automatically in a spiritual opening and discovery of the mystical dimensions of the psyche and of existence. It does not seem to make a difference whether it happens symbolically, as in psychedelic and holotropic sessions and in the course of spontaneous psychospiritual crises ("spiritual emergencies") or whether it occurs in actual life situations, for example, in delivering women or in the context of near-death experiences (RING 1984). The specific symbolism of these experiences comes from the Jungian collective unconscious, not from the individual memory banks. It can thus draw on any spiritual tradition of the world, quite independently from the subject's cultural or religious background.

The phenomenology of perinatal experiences and the specific connections between their symbolic imagery and the stages of biological birth (basic perinatal matrices) have been described in detail in other contexts (GROF 1975, 1988). The perinatal domain of the unconscious plays an important role in the development of psychopathology and its recognition is critical for the understanding and therapy of emotional and psychosomatic disorders (GROF 1985).

The Transpersonal Domain of the Psyche.

The second major domain that has to be added to the cartography of the human psyche when we work with NOSC is now known under the name *transpersonal,* meaning literally "beyond the personal" or "transcending the personal". The experiences that originate on this level involve transcendence of the usual boundaries of the individual (his or her body and ego) and of the limitations of three-dimensional space and linear time that restrict perception of the world in the ordinary state of consciousness. Transpersonal psychology then is a discipline that recognizes and honors the spiritual dimension of existence, and studies the entire range of human experience, including various non-ordinary states and levels of consciousness.

Transpersonal experiences are best defined by contrasting them with the ordinary, everyday experience of ourselves and of the world, that is with the way we have to experience ourselves and the environment to pass for "normal" according to the standards of Newtonian-Cartesian psychiatry. In the ordinary or "normal" state of consciousness, we experience ourselves as Newtonian objects existing within the boundaries of our skin. The American writer and philosopher ALAN WATTS referred to this experience of oneself as identifying with the "skin-encapsulated ego". In this mode, our perception of the environment is restricted by the physiological limitations of our sensory organs and by physical characteristics of the environment.

In the ordinary state of consciousness, we cannot see objects that we are separated from by a solid wall, ships that are beyond the horizon, or the other side of the moon. If we are in Paris, we cannot hear what our friends are talking about in San Francisco. We cannot feel the softness of the lambskin unless the surface of our body is in direct contact with it. In addition, we can experience vividly and with all our senses only the events that are happening in the present moment. We can recall the past and anticipate future events or fantasize about them; however, these are very different experiences from an immediate and direct experience of the present moment. We are all familiar with these limitations from our everyday existence and they are undoubtedly pragmatically relevant. According to the Newtonian-Cartesian paradigm of traditional Western science, these restrictions and limitations are absolutely mandatory and definitive, since they result from the material nature of the world and are determined by physiological laws of

perception. However, modern consciousness research has clearly demonstrated that in transpersonal experiences these limitations do not apply and can be transcended.

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

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

The second category of transpersonal experiences is characterized primarily by overcoming of temporal rather than spatial boundaries, that is by transcendence of linear time. We have already talked about the possibility of vividly reliving important memories from infancy and of the trauma of birth. This historical regression can continue further and involve authentic fetal and embryonal memories from different periods of intrauterine life. It is not unusual to experience, on the level of cellular consciousness, full identification with the sperm and the ovum at the time of conception. But the historical regression does not stop even here and it is possible to have experiences from the lives of one's human or animal ancestors, or even those that seem to be coming from the racial and collective unconscious as described by C.G. JUNG (1960). Frequently, experiences that seem to be happening in other cultures and historical periods are associated with a sense of personal remembering. People then talk about reliving of memories from past lives, from previous incarnations.

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

However, the third category of transpersonal experiences is even stranger, since in them consciousness seems to extend into realms and dimensions that the Western industrial world does not consider to be "real". Here belong numerous visions of archetypal beings and mythological landscapes; encounters or even identification with deities and demons of various cultures; and

communication with discarnate beings, spirit guides, suprahuman entities, extraterrestrials, and inhabitants of parallel universes. Additional examples in this category are visions and intuitive understanding of universal symbols, such as the cross, the Nile cross or ankh, the swastika, the pentacle, the six-pointed star, or the yin-yang sign.

In its farthest reaches, individual consciousness can identify with cosmic consciousness or the Universal Mind known under many different names – Brahman, Satchizananda, Buddha, Allah, the Tao, the Great Spirit, and others. The ultimate of all experiences appears to be identification with the Supracosmic and Metacosmic Void, the mysterious and primordial emptiness and nothingness that is conscious of itself and is the ultimate cradle of all existence. It has no concrete content, yet it seems to contain all there is in a germinal and potential form. In this experience, the difference between form and emptiness is paradoxically transcended and eliminated.

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

Although transpersonal experiences occur in the process of deep individual self-exploration, it is not possible to interpret them simply as intrapsychic phenomena in the conventional sense. On the one hand, they appear on the same experiential continuum as the biographical and perinatal experiences and are thus coming from within the individual psyche. On the other hand, they seem to be tapping directly, without the mediation of the senses, into sources of information that are clearly far beyond the conventional reach of the individual. Somewhere on the perinatal level of the psyche, a strange flip seems to occur and what was up to that point deep intrapsychic probing becomes experiencing of the universe at large through extrasensory means. Some people have compared this to an "experiential Moebius strip", since it is no longer possible to say what is inside and what is outside.

These observations indicate that we can receive information about the universe in two radically different ways. The conventional approach involves learning through sensory perception and analysis and synthesis of the data. The alternative revealed by modern consciousness research makes it possible to find out about various aspects of the world by direct identification with them in NOSC. Each of us thus appears to be a microcosm containing in a holographic way the information about the macrocosm. In the mystical traditions, this was expressed by such phrases as: "as above so below" or "as without, so within." People who experienced phylogenetic experiences or identification with existing life forms not only found them unusually authentic and convincing, but often acquired in the process extraordinary insights concerning animal psychology, ethology, specific habits, or unusual reproductive cycles. In some instances, this was accompanied by archaic muscular innervations not characteristic for humans, or even such complex behaviors as enactment of a courtship dance of a particular species.

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

structure, and religious and ritual practices of the cultures and historical periods involved, or even concrete historical events.

The philosophical challenges that the described observations bring for Newtonian-Cartesian science are certainly formidable. However, they are further augmented by the fact that transpersonal experiences which correctly reflect various aspects of "objective reality" often appear on the same continuum with others that contain elements which the Western industrial world does not consider to be real. These include, for example, experiences involving deities and demons from various cultures, mythological realms such as heavens and paradises, and legendary or fairy-tale sequences. One can have a vivid experience of Shiva's heaven, of the paradise of the Aztec raingod Tlaloc, of the Sumerian underworld, or of one of the Buddhist hot hells. It is also possible to communicate with Jesus, have a shattering encounter with the Hindu goddess Kali, or identify with the dancing Shiva. Even these episodes can impart accurate new information about archetypal beings, religious symbolism, and mythical motifs that were previously unknown to the person involved. Observations of this kind confirm C.G. JUNG's idea that beside the Freudian individual unconscious there exists also the collective unconscious that contains the cultural heritage of all humanity (JUNG 1960).

The existence and nature of transpersonal experiences violates some of the most basic assumptions of mechanistic science. They imply such seemingly absurd notions as relativity and arbitrary nature of all physical boundaries, existence of non-local connections in the universe, communication through unknown means and channels, memory without a material substrate, non-linearity of time, and consciousness associated with all living organisms, or even inorganic matter. Many transpersonal experiences involve events from the microcosm and the macrocosm, realms that cannot normally be reached by unaided human senses. Others portray historical periods that precede the origin of the solar system, formation of planet earth, appearance of living organisms, development of the nervous system, and emergence of homo sapiens.

The research of NOSC thus reveals an amazing paradox concerning human nature. It clearly shows that in a mysterious and yet unexplained way, each of us contains the information about the entire universe and about all of existence. Every human being has potential experiential access to all the parts of the cosmos and, in a sense, is the whole cosmic network. This is not incompatible with the fact that, from a different point of view, each of us is also an infinitesimal part of it, a separate and insignificant biological entity. The new cartography reflects this fact and portrays the individual human psyche as being essentially commensurate with the entire cosmos and the totality of existence. The discovery of holographic principles operating in the universe and in the human brain can help us imagine how something like this might be possible (TALBOT 1991).

It is difficult to condense into several paragraphs conclusions based on daily observations from forty years of research of NOSC and make these statements plausible and believable for those who cannot relate what is being described to their personal experience. Although I myself had the privilege of many deep personal experiences and close observations of a number of other people, it took me years to absorb the impact of the cognitive shock involved. Because space does not allow me to present specific examples, I would like to refer those who would like to explore this area further to my other books (GROF 1988, 1992), where I discuss in detail various types of transpersonal experiences and give many specific examples of situations where they provided unusual new information about different aspects of the universe.

I firmly believe that the expanded cartography which I have outlined above is of critical importance for any serious approach to such phenomena as shamanism, rites of passage, mysticism, religion, mythology, parapsychology, near-death experiences, and psychedelic states. This new model of the psyche is not just a matter of academic interest; as I will try to show in the remaining pages of this article, it has deep and revolutionary implications for the understanding

of emotional and psychosomatic disorders, including psychoses, and offers new and revolutionary therapeutic possibilities.

3. Holotropic States and Psychotherapy

Emotional and Psychosomatic Disorders.

Traditional psychiatry uses the medical model and the disease concept not only for disorders of a clearly organic nature, but also for emotional and psychosomatic disorders for which no biological cause has been found. Psychiatrists use quite loosely the term "mental" or "emotional disease" and try to assign various disorders to specific diagnostic categories comparable to those of general medicine. Generally, the time of the onset of symptoms is seen as the beginning of the "disease" and the intensity of the symptoms is used as the measure of the seriousness of the pathological process. Alleviation of the symptoms is considered "clinical improvement" and their intensification is seen as "worsening of the clinical condition".

The observations from the study of NOSC suggest that thinking in terms of disease, diagnosis, and allopathic therapy is not appropriate for most psychiatric problems that are not clearly organic in nature, including some of the conditions currently labeled as psychoses. To exist in a material form, to have experienced the embryological development, birth, infancy and childhood has left traumatic imprints in all of us, although we certainly differ as to their intensity, extensity, and also availability of this traumatic material for conscious experience. Every person is carrying a variety of more or less latent emotional and bioenergetic blockages which interfere with full physiological and psychological functioning.

The manifestation of emotional and psychosomatic symptoms is the beginning of a healing process through which the organism is trying to free itself from traumatic imprints and simplify its functioning. The only way this can happen is by emergence of the traumatic material into consciousness and its full experience and emotional and motor expression. If the trauma that is being processed is of major proportions, such as a difficult birth that lasted many hours and seriously threatened biological survival, the emotions and behavioral expressions can be extremely dramatic. Under these circumstances, it might seem more plausible that it is a result of some exotic pathology than to recognize that it is a potentially beneficial development. However, when properly understood and supported, this process can be conducive to healing, spiritual opening, personality transformation, and consciousness evolution. The emergence of symptoms thus represents not only a problem, but also a therapeutic opportunity; this insight is the basis of most experiential psychotherapies. Symptoms manifest in the area where the defense system is at its weakest, making it possible for the healing process to begin. According to my experience, this is true not only in relation to neuroses and psychosomatic disorders, but also to certain conditions traditionally considered psychotic (psychospiritual crises or "spiritual emergencies"). It is interesting to mention in this context that the Chinese pictogram for "crisis" is composed of two others, one meaning "danger" and the other "opportunity". The idea that the symptoms are not manifestations of the disease, but are expressions of a healing process and should be supported is also found in a therapeutic system called homeopathy.

In traditional psychotherapy, emotional and psychosomatic symptoms that are not organic in nature, but psychogenic in origin, are seen as resulting from postnatal biographical traumas, especially those that occurred in infancy and childhood. Therapeutic work using NOSC reveals that they actually have a multidimensional structure with additional roots on the perinatal and transpersonal levels. Thus, for example, somebody suffering from psychogenic asthma can dis-

cover that the underlying biographical material consists of memories of suffocation during a near-drowning accident in childhood and an episode of diphtheria in infancy. On a deeper level, the same problem is also connected with choking in the birth canal and its deepest root can be a past life experience of being strangled or hanged. To resolve this symptom, it is necessary to allow oneself to experience all the layers of problems associated with it. New insights concerning this multilevel dynamic structure of the major forms of emotional and psychosomatic disorders were described in detail elsewhere (GROF 1985).

Therapeutic Mechanisms and the Process of Healing

The work with NOSC has thus discovered that emotional and psychosomatic problems are much more complex than is usually assumed and that their roots reach incomparably deeper into the psyche. However, it also revealed the existence of deeper and more effective therapeutic mechanisms. Traditional psychotherapy treatments of psychogenic disorders recognize only therapeutic mechanisms related to various manipulations of biographical material, for example: lifting of psychological repression and remembering or reconstructing events from infancy and childhood; emotional and intellectual insights into one's life history; or transference neurosis and analysis of transference. The new observations show that these approaches fail to recognize and appreciate the amazing healing potential of the deeper dynamics of the psyche. Thus, for example, the reliving of birth and the experience of ego death and spiritual rebirth can have far-reaching therapeutic impact on a broad spectrum of psychological disorders. Similar beneficial results are often associated with various forms of transpersonal phenomena, such as past life experiences and identification with various animals or archetypal figures and energies. Of particular importance in this sense are ecstatic feelings of cosmic unity which – if properly integrated – provide a healing mechanism of extraordinary power.

These observations show that the conceptual framework of psychotherapy has to be extended as vastly as the cartography of the unconscious. FREUD once likened the human psyche to an iceberg, of which only the one tenth visible above the water surface represented the conscious mind, while the submerged nine tenths were the unconscious realms studied by psychoanalysis. In light of modern consciousness research (and ancient wisdom of perennial philosophy), we can correct this simile and say that all that Freudian psychoanalysis has discovered about the human psyche represents at best the exposed part of the iceberg, while vast additional domains remained hidden under water. In the words of JOSEPH CAMPBELL, FREUD was fishing, while sitting on a whale.

Strategy of Psychotherapy and Self-exploration

Modern psychotherapy is plagued by an amazing lack of agreement among its different schools about the most fundamental questions concerning the functioning of the human psyche, 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 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 world of modern psychotherapy resembles a large busy market place, in which it is difficult to orient oneself. Each of the many schools offers different explanations for the same emotional and psychosomatic problems and a different therapeutic

technique. In each case this will be accompanied with the assurance that this is the scientific way to treat this condition, or "method of choice". It is difficult to envision a similar degree of disagreement in one of the hard sciences. Yet in psychology, we have somehow learned to live with this situation and do not usually even question it or consider it strange.

There are no convincing statistical studies showing that one form of psychotherapy is superior to others. Psychotherapy is generally as good as the therapist; good therapists of all schools tend to get good results and bad therapists of all orientations have bad results. Clearly, the results of psychotherapy have very little to do with the theoretical concepts of a particular school and with what the therapists think they are doing – strategic use of silence, the content and the timing of interpretations, analysis of transference, etc. According to some researchers, the important factors might be of a completely different nature, such as the quality of human encounter between the therapist and the client, the client's feeling of being understood or unconditionally accepted, or even such an immeasurable dimension as love. Under these circumstances, if we opt as professionals for a certain school of psychotherapy, for example Freudian, Reichian, or Sullivanian, it is because we are attracted to it for very personal reasons. It is a purely subjective choice reflecting our own personality structure and it has very little to do with the objective value and scientific accuracy of that particular approach.

The work with NOSC suggests a very radical alternative: if the experts can not 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 an intellectual understanding of how the psyche functions and why the symptoms developed and derive from it a technique by which we can control and correct the mental functioning of a client. According to him, the intellect is just a small fraction of the psyche, while the psyche itself has cosmic dimensions (anima mundi). JUNG saw the task of the therapist in helping to establish a dynamic interaction between the client's conscious ego and what he called the Self; this 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 that surpasses that of any individual therapist or therapeutic school.

Therapeutic work with NOSC, as exemplified by psychedelic therapy or Holotropic Breathwork, supports in general JUNG's understanding of the therapeutic process. However, it involves mechanisms which are much more powerful than those available by the methods JUNG was using, such as the analysis of dreams and active imagination. NOSC 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.

The task of the therapist, is simply to offer a method that induces an NOSC (e. g. a psychedelic substance or faster breathing and evocative music), create a safe environment, and support unconditionally and with full trust the spontaneous unfolding of the process. This trust has to extend even to situations where the therapist does not understand intellectually what is happening. Healing and resolution can often occur in ways that transcend rational understanding. In this form of therapy, the therapist thus is not the doer, the agent who is instrumental in the healing process, but a sympathetic supporter and co-adventurer. This attitude corresponds with the original meaning of the Greek word *therapeutes,* which means attendant or assistant in the healing process.

The Role of Spirituality in Human Life

Traditional psychology and psychiatry are dominated by materialistic philosophy and have no recognition of spirituality in any form. From the point of view of Western science, the material world represents the only reality and any form of spiritual belief is seen as reflecting lack of education, primitive superstition, magical thinking, or regression to infantile patterns of functioning. Direct experiences of spiritual realities are then relegated to the world of gross psychopathology. Western psychiatry makes no distinction between a mystical experience and a psychotic experience and sees both as manifestations of mental disease. In its rejection of religion, it does not differentiate primitive folk beliefs or fundamentalists' literal interpretations of scriptures from sophisticated mystical traditions and Eastern spiritual philosophies based on centuries of systematic introspective exploration of the psyche.

Mainstream psychiatric literature contains articles and books that discuss what would be the best clinical diagnosis for founders of various religions and their saints and prophets. ST. JOHN OF THE CROSS has been called a "hereditary degenerate", ST. TERESA OF AVILA dismissed as a severe hysteric, and MOHAMMED's mystical experiences have been attributed to epilepsy. Other religious and spiritual personages, such as BUDDHA, JESUS, RAMAKRISHNA, and SRI RAMANA MAHARISHI have been relegated into the realm of psychosis because of their visionary experiences. Similarly, some traditionally trained anthropologists have argued whether shamans are ambulant schizophrenics, epileptics, or hysterics. The famous psychoanalyst FRANZ ALEXANDER (1931), known as one of the founders of psychosomatic medicine, wrote a paper in which even Buddhist meditation is described as "artificial catatonia".

In contrast with the above attitude that pathologizes the entire spiritual history of humanity, transpersonal psychology seriously studies and respects the entire range of human experience, including perinatal and transpersonal phenomena. By doing it, it is more culturally sensitive and offers a way of understanding the psyche that is universal and applicable to any human group and historical period. It also honors the spiritual dimensions of existence and acknowledges the deep human need for transcendental experiences. In this context, spiritual search appears to be an understandable and legitimate human activity.

The observations from the study of NOSC confirm an important insight of C.G. JUNG. According to him, the experiences originating in deeper levels of the psyche (in my own terminology perinatal and transpersonal experiences) have a certain quality that he called *numinosity*. They are associated with the feeling that one is encountering a dimension which is sacred, holy, and radically different from everyday life, and which belongs to a superior order of reality. The term *numinous* is relatively neutral and thus preferable to others, such as religious, mystical, magical, holy, or sacred, which have often been used incorrectly and are easily misleading.

People who have experiences of this kind open up to spirituality found in the mystical branches of the great religions or in their monastic orders, not necessarily in their mainstream organizations. If these experiences take a Christian form, the subject would feel close to ST. TERESA OF AVILA, ST. JOHN OF THE CROSS, MEISTER ECKHARDT, or ST. HILDEGARDE VON BINGEN, rather than develop appreciation for the Vatican hierarchy, politics, and the edicts of the popes, or understand the official position of the Church on contraception and ban on females in the clergy. A spiritual experience of the Islamic variety would bring the subject close to the teachings of the various Sufi orders, not to KHOMEINI, SADDAM HUSEIN, or to the concept of jihad, the Holy War against infidels. Similarly, a Judaic form of this experience would connect one to the Hassidic or the Cabalistic tradition and not to fundamentalist Judaism or Sionism. It is spirituality that is universal, all-embracing, and based on personal experience rather than on dogma or religious scripture.

To prevent confusion and misunderstandings that in the past have compromised many similar discussions, it is critical to make a clear distinction between spirituality and religion. Spirituality is based on direct experiences of other realities. It does not necessarily require a special place, or a special person mediating contact with the divine, although mystics can certainly benefit from spiritual guidance and a community of fellow seekers. Spirituality thus involves a special relationship between the individual and the cosmos and is in its essence a personal and private affair. At the cradle of all great religions are visionary (perinatal and/or transpersonal) experiences of their founders, prophets, saints, and even ordinary followers. All major spiritual scriptures – the Vedas, the Buddhist Pali Canon, the Bible, the Koran, the Book of Mormon, and many others are based on revelations in holotropic states of consciousness.

By comparison, the basis of organized religion is institutionalized group activity that takes place in a designated location (temple, church), and involves a system of appointed mediators. Ideally, religions should provide for its members access to and support for direct spiritual experiences. However, it often happens that a religion completely loses the connection with its spiritual source and becomes a secular institution exploiting the human spiritual needs without satisfying them. Instead, it creates a hierarchical system focusing on the pursuit of power, control, politics, money, and other possessions. Under these circumstances, religious hierarchy tends to actively discourage and suppress direct spiritual experiences in its members, because they foster independence and cannot be effectively controled. When this happens, genuine spiritual life continues only in the mystical branches and monastic orders.

From the scientific point of view, the main question here is the ontological status of transpersonal experiences. While mainstream psychiatry and psychology see them as indications of pathology, transpersonal psychology considers them important phenomena *sui generis* that have great heuristic and therapeutic value and deserve to be seriously studied. While much of what is found in mainstream religions and their theologies is certainly in serious conflict with science, this is not true in regard to spirituality based on direct transpersonal experiences. The findings of modern consciousness research show actually remarkable convergence with many revolutionary developments in Western science referred to as the emerging paradigm. As KEN WILBER (1982) has noted, there cannot possibly be a conflict between genuine science and authentic religion. If there seems to be a conflict, we are very likely dealing with "bogus science" and "bogus religion", where one of the sides or both of them very likely represent a false or fake version of the discipline involved.

The Nature of Reality

As we have seen, the observations from the research of NOSC represent a serious challenge to contemporary psychiatry and psychology and require a drastic revision of our thinking in these fields. However, many of them are of such a fundamental nature that they transcend the narrow frame of these disciplines and challenge the most basic philosophical assumptions of Western science and its Newtonian-Cartesian paradigm. I have briefly touched upon this issue earlier during the discussion of transpersonal experiences. This subject would require a separate publication and cannot be adequately covered in this context. However, I would like to give at least one extreme example of the problems that we are facing on a daily basis in the research of holotropic states and, more specifically, of transpersonal experiences.

The observation I would like to use here comes from thanatology, a young scientific discipline studying death and dying. There exist many well-documented cases of people who experienced clinical death, for example as a result of cardiac arrest during an operation. At this time, they had an experience of their consciousness detaching from the body, floating freely above

it, and observing it from above with detached interest. They were able to witness all the efforts of the medical team to resuscitate them and to give detailed retrospective accounts of all these activities after they were revived and returned to consciousness. They also could accurately describe how many people were involved, who came through which door, what gadgets were brought in and out and how they were used.

MICHAEL SABOM (1982), a cardiosurgeon who conducted an intensive study of the near-death experiences of his patients, wrote a book summarizing his observations, entitled *Recollections of Death*. His patients, lying on the operation table with the eyes closed and in a state of deep coma were able to retrospectively describe in miniscule details the events in the operation room, including the movements of the little hands on the gauges of the medical instruments during various stages of the resuscitation procedure. In other studies, many patients have also been able to accurately describe what was happening in other rooms of the building, or even in various remote locations. And there exist even observations of persons who were medically blind as a result of organic damage to their optical system. At the time of their clinical death, they were able to perceive the environment visually and in full color. They lost their sight again when they regained consciousness, but were able to give accurate report about what they had seen. There exist many other types of transpersonal experiences that present similar critical challenges to traditional science. However, I hope that the above example from the study of near-death experiences is sufficient to demonstrate the nature and seriousness of the problems involved. Many illustrative case histories can be found in my books (GROF 1985, 1988, 1992).

When confronted with such challenging observations, we have only two choices. The first one is to reject the new observations simply on the basis of the fact that they are incompatible with the traditional scientific belief system. This involves an arrogant assumption that we already know what the universe is like and can tell with certainty what is possible and what is not possible. With this kind of approach, there cannot be any surprises, but there is also very little real progress. In this context, everybody who brings critically challenging data is accused of being a bad scientist, a fraud, or a mentally deranged person. This is an approach that characterizes pseudo-science or scientistic fundamentalism and has very little to do with genuine science. There exist many historical examples of such an approach: people who refused to look into Galileo Galilei's telescope, because they "knew" there could not be craters on the moon; those who fought against the atomic theory of chemistry and defended the concept of a non-existing substance flogiston; those who called Einstein a psychotic when he proposed his special theory of relativity, and many others.

The second reaction to such observations is characteristic of true science. It is excitement about and intense interest in such anomalies combined with healthy critical skepticism. Major scientific progress has always occurred when the leading paradigm was seriously challenged and failed to account for some significant findings. In the history of science, paradigms come, dominate the field for some time, and then are replaced by new ones. If instead of rejecting and ridiculing the new observations, we would consider them an interesting opportunity and conduct our own study to test them, we might very likely find that the reports were accurate. At that point we would realize that we are something very different from what we were taught and from what the Western industrial culture believes. It would also become clear to us that materialistic science has an incomplete and inadequate image of reality and that its ideas about the nature of consciousness and the relationship between consciousness and matter (particularly the brain) have to be radically revised. We would literally find ourselves in a different universe.

4. Conclusions

I hope that I have succeeded in this article in presenting sufficient evidence that it is useful and important to study non-ordinary states of consciousness because of their great therapeutic potential and because they are a rich source of revolutionary new information about the psyche, human nature, and the nature of reality. In spite of some recent encouraging developments in Switzerland and in the United States, the future of clinical work with psychedelics, the most powerful means of inducing NOSC, remains uncertain. However, whether or not these remarkable tools will return into the psychiatric armamentarium, the discoveries made in the past are of lasting value. There exist powerful non-drug approaches that can induce similar states of consciousness and hold remarkable therapeutic promise. It is hard to imagine that Western academic science will continue indefinitely to ignore all the challenging evidence that has already been accumulated in the study of various forms of holotropic states, as well as the influx of new data. Sooner or later it will be necessary to face this new evidence and accept its far-reaching theoretical and practical consequences. It is my firm belief that we are rapidly approaching a point when transpersonal psychology and the work with non-ordinary states of consciousness will become integral parts of a new scientific paradigm of the future.

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