

Non-Ordinary States of Consciousness in Healing and Health: The work and techniques of Stanislav Grof

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Introduction

This presentation is based on our clinical experience working with techniques that induce non-ordinary states of consciousness (NOSCs). Within a community psychiatry setting we have employed programmes based upon Holotropic Breathwork (HBW), a technique developed by Stanislav and Christina Grof, Patricia Carrington's Clinically Standardised Meditation (CSM) and supportive psychotherapy.

What is the NOSC?

The study of consciousness is not only the preserve of psychiatrists. It is central to many other academic disciplines, philosophical traditions and a host of religions.

'Our ordinary waking consciousness is but one form of consciousness. All around us lie infinite worlds, separated only by the thinnest veils'

(William James)

'In the Hindu and devotional traditions, these realms as described as different levels of samadhi. In the Christian, Sufi, and Jewish mystical traditions, certain texts and maps describe the states of consciousness evoked through prayer, concentration and silence... The Buddhist tradition offers hundreds of techniques for the opening of consciousness. New realms of consciousness can also open spontaneously through what is called grace, or they may occur under the pressure of circumstance.' (Jack Kornfield: A Path with Heart)

Rudolph Steiner and Sri Aurobindo in their extensive works claimed that spontaneous awakenings would become increasingly likely events for growing numbers of people. It is not only mystics and meditation practitioners who hold these views. Several pioneering psychiatrists have advocated that the spontaneous opening of consciousness should not be understood as a pathological process. They carefully distinguished between experiences offering rich healing potential and pathological processes that offered no such benefits.

Grof coined the term 'Spiritual Emergency' and developed support networks in the USA for those going through such experiences. Likewise California based Lee Sannella described clinical presentations of individuals inadvertently opening this latent potential. He discovered that meditation and yoga techniques, or the use of psychoactive substances, awakened this psychic potential.

The Italian psychiatrist and founder of Psychosynthesis, Roberto Assagioli, also ascribed credibility to 'spiritual awakening'. He described crises that preceded or were caused by 'spiritual awakening' and explored how the experiences could be processed and built upon. Ken Wilber's extensive writings have added much needed rigour and intellectual weight to the study of higher states of consciousness.

What is the value or relevance of these ideas for Psychiatrists and Mental Health Services?

There are many ways NOSCs have relevance for psychiatry. They expose the limitations of the biomedical model and the Newtonian-Cartesian paradigm within which

it is structured. This itself is an important contribution to scientific enquiry. Karl Popper's acclaimed thesis was that the questioning and challenging of existing models and understandings is the true essence of science. Thomas Kuhn described the turbulence and controversy that the development of radically different theories evoked. Most certainly NOSC's and their potential to enhance mental health are seen as nonsensical and unacceptable by reductionist psychiatry.

These ideas have more to offer than just challenging the status quo. For instance they offer great insight into the potential for well-being. They lend support to transpersonal thinkers such as Abraham Maslow and the concepts of self-realisation, self-actualisation and enlightenment. More pragmatically they offer new and innovative avenues for therapeutic interventions. Grof described NOSC's with the potential for healing as 'Holotropic states' and used them specifically to address unresolved distress and related psychopathology. Even more challengingly, he claimed they had the potential to heal problems of a collective or global nature!

Stanislav Grof MD

Stanislav Grof was a former professor of psychiatry at Johns Hopkins University, a former chief of psychiatric research at the Maryland Psychiatric Institute, and a scholar in residence for fourteen years at the Esalen Institute. He has written many books including *LSD Psychotherapy*, *Beyond the Brain*, and *The Adventure of Self-Discovery*. His initial exposure to NOSC's was through his work in Prague with LSD. He continued with LSD for several years after his move to America but later explored non-drug ways of evoking the NOSC.

Grof's studies revealed hidden domains of consciousness, which could readily be experienced and explored through the NOSC. His subjects reported re-exposure to events from their earlier life that carried particular significance. These provided insight, acceptance or the resolution of distress. Grof came to believe that NOSC's often offered the first real exposure to traumatic events and the opportunity for their resolution and integration. Modern neuroscience has developed theoretical models of trauma processing that support Grof's position.

Other experiences reported during NOSC's are less readily explicable by reductionist models, for example, powerful energetic experiences, which offer cathartic or re-balancing benefits. Likewise Grof's views on the centrality of birth trauma are particularly challenging to conventional thought. To a significant degree he supports the position on birth held by the psychoanalyst Otto Rank.

Grof resolutely claimed that dealing with the birth process embraced the experience of being born and also the experience of dying. He saw these experiences as a boundary between the personal and the transpersonal and proposed that birth trauma was the archetype or epitome of all subsequent traumas the human experienced throughout his / her life. Thus, dealing with birth trauma in the NOSC helped achieve a degree of healing not possible with other therapies.

Beyond the process of birth, Grof discovered dimensions that went to the level he called transpersonal. His view was that the human psyche consisted of the personal realm, based on life experiences, and the transpersonal, which dealt with archetypal patterns and spiritual sources beyond one's personal life history. Birth trauma functions as a kind of gateway between the personal and transpersonal. (In our work transpersonal / mystical domains are commonly reported by subjects).

Holotropic Breathwork (HBW)

Holotropic Breathwork requires adequate time and the correct environment for the experiential session and the processing of experiences. Breathing techniques

combined with evocative music are used to trigger the Holotropic state. The individual breathes in the manner directed whilst lying on the floor with closed eyes. Subjects are encouraged not to anticipate what will happen and to accept and express the experiences that are evoked. As Grof says, the 'inner radar' or 'inner healer' selects the most relevant material that needs to be processed. The patient or client is encouraged to stay with, and express, the experiences as they arise.

HBW requires facilitators and subjects to have radically different mindsets to those employed in conventional therapies. The facilitator is there to support the process, not to direct or interpret it. Only on rare occasions is direct communication with the breather required. The mere presence of a caring facilitator whilst the breather embraces powerful inner experiences helps in the integration / resolution process.

Focused bodywork is employed post-breathwork to intensify any physical discomfort that has emerged during the session. The intensification and disinhibited expression of such discomfort mobilises and releases trapped emotional material. It is our view that this aspect of the therapy may offer rich potential for the treatment of psychosomatic conditions.

Grof advocates close physical contact and the expression of care once the breathing and bodywork have been completed. This intimacy helps address trauma caused by the omission of warmth or acceptance during formative years. Mandala drawing and the opportunity to share experiences and insights complete the HBW cycle.

Our Clinical Experience

One of the co-presenters, MW, has used HBW with individuals interested in personal development and self-exploration. However, our work has focussed on patients with psychiatric disorders. These have included recurrent depression, PTSD, alcohol dependence and anxiety and panic disorders. In general we have worked with patients with chronic histories who have already been exposed, without great success, to a range of medications and therapies. The precise results of this work are being included in a paper currently in preparation. However, based on the work we have undertaken in both settings we can offer the following broad conclusions:

Conclusions

- 1 HBW is extremely challenging, conceptually and emotionally, to professionals trained in conventional health care
- 2 It is a safe and effective method to experience NOSCs
- 3 It is a powerful tool for self-exploration and personal growth
- 4 It offers rich therapeutic potential but is not a cure-all
- 5 Careful selection of patients and ongoing support to consolidate benefits are required
- 6 It is most successful as a strategy for personal growth and self-exploration rather than as a treatment focused on symptom resolution.
- 7 There are side effects and selection criteria are necessary.

References

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