

THE ADVENTURE OF SELF-DISCOVERY with STANISLAV GROF,



M.D.

JEFFREY MISHLOVE, Ph.D.: Hello and welcome. I'm Jeffrey Mishlove. Our topic today is the birth trauma. Is it possible that the experiences of our physical birth have conditioned our attitudes towards life today, and even our personality? With me is Dr. Stanislav Grof, a former professor of psychiatry at Johns Hopkins University, a former chief of psychiatric research at the Maryland Psychiatric Institute, and a former scholar in residence for fourteen years at the Esalen Institute. Dr. Grof is the author of *LSD Psychotherapy*, *Beyond the Brain*, and *The Adventure of Self-Discovery*. Welcome, Stan.

STANISLAV GROF, M.D.: Thank you. It's nice to be here.

MISHLOVE: It's a pleasure to have you here. You know, it seems as if the birth trauma itself might be viewed as the archetype or the epitome of all subsequent traumas that the human being might ever experience in life. I think it was viewed that way originally by Otto Rank, the psychoanalyst.

GROF: Yes. For me some additional dimensions emerged over the years, but certainly the process of birth seems to be one of the very significant factors in human life. We have in our work discovered some dimensions that seem to go even beyond that, which we now call transpersonal.

MISHLOVE: Well, I suppose, if one viewed the human psyche as consisting of the personal realm, based on one's life experiences, and the transpersonal, which deals with archetypal patterns and spiritual sources beyond one's own personal life history, that at least insofar as we're talking about personal experiences, the birth trauma must be considered primal.

GROF: Yes, it's an extremely important factor, but at the same time it functions as a kind of gateway between those two dimensions that you mentioned.

MISHLOVE: The doorway between the personal and transpersonal.

GROF: The personal and the transpersonal. And it's very interesting that the experiences that people have as they're dealing with the birth trauma combine two elements, and that's the experience of being born, but also the experience of dying. So in some sense it's the beginning of human life and the end of human life, so it makes a lot of sense that these experiences are a boundary between the personal and the transpersonal.

MISHLOVE: As I recall, Freud made a great deal of the notion of regression back to a womblike experience of oceanic bliss, and many critics of contemporary mystical, psychic, magical, and shamanistic traditions often dismiss them by saying, "Oh, this is just a regression back to the womb." I guess you see that view as somewhat narrow.

GROF: Yes, I think there is also another tendency, represented for example by Ken Wilber, that puts tremendous emphasis on the difference -- that we have to differentiate, although there might be some similarity between just a regression into the infantile stages, whether they are early postnatal or whether they are prenatal, and the mystical, the transpersonal dimension.

MISHLOVE: Wilber has called that, I think, the pre-trans fallacy, saying that we should not confuse prepersonal experiences in the womb with transpersonal experiences, which I guess might be viewed as more cosmic. You seem to think that they're more similar than Wilber gives them credit for.

GROF: Yes, I think that his emphasis is a little too extreme. He presents it in a way that almost seems linear -- that you have to first develop full integration of your personality before some of these other dimensions open up for you, and that

they are somehow fundamentally, qualitatively different. I see it much more that a person who is going through a transpersonal opening, a spiritual opening, goes through a process that combines regression and progression. In some sense you go back and you have to complete the unfinished things from your history, and at the same time new dimensions are opening for you.

MISHLOVE: What you seem to be saying is there could be something very positive about getting in touch with the infantile side of our nature.

GROF: Yes, I think it's very significant, whether it is working through some of the traumas that have imprinted us, that have programmed us, or whether it's discovering some of the very useful dimensions of a childlike experience of the world.

MISHLOVE: I know when I personally think about my own state in the womb, and try and imagine it -- as I was reading your most recent book, *The Adventure of Self-Discovery*, I began asking myself how I relate to the experience of being in the womb. My sense was that there's a very blissful quality to it for me -- a sense of oneness, a sense almost of cosmic unity -- that perhaps in my life colors a lot of the work that I do and my approach to things today. But you point out that for other people that same sense of oneness, of merging, can have a negative side. It can be sort of disoriented, schizophrenic, no boundaries.

GROF: Yes, if you look at it statistically, if you work with a number of people, there is certainly a whole spectrum of experiences, and the sort of psychological dimension of that experience really reflects also the biological spectrum. I mean, the obstetricians know that there are pregnancies which are very good, which I would call physiological -- where the mother seems to be in a good biological-physiological condition, she seems to be in a good emotional condition; her circumstances -- let's say her marital life, her social life -- are satisfactory. Under those circumstances the pregnancy could

certainly be a very positive experience for the fetus. But there are also pregnancies where for a long period of time it's not quite clear whether the fetus is going to survive. There are states which involve toxicity of the womb; there are states where the mother can be seriously ill. The mother could be under some kind of chronic pressure. She could be under constant stress during pregnancy. She could attempt to abort the child, so there could be imminent miscarriage, attempted abortion. Some of the pregnancies can be under very, very bad circumstances. For example, we have done a lot of work with people in Germany whose prenatal life was running at the time of the Second World War, when there was bombing, there were tremendously traumatic things happening. So if your prenatal life was as good as you think it was, you're certainly very lucky, because that's not something that has to be that way.

MISHLOVE: You've developed, in your work as a personality theorist, the term Coex, to refer to condensed experience. It seems like you're referring to the lens through which we perceive our life, through which we create our life -- that people tend to focus on some types of experience and to filter out other types of experience. You tend to suggest, as I understand your theory, Stan, that these Coex patterns that each individual has are very much predicated on certain types of perinatal experiences -- perinatal meaning either before or right after birth.

GROF: Yes. Let me clarify first what I mean by a Coex system. In traditional psychotherapies there's the idea that we have experienced a number of traumatic things in the course of our life, and that it's kind of a mosaic of trauma, whereas if you work on these past issues using experiential psychotherapy -- whether it's with psychedelics or some powerful non-drug techniques -- what you find is that these traumatic memories seem to form certain kinds of constellations. So for example, when somebody has problems with the self image, in this kind of work what can come up is a series of traumas that have damaged that person's self image, that come from different periods of that person's life, and they create a kind of

psychological constellation where the connecting factor is the quality of the emotion. Sometimes it could be also a quality of the accompanying physical feelings. This kind of constellation functions in the unconscious, and when the individual is under the influence of that constellation, it colors the self-perception, self-image of that person, attitudes towards the world, certain specific forms of behavior, and so on. What is fascinating here is that each of those Coex systems seems to be anchored in a particular facet of the birth trauma.

MISHLOVE: And then you suggest that there are four basic perinatal matrices to which the Coex systems might be anchored.

GROF: Yes. What I found, when people in their own processes, in their regression, reached the level of birth, I was noticing four very distinct patterns of experience -- clusters of experience characterized by specific emotions, by specific psychosomatic manifestations, by a certain kind of imagery which was very specific for each of these clusters. It was actually people themselves who started relating them to the specific stages of the biological birth process, and so I extracted somehow the experiential patterns from people's accounts, and started referring to them as basic perinatal matrices.

MISHLOVE: We've already touched on the first of these when I mentioned the experience of oneness in the womb. How would that, for example, in your experience, affect later life development?

GROF: That depends very much, as I already mentioned, on what the experience was like. So if that experience was predominantly positive, and if, let's say, under the influence of later experiences, the individual is pretty much in tune with this memory -- in other words, later experiences confirmed it or reinforced that particular way of being in the world -- then the individual would have first of all a sense of unity with the environment, a sense of being a meaningful part of human society, being a meaningful part of nature, being a meaningful element in the universe, and having a sense of a certain

kind of flow -- so a sense of some basic security in the world. What seems to come with it is also a very natural sense of spiritual awareness that's behind the everyday world of separation, which means individual people, objects, and so on. That individual has a sense of underlying unity, of oneness. And that, of course, is essential for all the mystical traditions -- to be aware of the fact that beyond the world of separation there is some kind of underlying unitive field.

MISHLOVE: It's almost as if you're suggesting it might be easier to become a mystic if one has had a healthy prenatal experience and a healthy birth experience.

GROF: Yes, you would in some sense almost have a natural sort of sense of mystical awareness or mystical being in the world. Then of course if that was a very bad experience -- if it was a toxic womb, if this was an unwanted pregnancy, if there were attempted abortions and things of that kind -- that would create a basically paranoid attitude towards the world. We have to realize that the mother really represents, first of all, the first sample of a meaningful relationship; but being in the womb also represents somehow a sample of the experience with the entire world. That womb is a prototype of the experience of the world.

MISHLOVE: The amniotic sac becomes like the universe itself for the fetus.

GROF: Yes. I mean, this is the total experience of existence, is happening within that particular environment. So in a sense that experience imprints somehow some basic attitudes toward people, toward nature, towards the universe in general. You know -- is the universe friendly? Can people be trusted? Can you be dependent and secure at the same time?

MISHLOVE: So I suppose in a sense if one perceives the universe as somehow unfriendly, it might be healthier or better for the person at

some stage of their development to be able to feel separate from it, rather than joined to it.

GROF: Well, that's something that develops later, that people differentiate from this kind of unitive experience. They develop a sense of differentiation, but at the same time it is as if this basic unitive matrix remains with them, so there is that sense of awareness, of separateness, but at the same time a sense of connectedness with everything.

MISHLOVE: The second basic perinatal matrix that you describe is one of being trapped in the womb -- I guess at the time right prior to birth when there's pressure to escape from the womb, but yet the possibility of doing that is not yet available.

GROF: Yes, what I call the second matrix really reflects the situation when suddenly this environment, which when there was a good womb was nourishing, was secure, suddenly becomes hostile. There come first chemical changes, suggesting there is some kind of change happening, and then they are translated into actual mechanical contractions of the uterus. So suddenly that environment becomes oppressive, becomes threatening. We know that with the contractions of the uterus there are also constrictions of the vessels that bring blood to the fetus, so it also involves periods of suffocation, because oxygen comes through blood. So there is an element of emotional threat and also real biological threat, depending on how difficult the delivery.

MISHLOVE: And the concomitant attitudes towards life, if someone becomes sort of fixated or anchored to that stage of perinatal development, might be one of helplessness, I suppose.

GROF: Yes, it's a prototype of a victimized position -- being totally alone, being cut off from meaningful contact with people, with nature, having a sense of alienation, a sense of loneliness, and also the feeling that the universe is basically hostile.

MISHLOVE: Why do you suppose someone would become anchored at that level of development as opposed to the first stage?

GROF: It's a very good question, because obviously, unless we were Caesarean born, we have been through all the stages, and we see that certain people seem to be under selective influence of one particular matrix. I believe that one of the very significant factors here is the predominant quality of the postnatal experience. In other words, let's say a person was brought up in a situation that was victimizing -- let's say in a family that was kind of a closed system, where there was a lot of emotional, physical abuse, and at the same time the individual couldn't fight back -- this seems to reinforce or perpetuate the victim role that was first experienced to an extreme degree in the perinatal process.

MISHLOVE: In other words, a very traumatic experience in one's later development will then cause someone to emotionally reach back to the source experience that was similar to that.

GROF: In some sense a kind of mechanical model for that. The postnatal experiences create kind of bridges between the contemporary conscious experience and the memory of birth. If the postnatal experience was good, then there again is something that we can describe in terms of a mechanical metaphor, something like a buffering system. There's this overlay of good experiences. That material is still there, but it's not as relevant, it's not as available. This would be also the situation that I described earlier -- somebody who had a good womb, and then a series of positive experiences, starting with good bonding, a good symbiotic relationship with the mother during nursing, a childhood that was secure, and so on -- that person would be living in such a way that the predominant quality of life systematically reinforces the original experience of the good womb, whereas somebody who is living in a situation where in childhood there is loneliness, there is deprivation, there is cold, there is hunger, there is pain, and so on -- that person would be as if constantly reminded of the experience of the second matrix.

MISHLOVE: I suppose it might be possible then, say, for a person who has had a healthy childhood, a healthy prenatal development, lived a positive, normal life, if that person were thrust into a terrifying situation -- a catastrophe or a war, for example -- that might reactivate or reopen the early memories of being trapped in the womb.

GROF: Yes, it's very important, you see; you can see all kinds of combinations. Somebody can have, for example, a very good womb and a very bad delivery. There could be a very loving mother who wants the child, but the pelvic diameters are very narrow, and for reasons that are totally beyond the mother, the delivery becomes a very difficult experience. Possibly in the extremes the child might almost die. Or there could be an easy birth and terrible postnatal experience. So we are talking here always about certain basic foundations which are laid in the early perinatal period, and then postnatal events that will selectively reinforce or cover up the different aspects of the perinatal experience.

MISHLOVE: Your third basic perinatal matrix involves the actual process of birth -- the fighting or struggle to emerge from the womb.

GROF: Yes, the most important distinction here is that in the second matrix there are contractions of the uterus, but the cervix is closed. So the child is sort of caught as if in a no-exit situation, in a kind of claustrophobic world where there doesn't seem to be any solution. Each of the contractions of the uterus opens up the cervix to a certain extent, until the dilation reaches such a degree that the continued contractions then actually propel the child. So suddenly there is a movement, or a certain perspective opens up. So the second matrix, to make it very succinct, is suffering without perspective; the third matrix is suffering with perspective.

MISHLOVE: So instead of feeling lost in helplessness, one becomes instead locked in a struggle.

GROF: Yes. You see, the basic pattern which is imprinted here is, "The world is extremely dangerous, and you better be strong, you better be tough. This is the law of the jungle; you have to fight for your existence." But you don't feel victimized anymore. It's not completely hopeless; you're just simply in a very dangerous situation.

MISHLOVE: There are some negative sides to this. As I recall you mentioned that this phase might also be an anchoring for such things as sadomasochism.

GROF: Yes, there's another dimension which is not very easy to explain -- it would take a while -- but this experience in the third matrix has also a very, very powerful sexual type of component. And we know, even from postnatal life, that there seems to be a built-in mechanism in the human organism that translates extreme suffering, extreme pain, and particularly suffering that's associated with suffocation -- that would translate it or transform it into a powerful sexual type of arousal. So we know, for example, that people who tried to hang themselves and were rescued in the last moment, they would describe that they suffered at first, they choked; and then suddenly there came very powerful sexual arousal, and if it lasts longer, that sexual arousal can even transcene into mystical, spiritual opening, which we see, for example, in martyr deaths -- people who are put through incredible tortures and suddenly they transcend and they experience rapture, ecstasy.

MISHLOVE: Well, this seems very much related, in a sense, then, to the fourth basic perinatal matrix which you mention, which is the actual process of birth itself -- sort of like a death and rebirth experience.

GROF: Yes, when it's completed. But the third matrix itself is just the element of struggle.

MISHLOVE: It's not quite complete; there's not resolution yet. The person is still locked in this unresolved conflict.

GROF: Yes, it's very interesting because this experience can become ecstatic, but it's a very peculiar kind of ecstasy, which I call volcanic. It's a Dionysian kind of ecstasy.

MISHLOVE: It sort of reminds me of the religious martyrs, for example, in the Islamic and Christian faith, who whip themselves and torture themselves to achieve ecstatic states.

GROF: You find it in the history of religion as the so-called flagellants -- people who torture each other, torture themselves, in order to transcend. Also clinically you find, as you mentioned already, sadomasochism. You see, there are people who have to suffer in order to experience certain ecstatic sexual feelings. So it's this peculiar kind of mixture of pleasure and pain. And then when birth comes, when we start talking about the fourth matrix, then there is also a sense of ecstasy, but it's a very different kind of ecstasy. I call it oceanic ecstasy that can come, and that's an experience where you feel ecstatic, but at the same time you feel extremely relaxed, you feel serene, you feel tranquil. There's not this sense of a sort of volcanic storm or rapture.

MISHLOVE: It sounds almost like a return to the basic blissful aspects of your first matrix.

GROF: Yes. You see, when an adult relives birth, then what typically follows is a return into the womb. So the fourth matrix gradually changes into the first matrix, and biologically there also seems to be a deep connection between, let's say, the peace that the child experienced on the breast of a good mother, and experience in the womb. So it's as if after birth you can reach the state of the symbiotic union with the mother, which is postnatal, which is during nursing, and then suddenly it deepens and it starts having the qualities of being back in the womb.

MISHLOVE: I suppose the difference, then, between the fourth matrix and the first is that the fourth is somehow more integrating. It would encompass the notion of helplessness and the notion of

struggle and contain it within a blissful state, rather than just pure bliss without any concept of struggle.

GROF: Yes. What comes often, you see, is a redefinition of our basic experience of life. That means you remember, of course, all the suffering, all the pain, but at the same time you get some kind of meta-perspective. In some sense there is a deeper reality which you can build on or which you can trust. In other words, being in the body, being incarnate, means that you're going to have some tough times. It's not always going to be easy, but somehow there's a predominantly positive attitude -- I mean, life is worth it; consciousness, being conscious, is a fascinating experience.

MISHLOVE: I gather what you're suggesting, as we look at these four basic stages or matrices associated with perinatal experiences, is that that each of us is in some way perhaps anchored to one of these four stages, and that we could understand ourselves better if we were able to see those dynamics in our own life.

GROF: Yes, and it's a little more complex than that, because, as you mentioned before, we all have been through the four stages.

MISHLOVE: All four.

GROF: Yes, and we have also been through all kinds of things postnatally.

MISHLOVE: Stanislav Grof, we're out of time now, so we'll have to cut the program short. Thank you so much for being with me.

GROF: It was a pleasure to be here. Thank you.