On the Emergence of Perinatal Symptoms in Buddhist Meditation

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Advanced meditators in the Zen tradition occasionally experience traumatic physical seizures accompanied by powerful, disruptive emotions, a development consistently taken by meditation masters as signs of progress toward enlightenment. Using data from LSD research, this paper suggests that these seizures are emerging birth-trauma memories. Interpreting these perinatal memories as memories of fetal impingement, it then turns to object-relations theory to study the effect of impingement and impingement-generated fear on ego-development in order to understand why embodied impingement memories should manifest in the ego-dissolving context of meditation. It argues that a coherent explanation for the manifestation of these symptoms can be had by combining insights from these two fields with the understanding of meditation and consciousness emerging in transpersonal psychology.

With the growing number of autobiographical descriptions of the meditation and enlightenment processes available in print, a striking and curious meditational experience has been brought to our attention. Advanced meditators occasionally experience traumatic physical seizures accompanied by strong, disruptive emotions. Even more curious, perhaps, is the fact that these agonizing experiences are consistently greeted by the meditation master as a positive sign of deepening meditation. One such account appears in Philip Kapleau's *Three Pillars of Zen* and provides us with a rather detailed description of the experience:

> I'm trembling from head to toe, tears are streaming uncontrollably.
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> Abruptly I lose control of my body and, still conscious, crumple into a heap. Roshi and Godo pick me up, carry me to my room and put me to bed. I'm still panting and trembling. Roshi anxiously peers into my face, asks "You all right, you want a doctor?". "No, I'm all right I guess." "This ever happen to you before?". "No, never". "I congratulate you!". "Why, have I got satori?" "No, but I congratulate you just the same". Roshi brings me a jug of tea, I drink five cups.
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> No sooner does he leave than all at once I feel my arms and legs and trunk seized by an invisible force and locked in a huge vice which slowly begins closing. Spasms of torment like bolts of electricity shoot through me and I writhe in agony. I feel as though I'm being made to atone for my own and all mankind's sins. Am I dying or becoming enlightened? Sweat's streaming from every pore and I have to change my underclothing twice. At last I fall into a deep sleep.
>
> Awoke to find a bowl of rice and soup and beans next to my sleeping mat. Ate ravenously, dressed, entered the zendo. Never in my life have I felt so light, opened, and transparent, so thoroughly cleansed and scoured.
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> Later at dokusan Harada-roshi said: "Your trembling came because you are beginning to throw off your delusions, it is a good sign. But don't pause for self-congratulations, concentrate harder yet on "Mu" (1967: 219-19).[1]

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1 These experiences are not unique to the Zen tradition. See, e.g., Kornfield (1979) which I encountered only after the completion of the original draft of this essay. Kornfield presents the results of a phenomenological

Such an experience is not inevitable in Zen meditation, but one gets the impression that it is not uncommon. That it happens regularly, however, does not make it less of a puzzle, for it is strange the ego should crumble with such debilitating agonies.[2] How are we to understand these physical traumas and the attending emotional components? What is their origin and why do they manifest themselves in this context?

The Zen tradition shows no interest in such questions, nor was I able to find an answer in any of the Buddhist literature on meditation I consulted. Blocked within the tradition, I had to go outside Buddhism to explain this phenomenon. The solution proposed here is interdisciplinary, bringing together information from LSD research, object-relations theory, and transpersonal psychology. Because the study of mind is still in its early stages with various disciplines addressing only a portion of the whole, an interdisciplinary approach is necessary. I offer this essay, therefore, as an example in methodology for the study of problems which come under the broad category of religious consciousness as well as for its specific content. Given the range of disciplines involved and limitations of space, only the outline of a solution can be developed here. This outline can be fleshed out with study of the primary sources.

UNDERSTANDING THE PHYSICAL SYMPTOMS

Our first task is to identify the nature and origin of these physical symptoms. This can be accomplished, I believe, by comparing them to a set of similar looking experiences which occur under the influence of LSD. In his several books (1976, 1977, 1980), Stanislav Grof presents a typology of psychedelic experiences and a corresponding cartography of consciousness. This typology derives from his more than 20 years of pioneering work in psycholytic therapy and represents his analysis of over 3,000 LSD sessions with a highly diversified subject population. Understanding LSD's psychoactive effect to be that of a nonspecific catalyst and amplifier of psychical processes, Grof has demonstrated that it can be used in a series of self-exploration sessions to elicit memories and other psychical content from "layer" after "layer" of consciousness resulting in a gradual unfolding of the psyche. The set of experiences most relevant to our problem occur after sessions containing mainly personal psychodynamic content and before sessions containing transpersonal material. In this stage of therapy, the individual usually encounters a series of experiences which center on reliving his actual birth experience, heavily saturated with psychological, mythical and philosophical content in the overdetermined fashion characteristic of psychedelic experience. The complexity of Grof's data and the originality of his schema demand and greatly reward careful study, but this very richness makes it difficult to summarize concisely without compromising content. I will therefore restrict myself to highlighting the most pertinent portions of Grof's findings and direct the reader to the original text for closer analysis (especially 1976: Ch. 4; 1980: 71-87).

study of the range and patterns of experience reported during intensive Buddhist *vipassana* meditation workshops Without pursuing the comparison, I can say only that the extensive data presented there are compatible with and reinforce the analysis developed here

2 "Ego" is not being used here in its psychoanalytic sense, but in the broader sense of the conscious self of our everyday living, the phenomenological "I " Thus it is more restrictive than the Jungian "self" and equalivant to Guntrip's concept of the "central ego" (1969 181) Further definitional clarification will be given as required.

A frequent occurrence among LSD subjects is a set of vivid experiences subjects themselves identify as a reliving of their birth trauma, specific aspects of which have sometimes been verified by family members or attending physicians (e.g., twisted, cord, breach birth, forceps, resuscitation maneuvers, odors, sounds, and lighting). These data indicate clearly that the fetus is conscious during labor and birth. Using the detailed reports of his subjects, Grof has distinguished three phases in the birth process:

1. Labor before dilation of the cervix.
2. Labor after dilation of the cervix.
3. Final propulsion through the birth canal and separation from the mother.

In the first phase of labor the fetus has no place to escape to, experiencing a literal "no-exit" situation, while in the second the opening of the cervix has created a possible way out of the dilemma. The labor agonies culminate, followed by a sudden release in the third phase. These traumatic experiences appear to be remembered and to form basic matrices for storing subsequent memories of psychologically similar experiences — thus their title, the "basic perinatal matrices." The prototypical themes of these three phases include:

1. Unwarranted, violent aggression against a helpless innocent; hopelessness; guilt; absurdity of life.
2. Titanic struggle; life-death crisis not absolutely hopeless; high energy experineces of various sorts — volcanic ecstasy, sexual excitement, sadomasochism.
3. Death-rebirth experience: total annihilation of the individual, followed by breaking through to a new level of existence; profound love; mystical insights.

Infant, child, and adult experiences (and fantasies) which approximate these themes cluster around the relevant perinatal core in our memory with the result that each constellation gathers energy through time and comes to influence behavior. Grof calls each constellation of cumulative, focused affect a "system of condensed experience," or COEX system. When the LSD subject encounteres the perinatal material, therefore, he experiences simultaneously one or more phases of the original natal trauma, similar real or imagined traumas of both a physical and psychological nature, and in addition thematically congruent religious and philosophical insights.

The primary basis for comparing the meditator's experience to the LSD subject's is the similarity of the physical symptoms experienced in each context. Typical among the symptoms associated with engaging the perinatal matrices are enormous pressure on the head and body, excruciating pains in various parts of the body, tremors, jerks, twitches, twisting movements, chills and hot flushes, and profuse sweating. As Grof summarizes it, "The subject may spend hours in agonizing pain, with facial contortions, gasping for breath and discharging enormous amounts of muscular tension in various tremors, twitching, violent shaking, and complex twisting movements. The color of the face may be dark purple or deathly pale, the pulse excessively accelerated and thready, and the respiration rate oscillating in a wide range; sweating can be profuse, and nausea with projectile vomiting is a frequent occurrence" (1976: 99). This suffering culminates in an experience of complete annihilation on all levels, followed by a sudden cessation of torment and an experience

of forgiveness and redemption. "The individual feels cleansed and purged, as if he has disposed of an incredible amount of 'garbage,' guilt, aggression, and anxiety. He experiences overwhelming love for his fellow men, appreciation of warm human relationships, solidarity, and friendship" (1976: 139). Making copious use of case histories, Grof shows that engaging this traumatic material and going through the critical ego-death experience can actually dissolve the negative COEX systems involved, thus permanently removing their influence from the individual's behavior. In addition, subsequent LSD sessions deepen and expand the above positive experiences in a transpersonal direction, i.e., dissolving the ego-boundaries which distinguish self and other. These experiences reach their peak in mystical experiences of "Universal Mind" or "the Void" (1976: Ch. 5).

The meditator's autobiographical account which opened this essay establishes the similarity between his experience and that of Grof's subjects — trembling, respiration difficulties, painful electrical spasms, profuse sweating, guilt, and feeling cleansed. While the meditator's symptoms admittedly do not include the full range of symptoms which can occur in the psychedelic context, such as adopting the postures and movements of a fetus in delivery, the number and detail of the symptoms duplicated is impressive. This connection is strongly reinforced by the suggestive image Kapleau gives of being gripped by a huge vise. I do not want to overstate the comparison. It is quite clear that the LSD subject's experience is much more intense and considerably more protracted than the meditator's. His seizures may last for hours and be accompanied by vomiting and incontinence. But this contrast is *exactly what we expect* in these different situations. LSD is a powerful catalyst which propels the individual into a complex, multi-dimensional experience in which multi-layered COEX systems are emerging relatively whole. Its cathartic effect is sudden and devastatingly traumatic. Discliplined meditation, on the other hand, cultivates an awareness which allows these systems to come forward slowly over years of sitting. The pattern in meditation contexts is for the "outer" layers of a given COEX system to surface piecemeal so that when its core finally emerges, it does so less violently and with fewer outer layers intact. This description is supported by Jack Kornfield's phenomenological study of meditators' experiences in intensive *vipassana* meditation retreats. The correlation proposed, therefore, between the meditator's and the LSD subject's experiences becomes more compelling the more fully one appreciates the psychological mechanisms operating in the respective contexts (see Groff, 1980; Ornstein; Naranjo & Ornstein; Thera; and Welwood, 1977, 1979a).

A second meditator's account reinforces the comparison being drawn here. This description comes from a 35-year old Canadian housewife: "Just before this state erupted I began to feel the most profound and agonizing sorrow, with which came violent shivering spasms and a gnashing of teeth. Nervous paroxysms shook my body again and again. I wept bitterly and writhed as though a torrent of electricity were surging through me. Then I began to perspire profusely. I felt that the sorrows of the entire universe were tearing at my abdomen and that I was being sucked into a vortex of unbearable agonies . . . I collapsed onto my sitting cushion and began to shiver" (Kapleau, 1967: 262). Six years later she had another such experience which precipitated a profound Kensho awakening. Of particular interest for the correlation

being drawn here is the recollection of her own birth which seems pivotal in the experience. "The next morning, just after breakfast, I suddenly felt as though I were being struck by a bolt of lightning, and I began to tremble. All at once the whole trauma of my difficult birth flashed into my mind. Like a key, this opened dark rooms of secret resentments and hidden fears, which flowed out of me like poisons. Tears gushed out and so weakened me I had to lie down. Yet a deep happiness was there. . . . Slowly my focus changed: "I'm dead!" There's nothing to call *me*! There never was a *me*! It's an allegory, a mental image, a pattern upon which nothing was ever modeled" (Kapleau, 1967: 267). Given the correspondence of physical (and emotional) symptoms, therefore, reinforced by the explicit reference above to the birth trauma, I think we can and ought to identify these meditators' symptoms as a manifestation of the embodied memories of his and her birth. This identification will be strengthened if we can eventually explain the psychological processes which cause this material to surface during meditation.

In addition to the similar physical symptoms, the experiences of the meditator and LSD subject share a second important characteristic. In ways specific to their respective contexts, each person experiences the destruction of his ego or at least significant progress toward that goal. The meditator sits to penetrate the illusion of ego, and with advancement in this task there sometimes surface deeply buried physical traumas stemming from or congealed around his birth. The LSD subject is swept up into a physical and psychological ordeal which ends in the destruction of his ego and his rebirth on a new level of ego-free reality. With the impediment of ego removed, he becomes open to a wide range of transpersonal experiences. The birth trauma symptoms appear, therefore, to accompany ego-death. What remains to be explained is why this happens. What is it about the two phenomena which causes them to be paired in the meditator's experience? Let us begin by refining our formulation of both elements.

EGO-DEATH AND THE BIRTH TRAUMA

Ego-death is a sufficiently familiar concept to students of meditation and clinical theory that I do not think it necessary to say more here than that it is the (ideally) permanent dissolving of our tendency to identify ourselves exclusively with those psychological processes called the ego, even the expanded ego of clinical practice. The ego can in turn be described as the conscious self of our everyday awareness. It is an habituated sense of oneself, a matrix constantly imposed on experience which is selective, manipulative, creative and defensive (Guenther & Kawamura; Ornstein: Ch. 2; Washburn & Stark). The ego dies *as an identity* with a more inclusive identity taking its place.

The birth trauma symptoms pose a more complicated task. If we are to understand why these symptoms manifest in the ego-dissolving context of meditation, we must first understand the role of the birth experience in the development of ego. Actually, a complete explanation will only be realized when we (1) understand the role of the birth experience in ego-development and (2) can insert this understanding into a comprehensive psychology of meditation. Fortunately, a number of excellent works on

the psychology of meditation are already available (e.g., Naranjo & Ornstein; Welwood, 1977, 1979b) thus allowing us to concentrate on the first task. Grof's study of the perinatal matrices represents a major advance in our appreciation of the impact of fetal experience on personality development. In what follows, however, I wish to take a different approach to this problem, one which I see as complementing Grof's work in this area.

Let us return afresh to the fetus's experience of labor and birth. Speaking simply, the fetus experiences an inexplicable, destructive assault which intensifies into a life-death struggle until resistance is overwhelmed, followed by a sudden deliverance from all suffering. The fetus is subjected to radical *impingement,* and the immediate response to overwhelming, aggressive impingement is always the same — *fear.* Extreme fear caused by impingement is the basic experience which underpins the different themes of the three COEX systems described earlier. It is impingement-fear which so overwhelms the fetus as to destroy hope and which subsequently triggers a fight for one's life which ends with delivery. My suggestion, therefore, is that we study impingement and impingement-fear and their effect on ego-development. Once we understand this we will be better able to understand why experiences of primal impingement manifest in meditation and what their relation is to the dissolving of ego-identity.

IMPINGEMENT-FEAR AND OBJECT-RELATIONS THEORY

In studying impingement-fear, I found the most productive insights to come from the British school of object-relations psychology represented primarily by W. Ronald Fairbairn, Donald Winnicott, Melanie Klein, and Harry Guntrip. In what follows I am particularly indebted to Guntrip's systematic presentation and revision of these other theorists (1969). The major contribution of this school to our puzzle lies in its analysis of infantile fear, the environmental causes of that fear, and its consequences in the form of ego-fragmentation. As with the LSD material, I shall only highlight the themes most pertinent to our problem at some risk of doing an injustice to content.

The theory of personality development formulated by object-relations psychology focuses on the infant's earlier experiences and therefore would draw our attention to the infant's extreme vulnerability and to his mechanisms for managing stressful situations. At one level this vulnerability derives from the infant's *physical* dependence, with stress arising from the dissonance between his physical needs and the satisfaction of those needs. At a *psychological* level the infant is vulnerable because he does not have a sense of self distinct from his immediate experience, and his experience of pain and discomfort is thus frighteningly intense. More broadly, the infant is psychologically vulnerable because his very experience of himself *as a person* is radically independent upon the quality of his interpersonal relationships with his "primary objects," an object being any "other" with whom the infant can experience an emotional tie. Whether he experiences himself as a valuable, deserving, and loving human being will largely depend on whether his primary caretakers create and sustain those experiences for him without major disruption. As the infant gradually learns to differentiate a self from these essential others, he will spontaneously retain the

emotional texture of his interpersonal world as his inner sense of himself. Like his physical care, the infant simply cannot provide for himself the basic sense of personal well-being which is essential to health and happiness. The heart of this well-being, Guntrip argues, is a sense of "ego-relatedness" for which a high quality of early mothering is critical. So essential to health is this basic ego-relatedness that Guntrip has offered a reformulation of personality theory which places ego-weakness caused by primary ego-unrelatedness at the core of all personality psychopathology. The basic point for us here is that in a very real sense the ego is interpersonal in origin.

While a loving, supportive environment provides a context in which the infant may develop basic ego-strength, there are no stressless environments, and every infant must learn to handle some bad-object experiences. Again, his inability to distinguish self from other, and the brevity of his frame of temporal reference, means the terror he experiences in bad-object situtations is difficult to overestimate. Forced to protect himself and unable to adjust his environment, he pursues the only other course available to him and adjusts himself. Guntrip follows Fairbairn in articulating this adjustment with the metaphor of "ego-splitting," a metaphor which is in my opinion inappropriate. Since this reservation does not seriously compromise my purposes for introducing this theory, however, it can be set aside for now.[3]

Simply put, ego-splitting is a defensive cognitive-affective maneuver which seeks to reduce fear by internalizing and compartmentalizing the problematic experience. According to this theory, when the infant is faced with a profoundly disturbing experience in his outer environment, part of him retreats from the outer world into an inner mental one, with a split in his pristine-ego resulting. Part of his ego is left to go on dealing with the problematic objects in the outer world while another part withdraws into an inner world of psychological representations of these objects. This retreat represents a primitive attempt to deal with the world, for the infant brings the disturbing experience within him in an attempt to change it. Guntrip explains: "We internalize bad-objects because we cannot accept their badness. We cannot master and control the experience in outer reality, so we keep struggling to master them, to change them into good experiences" (1969: 22). The infant brings the problematic experience inside where he thinks he has a better chance of controlling it, but an internalized bad-object experience never stops being bad. Instead, it remains a frightening experience from which he is again forced to flee withdrawing inwardly deeper still. Because his identity is still tied to this inner world of bad-objects, he must again split himself leaving part of his ego locked in the internalized painful experience as he tries to secure a safer if smaller world for the remainder.

The resulting ego-structure is a fragmented affair divided against itself and inviting such labels as "central ego," "false self," "true self," and "antilibidinal ego"

3. "Ego-splitting" is the splitting of a "pristine ego" by which Guntrip means the primary wholeness of the psyche. Thus "ego" is being used here in a broader sense than the previous definition of "central ego." The context will always make clear which sense is intended. A more plausible approach to primitive ego-fragmentation, I think, and one more congruent with findings in developmental psychology would construe it as a failure to integrate all one's experiences into a fully coherent self rather than a splitting of a pristine ego. Guntrip goes so far at one point as to interpret Fairbairn's "pristine ego" as a latent *potential* within the psyche for a unitary ego (1969: 249-51). A split potential, however, is merely an unrealized opportunity. The key insights into infant traumatization and the end-state of ego-fragmentation would remain intact even in such a revision.

to distinguish the various pieces (Guntrip, 1969: 181-83). Terrifying experiences *now separated from consciousness* become arrested and eternally present. Because most environments tend to repeat themselves, early traumatic experiences are reinforced as later split off components of experience collect around the original trauma. That is to say, these problematic fragments of experience or fragments of ego, the two are not separate at this early stage, are not integrated into the developing central ego personality but collect instead in the unconscious to form knots of thematically specific negative experiences which eventually accumulate sufficient energy to begin to create self-directive experiences. (Note the correspondence on this point with Grof's description of the development and influence of a COEX system.)

Object-relations theory, then, refines the common sense observation that the *deepest* levels of our personality reflect our *earliest* human form and the environmental support given that form. The infant's natural weakness can all too easily be converted into a felt ego-weakness buried in the unconscious recesses of the personality. Because we have all passed through this vulnerable and dependent stage, and because a certain degree of traumatization is inescapable with even the best parenting, Guntrip believes that no one entirely escapes ego-splitting and the consequent development of a defensively structured personality. The separation of an early, secret core of the self cut off from the rest of the self is a universal phenomenon "present in all of us without exception, not intrinsically or theoretically inevitable, but practically inescapable" (1969: 237).

While Guntrip himself does not do so, it is not difficult to extend object-relations theory to take into account the birth trauma itself. Guntrip explains that as a fear-dictated response to the outer world, ego-splitting can occur in three different types of situations: tantalizing refusal to satisfy basic needs, rejection and neglect, and impingement. Of the three, he finds impingement to pose the most primitive trauma for the infant, whose immature and sensitive ego make him particularly vulnerable to being overwhelmed by his environment. A state of impingement can be said to exist whenever the environment forces itself upon the infant in ways he does not want, as in a sudden loud noise or an overly intrusive mother. Guntrip writes: "Owing to the extreme difficulty of providing enough security in practice, *fear* is bound to arise as the earliest disrupting factor, and remains *always the deepest problem*; fear, not of a hypothetical death instinct or destructive instinct working within, but fear of traumatic factors coming from without . . . '*a reaction to impingement*' " (1969: 239; my emphasis in part).

The ordeal of labor would appear to be a paradigmatic case of severe impingement on the fetus. Grof's research demonstrates that the fetus is conscious during labor. We are only reformulating Grof's analysis of the first two perinatal matrices when we suggest that the birth trauma comes to constitute the core of an impingement-fear COEX system, or set of systems, around which cluster other impingement-fear experiences from infancy, childhood and adulthood. If one examines the experiences Grof's subjects encounter when they engage the perinatal constellations, this interpretation is born out. To Grof's work we now add the appreciation contributed by object-relations theory of the profound effect impingement-fear experiences have on the development of the neonate's personality. These experiences shatter the cohesion

of the individual's experience and remain unintegrated fragments collected around the primal impingement experience, the birth trauma. Given the earliness of the labor experience in the individual's life, we would expect to find this perinatal core embedded in the most primitive strata of the personality, which we do.

While I have reservations about construing the reactive processess to impingement in terms of a "splitting" model, I have no reservations about this theory's analysis of infantile fear and its environmental causes, nor about the end result being a structurally embedded ego-fragmentation. I do not mean to suggest that fear is the dominant motif in all infants, only that it is present to some extent in all. More specifically, *fears play a pivotal role in determining what will become conscious personality vs. unconscious personality.* The infant can only assimilate experiences which he feels to be safe, and what he takes to be safe will reflect the security he feels in his larger environment. Those experiences which threaten his precarious security are "set aside" until they can be made safe, and what is set aside accumulates and eventually becomes articulate as themes within the personal unconscious.[4]

INPINGEMENT-FEAR AND MEDITATION

This description of object-relational themes, though abbreviated, contains within it the germ of a solution to why an experience of fetal impingement and primal fear manifests itself in the meditation context and what its connection is to ego-death. The basic picture of the central ego emerging from this investigation is that, as rich and textured as this ego may be, it represents but a fraction of our experience, the safe fraction. This ego is a coherent integration of those experiences which have survived the fragmenting of experience shattered by an inhospitable and intimidating world. Experiences too frightening are internalized as unresolved micro-traumas collected around core traumas of similar content. These problematic experiences or ego-fragments come to form part of the unconscious background to the central ego's ambitions and strategies.

We have already identified the meditator's unusual symptoms as birth trauma symptoms, which we then identified as the core of one or more COEX systems of impingement-fear experiences. The sudden presence of this core during meditation signals the final phase of the emergence of this primitive system into consciousness. It signals that fear-generating experiences surrounding and including this core are being reappropriated by the individual. As it was fear which originally fragmented pristine ego, the emergence of this fear COEX system indicates that a (re)unification of the individual is taking place. What had been split off from consciousness and aggravated by the cumulative effect of reinforcing experience is spontaneously coming forward and resolving itself.

The psychological transformation marked by this emergence is properly described as ego-death. Ego-death is a sort of dethronement, a disidentification with one set of experiences and a reidentification with a more inclusive set of experiences. In religious traditions stressing enlightenment, this process continues through many stages. In the

4. Guntrip bases his assessment of impingement as the most primitive infant trauma on his study of adult psychopathology It is noteworthy his reconstructive analysis is independently confirmed by Grof's study of the dynamics of the perinatal matrices in LSD psychotherapy.

early stages, what "dies" is only a fragment of personality — what Guntrip calls the "central ego" of everyday living. As it becomes possible to reappropriate the whole of one's psychic experience, to reclaim all those frightening events thrust into the background of the unconscious, any inclination to identify exclusively with this restrictive selection of experience ceases. This ego "dies" as the central authority, and a more comprehensive identity takes its place. Initially this more comprehensive identity is comprised of conscious ego expanded by a growing number of previously unconscious fragments of personal experience. As the process continues, the fragments become more primitive and the emerging identity more inclusive. The perinatal experiences constitute a final set of fragments derived from personal history and marks a transition to experiences which transcend personal history. This transition weakens one's tendency to identify exclusively with even the sum total of all one's personal experiences.

To the psychologist, it is striking that meditation practices not directly aiming at the integration of the personal unconscious with an expanded self nevertheless achieve just that. They achieve a resolution of one's personal history en route to dissolving attachment to that history. Without self-consciously exploring one's past, they nevertheless succeed in eliciting and resolving traumatic perinatal memories which lie beyond the scope of most traditional psychotherapies. We do not here examine in detail the meditation techniques responsible for such remarkable results, but it is also unnecessary given the increasing number of careful studies of the psychological processes of meditation. It would be useful at this point, however, to introduce a model of consciousness which will serve to frame the present discussion and to provide a larger picture within which we can better conceptualize the processes I have been describing.

The model I wish to introduce is one which is becoming increasingly common in the literature on transpersonal psychology. Transpersonal psychology follows most Eastern religions in viewing ego-consciousness as constituting only a small piece of a much larger whole. The relation of this piece to the whole is often modelled as a set of concentric circles, the smallest circle representing the central ego, the largest unconditioned consciousness, and the intervening circles the various intermediate dimensions of consciousness. I am not concerned here to argue a particular schema for the intervening circles other than to note that those closest to the center or ego denote various aspects of the personal unconscious, while those nearer the perimeter denote the transpersonal potential of consciousness. This model of consciousness as fields within larger fields is developed by John Welwood (in 1977) where he construes the relation of the conscious ego to all larger fields as that of figure to background (see also Wilber, 1977, 1980). One's conscious ego operates against a background of awareness which is decreasingly autobiographical and decreasingly specific as one moves outward. As a figure is what it is because of its background, so too the outer levels of unconscious awareness operate as functional determinants of conscious awareness.

As a set of techniques, Buddhist meditation cultivates an openness to the outermost circle of unconditioned consciousness which Zen sometimes labels Absolute Mind. This openness is achieved through any one of several techniques. In Zen *zazen* it may be either through working with koans or through the heightened awareness of

shikan-taza (Kapleau). In Theravada *vipassana* meditation it will be through the technique of "bare attention" or "non-discriminating mindfulness" which passively acknowledges, then dismisses, any content which enters awareness from moment to moment (Thera; Goldstein). As it is the ego which initiates meditation, we can conceptualize the awareness generated by these techniques as originating at the center of the concentric circles. This allows us pictorially to represent what all meditators experience: openness to Absolute Mind simultaneously effects openness to one's personal unconscious, which is "located" between conscious ego and Absolute Mind. That this is not consciously striven for in meditation practice does not mask the fact it regularly occurs as manifested in the lives and narratives of the enlightened. The techniques which eventually dissolve the barrier between self and other also dissolve along the way the barrier between conscious and unconscious personality.

A second mechanism seems to be operating as well. As meditation progresses, brief experiences of unconditioned consciousness often produce healing results at the ego level of consciousness. It is as though the experience of "relatedness" at levels of consciousness more comprehensive than the ego actually facilitates the emergence of various unconscious fragments of "ego-unrelatedness." The idiosyncratic deficiencies of one's personal experience are losing their grip as one discovers the fully satisfying, unconditioned wholeness of Absolute Mind. The birth trauma symptoms are nothing more than the sedimented core of a problematic past which emerges as one welcomes, then lets go of, that past. This makes sense of the meditation master's warm acceptance of these symptoms, for they indicate a dissolving of structuralized ego which is part of the process of transcending ego. The past is resolving itself, allowing the meditator to live more fully in the present moment.

CONCLUDING OBSERVATIONS

I have not intended to suggest that all involuntary tremors and seizures which occur during meditation derive from the birth trauma. Even a cursory reading of the meditation literature disallows that interpretation, for meditators occasionally experience explosive energies appearing not to admit of biographical explanation. My contention has been only that some such symptoms admit of this explanation and that the psychological dynamics of the emergence of this material are coherent with object-relations and transpersonal theory.

In closing let me register two observations. First, I am intrigued by an interesting convergence of data deriving from LSD psychotherapy and object-relations psychotherapy. Guntrip has concluded that fear derived initially from infantile fragility, most primitively fear of impingement, is the single most disruptive element in healthy personality development. Similarly, in Grof's subjects, fear of death by impingement appears to constitute a final barrier between individual and trans-individual experience. One is struck by the role of fear, both in separating what is conscious from what is unconscious and in separating the individual from the whole. It is not surprising perhaps that the mechanisms of alienation would repeat themselves at successive levels of consciousness (Wilber, 1977), but this phenomenon requires further study. Second, we must explore further the relation of fetal and infantile impingement-

fear and alienation at the existential level. Though their proposed solutions differ, both existentialists and Eastern masters have pointed to the relation which exists between man's pervasive alienation and his fear of death. Grof's research, however, opens up the possibility of reframing our understanding of this fear of death. As explored in psychedelic sessions, the existential fear of dying appears to be experientially grounded in the traumatic assault of labor and birth, with other types of infantile fear reinforcing the alienation begun here. At this level, therefore, fear of death has the character of fearing *being killed.* In Grof's clinical experience, persons who have fully engaged the perinatal fear tend to lose completely their existential fear of death. In a more fundamental way than we have previously appreciated, our existential alienation seems to be an inevitable legacy of our biology. Subsequent transpersonal experiences reinforce this development. A fear of death is logically and psychologically contingent upon a conviction of the separateness of our being from the totality, and persons who have experienced more wholistic, ego-transcending states of consciousness usually abandon this conviction and its accompanying fear (Grof, 1980: 71-87, 229-31). These mechanisms warrant closer study.

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