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The Adventure of Self Discovery. Stanislav Grof. New York: State University of New York Press, 1988, xvii + 321 pages, \$12.95 soft.

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Stanislav Grof has devoted his life to the study of the "remarkable healing and transformative potential of nonordinary states of consciousness" (Grof, 1988, p. xi). His early career focused on the effects of psychedelic substances—initially in Prague, Czechoslovakia, and then at the Maryland Psychiatric Research Center. He became convinced that "psychedelics—if used properly and judiciously under expert guidance—represent extraordinary tools for psychiatry and psychology" (pp. xi–xii). As we all know, the social and judicial climate has inhibited the full development of psychedelic research and therapy. Of necessity, researchers interested in the therapeutic effects of altered states of consciousness have turned their attention to other mind expansion techniques—yoga, meditation and hypnosis—as a means of attaining similar states. Grof and his wife Christina have developed their own non pharmacological method, known as Holonomic integration, or holotropic therapy (Greek *holos* = whole; *trepein* = moving toward), which combines controlled breathing, music and sound technology, focused body work, and mandala drawing. Grof has found that application of the yogic technique of deliberate, sustained hyperventilation known as "bastroika," particularly when utilized in conjunction with evocative music, allows access to the entire range of states available with psychedelic drugs. Its therapeutic value lies in its activation of the unconscious, which selects the most relevant emotional materials and facilitates their emergence into consciousness.

Psychotherapy and self-growth therapies often focus on developmental crises and personal traumas. Exploration of such memories usually brings forth recollections of even earlier memories of a similar type. Grof believes that memories from different periods of life which share a common emotional charge arise from the unconscious in "systems of condensed experience" which he calls a COEX system (p. 4). Memories of serious physical trauma and illness represent a natural link between the psyche's biographical realm and perinatal realm (the six-week period before and after birth). Perinatal themes, in turn, have specific associations with related transpersonal experience.

Rank (1929), Ferenczi (1938), and Fodor (1949), all reported patients who displayed convincing perinatal and prenatal material. Of course, orthodox neurophysiology does not allow for the possibility of perinatal memory; but having witnessed "countless

episodes of embryonal and fetal experiences" and having experienced them himself, Grof finds them impossible to discount (p. 76). Sophisticated subjects experience these phenomena despite their own scientific world view. Grof concludes that the existence of authentic perinatal experiences cannot be denied and that their clinical significance should spur brain researchers to revise their theories.

From his clinical work Grof has developed a "cartography of the psyche" which he presents in the first part of the book, entitled "Dimensions of Consciousness." He considers knowledge of the cartography to be "indispensable for safe and effective inner quest" (p. xvi). He postulates "... four hypothetical dynamic matrices governing the processes related to the perinatal level of the unconscious and refer(s) to them as basic perinatal matrices (BPMs)" (p. 10), which serve as organizing principles for unconscious material. Perinatal experience is often accompanied by archetypal visions associated with the clinical stages of delivery. Reliving the undisturbed intrauterine state can alternate with experiences that also lack boundaries and obstructions. Transcendence of time and space, strong ecstatic feelings, and feelings of cosmic unity are all associated features of BPM I. The symbolic counterpart to the first clinical stage of delivery (BPM II) is the experience of no exit or hell, often accompanied by visions of being swallowed by a terrible monster (e.g., Jonah's whale). BPM III takes the form of a determined death-rebirth struggle, fighting for one's life, suffocation, constriction; culminating in the resolution of the struggle in BPM IV.

Birth trauma and perinatal phenomena play a significant part in Grof's work but he sees birth trauma as a limited model which must be discarded in view of transpersonal realms of the psyche. Vivid experience of the death-rebirth cycle is typically associated with an existential crisis which cannot be resolved without "connecting with the intrinsic spiritual dimensions of the psyche and deep resources of the collective unconscious" (p. 10). Holotropic breathing and psychedelic therapy can open the mind to experiences of identification with animals, plants, ancestors, and famous persons; collective consciousness, planetary consciousness and cosmic consciousness; extra-terrestrial experiences; karmic experiences and reincarnation memories. These encounters are transformative and the "consciousness evolution" that results can be compared to initiation of occult societies, and native rites of passage.

Grof's method is safe for most people but should not be tried alone. Pregnant women and those with certain physical conditions should not attempt it. Catharsis or abreaction may involve tremors, twitches, dramatic movements, coughing, gagging, and even vomiting. The "emerging symptoms reflect the effort of the organism to free itself from old stresses and traumatic imprints and simplify its functioning" (p. 166).

Grof's workshops begin with a shortened presentation of the cartography, followed by an explanation of the breathing method and use of music. The breathing is preceded by a brief period of relaxation and Jacobson's technique of tensing and relaxing is used to overcome areas where tension remains. Participants are then asked to focus on their breathing, then to increase the rate and efficiency of their breathing and finally, to trust their unconscious and surrender to the experience. The breathing technique is very simple — specifics as to depth or rate of breathing or instructions as to diaphragmatic or chest breathing are not given. Conventional medical wisdom would expect this technique to produce the classic hyperventilation syndrome: tetanic contractions of hands and feet associated with changes in alkalinity of blood and decreased ionization of calcium. Grof maintains that for many people hyperventilation leads not to the classic syndrome but rather to progressive relaxation, intense sexual feelings, and even mystical experience. A typical result is "profound emotional release and physical relaxation" (p. 172). In repeated sessions "there is a general trend toward progressive decrease of the overall amount of muscular tensions and difficult emo-

tions" (p. 172). Vanquishment of chronic depressions, phobias, anxiety states, migraine and other psychosomatic complaints are among Grof's claims for his technique.

Grof anticipates the objection that the exposition of the cartography of the psyche suggests the type of phenomena which subsequently appear. These same phenomena occurred in cases in which there had been no preparation. Certain phenomena (such as past life experience) even appear when the subject does not believe in those phenomena. And the content of the sessions is at times beyond the personal knowledge of the subject. In any case, "since their actual experience in the holotropic session represents only a small and very selective fragment of what was discussed, this choice has to have significant personal determinants" (p. 201). But while Grof has addressed the question of suggestion he does not directly address the question of hypnosis. The progressive relaxation technique which precedes the holotropic breathing is considered by hypnotists to be a hypnotic induction. Hypnotic states and states of deep relaxation often lend themselves to dissociative states, dreams and fantasy, as well as paroxysmal muscular movements and verbalizations similar to some of those Grof describes. Franz Anton Mesmer's patients had "crises" after the ritual of magnetizing. These crises were often accompanied by vomiting, asthma, syncope, muscle spasms, etc., and were associated with relief of neurotic and psychosomatic disease (Thompkins, 1977).

I am not suggesting that Grof's holotropic therapy is "mere hypnotism" — perhaps it would be more accurate to regard Mesmer as having stumbled upon the same phenomena. Rather, the comparison with deep relaxation and hypnosis leads me to question the need for hyperventilation. Experimental comparisons of these techniques as to their ability to elicit healing transformative experiences are needed to show whether the hyperventilation is necessary.

To date no controlled experimental or clinical studies have been published in this area. Several experimental questions relating to the holotropic method come quickly to mind. What is the differential effect of music versus silence versus nature sounds? What role does the physiology of hyperventilation play? Could similar effects be elicited through oxygen supplementation, or through aerobic exercise? Would some other simple self-control task other than hyperventilation have results equal to holotropic breathing?

The ultimate proof for the reader, Grof acknowledges "will have to be personal experience" (p. xv). Grof admits, that without such proof "much of what is described in this book will probably remain unconvincing" (p. xv). For those whose science excludes the non-material, Grof's arguments will not hold. For those interested in the realms of philosophy where materialism and spirituality merge, this book will be quite stimulating.

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