

## BIRTHING THE TRANSPERSONAL

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*ABSTRACT:* A reflective interview with Stanislav Grof, M.D., a founder of transpersonal psychology, offers insight into his fifty plus years of research and writing, important professional relationships, and his legacies to the field: namely, an expanded cartography of consciousness, the development of holotropic breathwork, and the promotion of a new paradigm in science. His first LSD experience, as a research subject during the 1950s in his native Czechoslovakia, set the template for his subsequent life's work investigating "holotropic" non ordinary states of consciousness and their contribution to a deeper understanding of the human experience and the global crisis. Work with LSD psychotherapy led him to discover the importance of the birth trauma within the deep structures of the human psyche, and psychedelic drugs opened up the transpersonal vision for him, including their potential role in medicine and healing, for the study of creativity, and as preparation for death.

In recognition and celebration of this 40<sup>th</sup> Anniversary issue of the *Journal of Transpersonal Psychology* Stanislav Grof, M.D., a founder of the modern transpersonal movement and an acknowledged key influential figure in the field, reflects upon his professional trajectory of 50+ years and looks likewise to the future of the field.

Originally oriented to psychoanalysis, after conducting hundreds of LSD psychotherapy sessions in his native Czechoslovakia, he revised his model of the psyche to include the collective unconscious, spiritual experience, and a vast array of other anomalous phenomena. In 1967 Grof moved to the United States, where at the Maryland Psychiatric Research Center he was the principal investigator in research studies exploring the therapeutic potential of psychedelic drugs. From 1974 to 1987 he was Scholar-in-Residence at the Esalen Institute, where he exchanged ideas with the most prominent figures in humanistic and transpersonal psychology and his workshops fertilized the burgeoning transpersonal movement. There he and his wife Christina created "holotropic breathwork," a technique of hyperventilation, evocative music, and bodywork which transported subjects through extreme states of consciousness towards wholeness. They also developed

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the concept of “spiritual emergency,” which explored the healing potential of spontaneously induced extreme states of mind, such as psychosis.

This interview with Stan Grof was conducted in his home on January 10, 2009.

*What Would you Want to Tell Future Generations about the Significance of the Transpersonal Perspective?*

As a culture, we are paying a great toll for having lost spirituality and oriented ourselves completely towards the external world. This has led to a destructive and self-destructive way of being in the world in which we are a threat to future life on the planet. So bringing in a psychology that not only recognizes spirituality, but one that also has technologies where people can actually *have* spiritual experiences, is extremely beneficial for people individually as well as for humanity collectively.

*One of the Technologies that you've Found Useful for Allowing Access to Spiritual Experiences has been Psychedelics. Can you Describe the Circumstances and Impact of your First Psychedelic Experience?*

Psychoanalysis was what initially inspired me to study medicine and psychiatry. But around that time (1956), I was experiencing some real disappointment with psychoanalysis. You have to meet very special criteria to be considered a good candidate for psychoanalysis, and it takes a lot of time, a lot of energy, and a lot of money.

I began to realize that, even after a long time, the results were not exactly breathtaking. My own analysis lasted seven years, and I loved every minute of it: playing with my dreams, and finding that there was some deep meaning in every slip of my tongue. But if you had asked, “Did it change you?” I would have hesitated. I would say that, while I changed during those seven years, there was no convincing causal relationship between the free-associating that I did on the couch and the changes that happened in my life. Whereas, when I had my first LSD session, I was one kind of person in the morning and a whole different kind of person in the evening, and there was no question that this change was the result of the experience.

During that era there was great excitement about psychopharmacology inspired by the first tranquilizers and antidepressants coming into use. We had just finished a study with Mellaril (thioridazine), one of the early tranquilizers produced by the Swiss pharmaceutical company Sandoz. We had a good working relationship with Sandoz, and so we got a large box of ampoules of a new drug. It came with a letter from Sandoz describing the history of Dr. Albert Hofmann discovering the psychedelic effects of LSD, after he more-or-less accidentally intoxicated himself. (Although he didn't like the term “accidentally.” He called it “serendipity.”)

Sandoz suggested that LSD could be used to induce a temporary psychosis, providing an experimental model of psychosis. Then we could find out what was happening biologically, while mental functioning was so profoundly affected. If we could determine that psychosis is caused by a chemical aberration, rather than resulting from psychological issues, then hopefully we could find a substance that would neutralize the chemical imbalance. Such a thought was very exciting.

There was another little comment in the letter, which kind of seeded my destiny. Sandoz said that they also felt, on the basis of their initial experiments, that LSD could be used as an unconventional educational tool. Psychiatrists, psychologists and nurses could spend a few hours in a world similar to that of their patients, and thereby obtain a deeper understanding of their patients. This would allow them to communicate better with the patients, and possibly be more effective in treating them.

At the time the LSD arrived, I was in the middle of a career crisis. I had started to question whether it was a good choice to become a psychiatrist. My initial plan was to work in animated movies. I like to paint and draw, and when I was finishing gymnasium—in Europe, the equivalent of high school—I was going to start working at the Barrandov film studios in Prague.

However, a friend of mine had given me Freud's *Introductory Lectures to Psychoanalysis*. I read it overnight, and decided in a very short time that I would move from animated movies to psychoanalysis. Yet by the time the LSD came, I was really questioning my decision to study psychiatry. Nevertheless, experimenting with LSD seemed like an interesting opportunity, so I became an early volunteer.

I not only had the LSD experience, but also a brief exposure to a powerful strobe light. The researcher who had been sent the LSD was interested in electroencephalography, especially “entraining” or “driving” the brain waves. He exposed people to acoustic or optical frequencies, and studied the corresponding area of the brain to see if the brain waves would pick up the frequency that he was feeding in. Therefore those of us who wanted an LSD session had to also agree to have our brain waves driven as part of the experiment.

So I took the LSD, and the first part of my session was filled with beautiful aesthetic, fractal, arabesque, and kaleidoscopic images resembling stained glass windows of gothic cathedrals or elements of Moslem architecture. Then the experience opened into my individual history; it was very much like a personal analysis, only much more profound. I was seeing connections that I didn't discover in my previous self-explorations.

The most important part of the experience happened between the second and third hour. The research assistant came and said it was time to drive my brain waves. She pasted electrodes on my scalp, brought in a giant strobe, put it above my head, and turned it on. And in the next moment, there was this incredible explosion of light. At the time I likened it to Hiroshima. Today I

would say it was more like the *dharmakaya* from the *Tibetan Book of the Dead*—what Buddhists believe we see at the moment of our deaths.

My consciousness was catapulted out of my body. I lost my connection with the place of the experiment, with the research assistant, with the clinic, with Prague, and then with the planet. I had the feeling I had absolutely no boundaries, and I became “All There Was.” There were things happening for which, at the time, I didn’t have a name; but later I read about the Big Bang, white holes, black holes, and worm holes. It was something from these categories—an unbelievable cosmic display.

While it was happening, the research assistant was being very scientific. She entrained my brain waves from 2 Hz up to 60 Hz and then brought them slowly back. Following the protocol, she left them for a while in the middle of the alpha range, the theta range, and the delta range. Then she turned the strobe off. My consciousness started shrinking; I reconnected with the planet, and finally found my body. For quite awhile, I couldn’t actually get my consciousness *together* with my body.

It became absolutely clear to me that what I had been taught at the university—about consciousness being a product of matter, of the neurophysiological processes in the brain—was just not true. Consciousness was something much bigger. It was at least an equal partner with matter, even possibly supraordinated to matter. At that point, I could imagine that consciousness could create reality, but it seemed absurd to me that matter could create consciousness. Obviously, I was very impressed. I realized I was stuck with psychiatry, and I felt that the most interesting thing a psychiatrist could do would be to study these states of consciousness.

This experience happened in 1956 and, for over fifty years now, I have done very little professionally that was not related in one way or another to the non-ordinary states of consciousness that I call “holotropic.” These are the kinds of mind states that shamans induce in their clients or experience themselves when they heal, the kind of states experienced during rites of passage, the experiences of yogis, Buddhists, Sufis, Taoists, Christian mystics, and Kabbalists. This is a subcategory of non-ordinary states that I believe has healing, heuristic, and transformative potential. And I believe, today, that these states even have evolutionary potential. So the study of these states became my profession, vocation, passion, and lifetime commitment.

The work with holotropic states confirms some of Jung’s concept of the collective unconscious. There is a realm in which there is a record of things that happened in the past. Jung thought mostly about human history, but it also includes many other kinds of experiences. For instance, you can have experiences related to the history of nature - go back in the evolution of species, or even beyond that to experiences of geological creation. In some instances when we experience visions from the collective unconscious, there is a kind of *déjà vu*, where one remembers that this is not the first time one has had the experience: “I have done this before, I have been here before.” And we have now a scientific

model which may help explain these experiences. This is Ervin Laszlo's concept of what he used to call the "psi field," but now calls the "akashic field," which provides a bridge between his model and the spiritual realm.

In another category of these experiences from the past, you feel that you are dealing with your actual ancestral lineage. I have seen a number of situations where people experienced specific scenes from the lives of their biological ancestors. I included several examples of such experiences in my book, *When the Impossible Happens*. A somewhat similar situation can be seen in shamanic cultures' attitudes toward ancestor spirits. However, the shamans, and native cultures in general, are talking about actually going back in history, connecting with their ancestral lineage, and receiving support or help from their ancestors, while also expressing a deep respect and gratitude toward them.

The part of the psychedelic literature where this is most frequently described relates to the use of eboga (*Tabernanthe iboga*) in Africa for Bwiti initiation ceremonies. It is also an important element in the ritual life of the Australian Aborigines, where this occurs without the use of psychedelics. Their experiences of "dreamtime," or *Alcheringa*, take them back to the life of their ancestors, and even before the human ancestors, to the time when the earth was created. The people with whom I have worked over the years also occasionally experienced this mythological world of the Australian aborigines, and I have had such experiences myself.

In other instances, I've seen people carrying some particular intrapsychic conflict who realized its ultimate source was related to problems introjected from their ancestor lineage. For instance, if their father was Catholic and their mother Jewish, they discover a generational conflict that they have introjected in some sense. A lot of things that you can experience relate to your biological lineage.

Once I realized that people could travel to a point *before* the time of their conception, the only mechanism I could imagine that might allow for this was genetics. If you actually have a record of past situations that can be transformed into a conscious experience of those situations—well, this would make DNA even more mysterious! But then I found out that these experiences can transcend DNA. You can be Anglo Saxon and have the experience of being an African slave in America or a samurai from historical Japan.

The source of these experiences cannot be in any material substrate that we know. But perhaps the source is some kind of field, like the akashic field that Laszlo describes, or the field of consciousness itself.

### *What Value Do Psychedelics Hold for Transpersonal Psychology?*

For me, the whole transpersonal area opened up as a result of psychedelics. I came into medicine equipped with traditional psychiatry and psychoanalysis, which represent a very narrow model. It's not that it's wrong. But it describes a relatively superficial level of the psyche and mistakes that level for the totality of the psyche.

When Freud discovered the individual unconscious, he compared the psyche to an iceberg. He said that what we call the psyche is just the tip of the iceberg, and psychoanalysis showed that there is this big area of the psyche that remains hidden in everyday life.

After I worked with psychedelics, I could reformulate Freud's remark and say that what traditional psychoanalysis discovered is just the tip of the iceberg. What one discovers in these holotropic states is the part that remained hidden even from Freud and most of his followers, with the exception of maybe a couple of them. For example, Otto Rank discovered perinatal influences, and of course, Jung, discovered the collective unconscious.

In my own experiences, the first psychological material that surfaced was limited to my post-natal biography. But as my unconscious opened up to my perinatal existence, I became aware that there is a powerful imprint of biological birth. The perinatal also opened me to what we now call the transpersonal. For example, I would experience myself as being stuck in the birth canal in the first stage of birth. The experience would then open up into the collective unconscious, where I was identifying with prisoners of all ages, or people confined in insane asylums, or those trapped in the torture chambers of the Inquisition, or victims of wars or autocratic tyrannical regimes.

As I moved to the stage where the cervix is opening up, when one is struggling to be born, suddenly there were images of revolutions. Enough of the repression, there were intimations of "overthrow the tyrant," "breathe freely," and so on. So these experiences were a mixture of the perinatal and transpersonal, with elements coming from both personal history and the collective unconscious.

Then archetypal motifs also started coming in. During what I call the second basic perinatal matrix, which is when the uterus contracts but the cervix is not open, there would be identification with hellish scenes: "no exit" situations of enormous suffering or infernal landscapes. When the cervix becomes open and one struggles to escape, there would be identification with archetypal figures representing death and rebirth: Osiris, for example, or the story of Persephone. Finally, reliving the moment of birth was connected with images from the collective unconscious of the end of wars, or victory in revolutions, or it would become an experience of psychospiritual rebirth, with visions of archetypal beings bathed in light. So my first awareness that the conventional map of the psyche was limited came from a discovery of the perinatal level.

#### *What Have You Learned About Our Own Inner Self-healing Potentials?*

One of the most interesting, most exciting observations from the work with holotropic states—the whole spectrum, whether it's psychedelics or breathwork or spiritual emergencies—is the discovery of what we now refer to as the "inner healer." In traditional psychotherapy we have the idea that somehow we should try to understand with our intellect how the psyche functions, why the

symptoms emerge, and then from our intellectual understanding, come up with a treatment technique. The problem with this approach toward psychotherapy is the unbelievable lack of agreement about some of the basic issues, like what the main motivating forces are, why the symptoms develop, or what they mean. So when you have a problem, you can randomly choose a school, and each school gives you a different story about what is wrong. And each school then provides a different technique for how to work with that particular problem.

Now, the holotropic strategy is very different. First you induce a holotropic state using some kind of method—whether it's breathing, or shamanic drumming, or psychedelic substances. Once that state emerges, somehow the content, which has a strong emotional charge, starts surfacing spontaneously. In traditional psychotherapy, you decide on the basis of your training what part of the material is relevant and what is not so relevant, and this decision will be different for a Freudian, an Adlerian or a Jungian.

With the holotropic approach, you have to work with something that's spontaneously chosen—via some internal radar system—that has a strong emotional charge and is available for processing on that particular day. The order of what appears comes from within. This is similar to what Jung called the “individuation process.” There is a higher aspect of you that somehow guides the whole process. In ayahuasca sessions, for example, it tends to become *more* than your inner healer; it seems to become an archetypal healer, like an outside entity that guides the process. The only substance with which I have experienced having such a transpersonal therapist was ayahuasca.

### *How Might Psychedelics Play A Role in the Future of Medicine?*

What we discovered through the work with psychedelics—and then later, doing the same work with holotropic breathwork, which my wife Christina and I developed—is that there is an aspect of many supposedly biological disorders where the problem is really energetic. I think we tremendously underestimate energy blockages as a source of pathology. Chinese medicine has a better sense of this; if your *qi* is flowing, you have the best chance of remaining healthy. Making the blocked energies move is something that's important for healing.

What we discovered with psychedelics was that the energetic approach is a significant alternative to the allopathic philosophy promoted by Western medicine. It's ironic that we were made to recognize that, in many ways, what the shamans were doing in the treatment of emotional and psychosomatic disorders was superior to what we were doing, though obviously they don't have the technology we have. But the whole concept of energetic medicine is extremely important.

When I studied psychosomatic medicine, the way it was described by Franz Alexander and others, I found it difficult to believe that the kind of psychotraumas described in psychosomatic medicine—like the famous example of seeing your parents having intercourse—could *really* do anything serious to

you physiologically. But when I started seeing what happens to people during psychedelic and breathwork sessions, and I was able to witness the enormous amount of blocked energy that we carry in our bodies—the Reichian “character armor”—then it became obvious to me that psychotraumas that cause them really could make a big difference physiologically.

To provide a specific example, we have repeatedly seen in people who have what we call chronic infections—e.g., sinusitis, tonsillitis, bronchitis, cystitis—that the primary problem isn’t the infectious agent. The problem has to do with bioenergetic blockages associated with blood vessel constriction. Because of this constriction, not enough antibodies, leucocytes, and lymphocytes are able to come into the area and keep the bacteria in check. Most of these bacteria are normal inhabitants of those areas, and as long as the tissue can protect itself you don’t develop infection. So the infection is really a consequence; it’s not the cause of the problem. In breathwork, we have seen people with this problem in whom the energetic blockage releases, and then those infections clear. We have seen something similar in asthma. You can work through asthma using this kind of bioenergetic work.

*What Opportunities Do You See for Researchers Who Want to Work with Psychedelics in the Future?*

I’m enthusiastic about the new projects, and the fact that there are new researchers coming into this field. A lot of it is repeating things that were done in the past, which is great. But I also think there are new exciting areas that researchers could go into.

I am most interested in the effects of psychedelics on creativity. What happens when people who are outstanding in their own field, who have been working for a long time on a problem and cannot find the solution, are given psychedelics and asked to consider the problem? We have a lot of indications that it’s possible in a holotropic state of consciousness to break through the barriers, to transcend the limitations of traditional thinking, and to get completely new insights.

Willis Harman and Howard Rheingold wrote a book called *Higher Creativity: Liberating the Unconscious for Breakthrough Insights*, which is full of examples of people who made major discoveries when they were in nonordinary states—scientists like Einstein, and of course many artists. Puccini related that he didn’t write *Madame Butterfly*, it was God and he was just holding the pen. There’s the example of an Indian mathematician who had visions of the village goddess teaching him mathematics. Eventually he came to Oxford, and he solved problems that the Oxford mathematicians couldn’t solve.

There are also contemporary examples of creative breakthroughs in nonordinary states. The most famous is Francis Crick admitting that LSD helped him to crack the DNA code. Another Nobel Prize-winning scientist, Kary Mullis, said the same about his discovery of the polymerase chain



reaction. So I think that investigations into enhancing creativity would be the most exciting work that we could do.

There are also other intriguing projects. I would like to see a comparison of psychedelic experiences of people who had difficult births, average births and elective Cesarean births to see if any trends could be found correlating birth situations with problems in later life. Psychedelic work with specific emotional disorders may allow us to find how deep their roots go, further changing our understanding of psychopathology.

*What Disorders Might be Most Amenable to Treatment with Psychedelics?*

In our early work, we got the best results with depression. This seems to be a condition that can be easily influenced by holotropic states. Psychedelics can also help with certain phobias, and various psychosomatic disorders. We had least success with severe obsessive-compulsive patients. But in Prague, all the patients we worked with had not been helped by any other method—that was one of the criteria for acceptance into our study. They were the kind of obsessive-compulsive patients who during a certain period of psychiatric history would have been sent for lobotomy.

*Could You Explain the Difference Between “Low Dose” and “High Dose” Psychedelic Treatment? What Particular Symptoms or Conditions Did Each Treatment Target?*

In the history of psychedelics you have two models. The “psycholytic” model uses low or medium doses and a whole series of sessions. In contrast, the “psychedelic” model calls for a limited number of high-dose sessions, and it incorporates eyeshades, headphones, and powerful music, aiming at producing a “single overwhelming experience.”

I’ve done both. Early on in Prague, I was using the psycholytic model, so I did a lot of these medium-dose sessions. They were extremely helpful in allowing me to map the unconscious, because I could investigate it layer by layer. One of my clients called it “onion-peeling of the unconscious.” It reveals how various contents are connected in the unconscious, and how they are related to specific symptoms.

In psycholytic therapy, the patients were allowed to keep their eyes open for significant parts of the sessions. So I have a lot of records describing my patients’ visions of the environment illusively transformed, or me transformed in a particular way. I wanted to know why they saw me as a Jaguar or Hitler in one session, and in another session they saw me as the Supreme Judge or Gandhi, or why the treatment room became a death row at one point, then a bordello, or a cottage in the Pacific at another point. In my first book, *Realms of the Human Unconscious*, I spent some time talking about these kinds of mechanisms, but I also realized this was not the most effective therapeutic approach.

With the high-dose psychedelic model we used in the Maryland research studies, the sessions seemed to be much more effective therapeutically. However, such an approach doesn't provide much understanding of why the patients changed. My previous psycholytic work gave me an advantage in this regard. I could work with a model that offered faster results, and infer what might be happening from the observations made during my earlier research.

*Do Specific Plants or Chemicals—For Instance, Ayahuasca, Peyote, Psilocybin-Containing Mushrooms, Ketamine, MDMA, Salvinorin A—Have Preferable Applications for Particular Clinical Conditions or Situations?*

MDMA is particularly useful in couples therapy, or where individuals are trying to come to terms with some horrific human experience, like rape, war, or a hostage situation. During the period when it was still legally available, it was also employed by many therapists who found it was very useful for couple's therapy. Couples could look at each other and discover each other's transpersonal status. So I think there is a particular place for that sort of work with MDMA and other amphetamine analogues.

I found ketamine to be extremely interesting. It takes one to psychological places that, in a sense, are beyond where LSD or mescaline can take one—very strange worlds. For example, one can experience the consciousness of inorganic objects. I had one session in which I identified with the end of a burning candle. I understood that burning candles in a church has something to do with your ego melting in the presence of the divine light; in that sense, a mystical, spiritual experience resembles what's happening in the candle. However, I didn't find ketamine to be particularly transformative or very useful therapeutically. On the other hand, it certainly provides evidence that the world is much wilder than we imagine in our wildest fantasies.

Ayahuasca is powerful healing substance, a sacrament with centuries of use. The same can be said for peyote. The inspiration for our study with alcoholics came from the success that the Native Americans had in overcoming alcoholism through their peyote ceremonies. But I'm not sure that as yet there are too many substances known to be effective for specific diagnoses. We don't have enough data comparing patients with a specific problem treated by different psychedelics.

*Shifting the Topic, What is Your Sense of What Happens at the Moment of Death?*

I had many experiences in my psychedelic sessions when I was sure that I had died. I was very surprised when I ended up in the same place as where I started the session, because I had the strong feeling that I could have ended up somewhere else. My current idea of what might happen is that we simply move from the organization of reality that we experience in everyday life into a rich matrix of transpersonal realities, where all those things described in the religious literature are real possibilities: hell, paradise, purgatory, experiencing

animal or plant consciousness. Many people who have taken psychedelics have had those kinds of experiences.

Now whether this is going to *really* happen at the time when we die is an interesting question. It might, but if the universe is a cosmic game, *lila*, there is always a place for surprises. Some people who have had near-death experiences have gone pretty far, but only about thirty percent of those who have been brought back report any memory of what it was like when they were “dead.” While I think it’s a good guess that death is going to be something like what we experience in holotropic states, we can only compare it with the experiences of people who went in that direction and returned. There are no reports from those who permanently completed the journey.

*Do you think That Psychedelic Medicines May be Useful in Preparing Us for Our Own Inevitable Death?*

To the extent that death might take us into these transpersonal worlds, then certainly the work that one does with holotropic states would be good preparation. Such mind states have a history of acting as training for dying. Shamanic work, rites of passage, ancient mysteries, or some spiritual practices can be seen as experiential training for dying. Abraham a Sancta Clara, a seventeenth-century Austrian Augustinian monk, is said to have remarked, “The man who dies before he dies, does not die when he dies.” And if you can change your attitude toward death, it also changes your way of living in the world. We have seen this in people who have had near-death experiences.

We also saw this in Maryland, when we were giving psychedelics to patients with terminal illness in order to reduce their fear of death. Several people first had sessions with us and had transpersonal experiences of death and rebirth; and then as the disease progressed, they actually had a near-death experience. During an operation one such patient had a cardiac arrest. When we saw him afterwards he said, “I’m glad I had those experiences, because the territory was not new to me. Had I not experienced death in those sessions, I would have been really scared.” It’s thus a good possibility that these transpersonal experiences act as training for death.

*So in Patients with Advanced-stage Cancer or Other Terminal Medical Illnesses, Psychedelics Might be a Way to Help Them Prepare for the Inevitable*

We had numerous examples of that during the work at the Maryland Research Center. In fact, it was really the most moving part of the research that we did there. It was quite amazing to see, from one day to another, the kind of changes that we saw in the patients: their attitude toward staff, the reduction of their fear, a greater focus on the present—because much of the suffering in cancer is the anticipation of how bad things will get. People with cancer know it is a progressive disease, very likely fatal, and they expect that things will be worse tomorrow, next week, next month.

However, many of our patients were able to assume the kind of attitude toward life that is recommended in Twelve-Step Programs. How am I doing today? Is this tolerable? Can I make it through today? Okay I can, and tomorrow is another day. They shifted focus onto the present, rather than projecting what their lives might be half a year from then. There were real changes in these patients. Even if no other subjects are allowed to have psychedelic treatment, there is certainly no good reason why psychedelics should not be offered to cancer patients.

*Can you Comment on the Use of Psychedelics to Treat Alcoholism and Other Drug Addictions?*

The work with alcoholics and narcotic drug addicts remains among the most successful studies. For example, we did a large study at the Maryland Psychiatric Research Center of over 140 patients from the state hospital's alcohol rehabilitation unit. Many of these patients would fit in the category of "skid row alcoholics." After their session, about fifty-two percent were considered to be essentially rehabilitated.

The study design required two teams. On one team, all of the researchers had taken psychedelics themselves. But NIMH required a second, independent team of researchers who had never taken psychedelics to assess the results, because NIMH believed that once you have taken psychedelics, you had impaired your judgment, and you couldn't evaluate your own results. So the independent team saw the patients before and after, and they concluded that over fifty percent of the patients were essentially rehabilitated at the six-month check-up point. At our twelve- and eighteen-month follow-ups, that number went down. But part of the reason for this decline was that some patients had moved, and couldn't be evaluated.

In the narcotic drug study, the rehabilitation rate was over thirty percent. That may not seem like a lot, but these were patients, who—without the psychedelic treatment— would probably be back on the street— within a month or so,

*What have you Learned from These Transformative Experiences about Reality and about the Nature of the Psyche?*

Looking at all the experiences I have had over more than fifty years now, and also at the experiences I have seen in others, I would definitely move away from our culture's dominant worldview. This is the kind of worldview that was inculcated in me by my medical and scientific training, which claims that life, consciousness, and intelligence are by-products of matter.

I would move all the way to the other side of the spectrum, and embrace something like the Hindu concepts of *māyā* or *lila*, wherein reality is ultimately created by cosmic consciousness. It is virtual reality created by infinitely

complex orchestration of experiences resulting in the illusion of phenomenal worlds, including the material realm.

In twenty years or so, when the technology of virtual reality is improved, we will better understand that just because you experience something doesn't mean it's there. There are ways of creating apparent realities. All my experiences point in that direction. As I touched on earlier, it's easier for me to imagine how consciousness as the ultimate reality can create the illusion of a material world—because I have seen it creating many other worlds—than it is for me to imagine that matter can generate consciousness.

*What have you Learned About Human Identity? Who are we?*

We like to think about ourselves as individuals: clearly demarcated bodies with egos, separate from others. The work with holotropic states leads much more to an idea that we're actually more like multiple personalities, only we're able to handle it better than people who experience that condition as a clinical disorder. So it's more like we're a collective of sub-personalities. Roberto Assagioli, the founder of psychosynthesis talks about this. In transpersonal experiences, we can expand our sense of personal identity. Not only can we experience oneness with other people or with animals, but we can also identify with other life forms or even archetypal beings.

Ultimately, we don't have a fixed identity. Our identity somehow stretches from the body ego all the way to the creative source itself. The Hindu religion provides different systems of yoga that can be used to empirically validate that this is true. You can eventually experientially reach the cosmic creative Source, and become that Source. When you have that experience, you realize that this Source is no different from the overall field of cosmic energy. We are not *nāmarupa*, we are not *body/ego*; we are Atman and, ultimately, Brahman. In nonordinary states, we can travel on that continuum, from the mind-body to God, and experience ourselves as anything in between. So in some sense, all those aspects of the world are part of us.

*Considering the Growing Global Environmental Crisis, can you Envision Human and Planetary Survival? If so, What form Will it Take?*

Obviously we have a profound crisis. It's not difficult to imagine that if we continue at this rate, we will not make it as a species. I'm not talking only about atomic war or accidents, but also about the vast quantities of industrial pollution we're generating. Our use of fossil fuels is creating an environment hostile to life, whether the toxins go into the air, or the ground, or the water. Most people in the transpersonal movement believe that different aspects of the global crisis are ultimately the result of one thing: their common denominator is the state of consciousness of the human species. If we could change this, if our heads and hearts were in the right place, we could solve most of these problems.

We have seen over the years that personal psychospiritual transformation helps create the kinds of individuals who would have a better chance at survival. You see a significant reduction of aggression, an increase of tolerance and compassion, and a tendency to view differences more as interesting, rather than as irritating. Whether these are political, religious, racial, or gender differences, you can start finding it fascinating that people have so many colors, that they speak so many languages, and sing so many different songs.

Honoring and celebrating diversity isn't limited to humans. When you experience identification with another species—such as feeling what it is like to be a fish in the polluted Elbe River—the result is tremendous ecological sensitivity. As biological creatures, we should have as our highest priority clean air, clean water, and clean soil. There are no other priorities that are more important. If we had a civilization of individuals who have been transformed in this way, we could have a world constitution where caretaking the environment is the highest priority. Life would be protected, and aggression as a means for solving disagreements would be outlawed. Probably our only hope is for sufficient numbers of people to undergo this type of transformation.

I don't think psychedelics or holotropic breathwork are the only means. There are many people undergoing this kind of inner transformation spontaneously. Christina and I call such experiences “spiritual emergences,” or when they feel overwhelming, “spiritual emergencies.” Unfortunately, in current psychiatry, such spontaneous experiences are considered a sign of mental illness. Consequently, the usual psychiatric response is to try to suppress these kinds of potentially beneficial experiences. Yet there are spiritual disciplines, shamanic practices, and a whole spectrum of techniques that people could use to elicit and work with these spiritual emergencies, as long as we recognize that this is a direction that's desirable.

*Do Psychedelics have Any Treatment Potential in People who are Experiencing Psychotic States?*

I had significant success with several psychotic patients when I was working in Prague. I came to the conclusion that spontaneous episodes of nonordinary states can be therapeutic, if they are correctly understood and properly supported. In traditional clinical psychiatry, there are reports indicating that some of the very acute psychotic episodes actually are those that have the best results. In some instances, there could even be an improvement over the patient's pre-psychotic state. Whereas those psychoses that develop slowly and have fewer symptoms, which are not as dramatic or as rich, have the worst prognosis. Our prior therapeutic effort attempted to slow these things down and stop them, rather than accelerate them.

When I became aware that this effort didn't work very well, we started using LSD to accelerate their progression instead. The idea was that people can get through and move beyond a psychotic episode, rather than continuing to

attempt to suppress the symptoms, which drags out the episode. I describe some of these situations in *When the Impossible Happens*. I should mention that I would not give LSD to someone who is paranoid. I need to have the feeling that I have a good working relationship with the patient.

*How effective are contemporary mainstream psychology and psychiatry?*

I believe that psychiatry is moving in the wrong direction. Mainstream psychiatry has increasingly embraced biological approaches toward treatment, especially psychopharmacology, and moved away from psychotherapy. This kind of approach confuses the reduction of symptoms with clinical improvement. When patients are less anxious and angry and more docile, they are considered “improved.” Whereas in the kind of work we have done, what you see is that the emergence of symptoms can be viewed homeopathically, as an effort of the organism to get rid of something, and this is a process that you want to support. At present, there is tremendous underestimation of what you can do with experiential psychotherapy when you activate the symptoms through breathing and music, or through psychedelics, or some other way. I’m not very optimistic about where psychiatry is going to end up, if it continues in its current direction.

For historical reasons, psychiatry became a sub-discipline of medicine. In medicine, limiting yourself to suppression of symptoms would be very bad medicine. In medicine you use symptomatic treatment only if you simultaneously address the etiology. Or, in patients with incurable diseases, where all you can do is to help patients with symptoms. But other than with an incurable disease, the idea that you would think you are adequately treating patients by only suppressing their symptoms would be bizarre. It would be as though you had a patient with a high fever, and you put her on ice and her temperature went down, and you were satisfied with the result without asking, “Why did she have a temperature in the first place, and how can we treat this cause?” In a sense, in psychiatry we treat emotional disorders as if they were incurable and all we can do is suppress symptoms.

*We interviewed you in 1997 for the Book Higher Wisdom: Eminent Elders Reflect on the Continuing Impact of Psychedelics. Has your Vision Changed In Any Major Way Since Then?*

My basic ideas haven’t changed much, though I have become more interested in archetypal psychology. Coming from medicine and psychiatry, I initially put a lot of emphasis on birth, because there was such an obvious material substrate there. It seems strange that in psychiatry we don’t pay attention to the psychotraumatic impact of birth. This lack of attention is a curious logical error. Prenatal research shows the sensitivity of the fetus in the womb, and we all agree that early postnatal experiences, like nursing, and bonding through human contact, are important. But strangely, the hours of potentially life-threatening situations—where babies might have died in the birth canal and

needed to be resuscitated—are only taken into consideration if they were so bad that they damaged the brain. The experiences themselves are not seen as relevant.

So the fetus is commonly considered sensitive in the womb, and sensitive immediately after birth. However, the hours where there are some *really* challenging, stressful situations are not seen as psychologically relevant! There seems to indicate a tremendous amount of psychological repression. The birth experience is so scary that we don't want to deal with it. So we use our intellect in an attempt to deny that there is anything significant there.

Anyway, in the early years I put a lot of emphasis on birth. Over the years, I have increasingly put more emphasis on archetypal dynamics. I've also become much more interested in the correlations between these experiences and astrology.

This is an obviously controversial area. It opens a whole can of worms, because you have to radically change your thinking in order to take something like astrology seriously. You cannot just add it to the Newtonian/Cartesian, materialistic approach. You ask: "If there *is* some correlation with the planets, what are the mediating energies? Are there gravitational fields, or some kind of rays being sent? And this is obviously absurd. But that's not the way astrologers view the relation of the planets to the material realm. Astrology is constructed in terms of synchronistic correlations. I've worked with Rick Tarnas over the last thirty-five years, but much more so in the last ten years, as my interest has really shifted toward this area. I'm very impressed by Rick's book *Cosmos and Psyche*, where he shows that these correlations are not just in individual psychology, you also can find correlations between historical events and the collective transits. Becoming more involved with astrology was a major change over the last decade.

Another change was more strategic. When our house burned down in February of 2001, I lost my whole reference library. This made it difficult to write the kind of books I used to write, in which I quoted the work of other authors and consulted the opinions of others.

So I decided to write a book of personal memoirs. From the rich history that we had regarding holotropic states, I focused on observations and experiences that would be considered impossible if the universe is the way it is described by traditional science. This is why the book was titled *When the Impossible Happens*. Drawing from my own experiences, I am much more self-revealing in this book than I have been in past books. I talk about things that have happened to me in the sessions that I have had.

*Can you Describe Some of the Important Professional Relationships you've had that have Inspired Your Work?*

Over the years I had many wonderful interactions with Albert Hofmann. He was my ultimate spiritual father. Without his discovery, my professional and personal life would be very different. We didn't have long discussions about my



research findings; I didn't get his opinions on those. But I listened to his lectures, and saw what kind of conclusions he made from his own sessions. We had many wonderful personal encounters. Still, his major contribution to my life was his discovery of LSD.

Abraham Maslow was a kindred spirit who opened important doors for me. Abe invited me to Palo Alto, where I participated in several meetings with him, Tony Sutich, Miles Vich, Sonja Marguiles, and Jim Fadiman. In one of these meetings, Viktor Frankl also joined us. We talked about transpersonal psychology and formulated its basic principles. They took the name "transpersonal" from my classification of the psychedelic experiences: biographical, perinatal, and transpersonal. They originally wanted to call this new psychology "transhumanistic"—going beyond humanistic psychology. So this was obviously an important interaction, particularly with Tony and Abe, that got me involved in transpersonal psychology.

We finally ended up with a psychology that we were very pleased with. We felt it was culturally sensitive, and didn't pathologize shamans the great religious founders, or the mystics. It also incorporated the challenging observations from consciousness research, psychedelic research, meditation, and other areas.

However, we faced a major problem. This new psychology was incompatible with accepted hard science. It was quite vulnerable to accusations of being unscientific, flaky, irrational, unprofessional. For a while, we didn't know how to address this challenge. But then another major influence entered my life. I was invited to a party at Frances Vaughan's house in Tiburon about *The Tao of Physics*. It was a party for the author, Fritjof Capra, and we made an instant connection. I realized the problem was that we were trying to reconcile transpersonal psychology with seventeenth-century thinking.

Physicists themselves, as Fritjof exemplified, had already transcended the Newtonian/ Cartesian paradigm. But other disciplines—biology, medicine, psychiatry, and psychology—were still stuck in seventeenth century thinking. So we realized we had to try to connect transpersonal psychology with the new paradigm in physics that was emerging. Fritjof and I started doing joint seminars called "Journeys Beyond Space and Time." Fritjof would take the morning, and tell people what modern physics had discovered about the universe. By lunchtime, people's minds were completely blown.

At that point, matter didn't really exist, if you go to the subatomic level. The subatomic particles only have certain probabilities to exist and ultimately disappear into the dynamic vacuum. On the subatomic level, it all started looking more like consciousness than matter. So after lunch, what I was talking about seemed pretty sober compared to white holes, black holes, and worm holes. People were getting Nobel Prizes for discovering that a particle moving forward in time is actually an antiparticle moving backward in time. In addition, what I was talking about was coming from the study of non-ordinary states of consciousness, while Fritjof was radically redefining matter, the basis of the world of our everyday reality. So Fritjof was another major influence in my life.

I also had the good fortune to spend two-and-a-half years with Gregory Bateson. Gregory had been diagnosed with a large inoperable tumor on his left lung, and was given four weeks to live. Michael Murphy offered to Gregory that he could come to Esalen to die. Then everybody who had any healing ambition descended on him, and he lived for two-and-a-half years longer. We were both Scholars-in-Residence at Esalen, so we had hundreds of discussions.

A more recent influence on my work has been Ervin Laszlo. His work presents a most interesting model for transpersonal psychology. Karl Pribram and David Bohm, who introduced into science holographic thinking, represented another major influence. And of course the writings of people from history, like those of Freud and Jung, have been very influential for me.

*Earlier you also Mentioned Rick Tarnas' Influence on Your Work. Can you Share a bit More About Him?*

Rick has had a strong impact on my thinking. We've had an ongoing relationship for the last thirty-five years. Rick originally came to Esalen as a student writing a dissertation on LSD psychotherapy, and I was on his committee. At some point, Arne Trettevik introduced us both to astrology. Arne carried *The American Ephemeris* around with him everywhere he went, looking at his life and others' lives through the astrological prism. He taught us how to calculate a horoscope and we became increasingly interested in astrology. For Rick, it became a lifetime passion, and I was mostly supplying the material—descriptions of the powerful experiences that people had in the breathwork and psychedelic sessions, spiritual emergencies, mystical experiences, or psychotic breaks. I ended up learning a lot about astrology. It rubbed off on me. So we became this kind of team, and my interest during the last ten years has shifted to the importance of astrology, when it's properly understood. Rick's influence on me has been increasing over the years. I've certainly learned a lot from him. We've been teaching a course together called "Psyche and Cosmos," which focuses on holotropic states, archetypal psychology, and astrology. I almost hesitate to say it, because I'm aware of the reaction that some of my colleagues will have, but I see the future of psychology being in responsible work with holotropic states, using astrology, particularly transit astrology, as a sort of road map or tool.

We were very interested from the very beginning in discovering or developing instruments that could predict what kind of experiences people would have in psychedelic sessions. We employed a whole battery of psychological tests: Rorschach, MMPI, TAT, and so on. We continued with such efforts at the Maryland Research Center, where we found out that those tests are basically useless. They cannot capture the versatility and richness that psychedelic states have.

If you retest using the psychological tests, the results remain pretty much the same. Whereas if you have a psychedelic session today and another one a month from now, the sessions could be completely different. The tests were not

able to capture that. To my great surprise, when I found a tool that *could* do that—a tool that could predict archetypally what sort of experience people would have—it was a tool that was more controversial than psychedelics themselves! So it's academically quite a challenging package to combine astrology and psychedelics. But I really believe that if psychology and psychiatry could embrace this direction, these disciplines would greatly benefit from it.

*What do you See as Your Legacy for Future Generations?*

Probably the most interesting, and I hope most lasting, is the extended cartography of the psyche I've outlined. In its totality, it is radically new although many of its elements can be found in Eastern spiritual philosophy, various mystical traditions, shamanism, and in the history of psychoanalysis. For example, Otto Rank emphasized the importance of the birth trauma. There was Wilhelm Reich, who came up with the idea that we carry pent-up energy in our bodies ("character armor"), although he saw it as repressed libido, whereas in my model most of that energy is generated in birth. There was Sandor Ferenczi who was one of the few people who accepted Freud's idea of Thanatos, the death drive and Rank's concept of the birth trauma. But then he went all the way to phylogenetic experience, believing that we want to return not only to the womb, but beyond it, to the primeval ocean that life came from. And beyond *that*, one almost senses the Neptunian world of the mystical experience discovered and emphasized by C.G.Jung. So there were these various elements scattered in the history of psychoanalysis, but the cartography that I designed brings them together.

When we started using holotropic breathwork and also investigating spiritual emergencies, we found out that the new cartography was also applicable to these experiences. It was a very general map of the psyche.

I believe that the holotropic breathwork that Christina and I developed is, in itself, a significant contribution. It allows us to move away from using psychedelics. You can see it as a substitute for them, or you can see it as an early step for people who want to learn how to work with nonordinary states. Then later they can use something that takes them in deeper. So the breathwork is another contribution that deserves attention. I also think that the efforts I have made over the years to bring transpersonal psychology together with new paradigm thinking will someday help transpersonal psychology play a strong part in a new worldview.

*Why has Mainstream Society had Such a Hard Time Understanding Psychedelics? Today in Early 2009, are we in More-or-less the Same Place We were in the Late 1960s? Or Have we Evolved over the Past Forty Years to be able to Better Integrate Psychedelics Into Society?*

There are both professional reasons and cultural reasons why psychedelics have been so hard to integrate into society. It has been hard for mental health

professionals to accept the healing and transformative potential of certain mind states similar to those that are traditionally treated as pathology. Nevertheless, there weren't many major problems in the early years of psychedelic research. Sidney Cohen sent questionnaires to a number of people who were doing the early psychedelic research and published an article based on about 25,000 sessions with LSD or mescaline. The complications, such as psychotic breaks, prolonged reactions, or flashbacks were minimal. And this was back in the years when we didn't know very much about psychedelics. We knew that there should be a sitter present and the experience should happen in a contained environment. We kept people over night, and talked with them in the morning before they went home. These were pretty unsophisticated circumstances. Yet if it was responsibly done, with decent supervision, the complications were minimal.

This situation later changed, particularly when Timothy Leary became an LSD proselytizer, emphasizing all the positive things that can happen, and encouraging the youth to take psychedelics indiscriminately. "Trillions of cells in your body will sing the song of ecstasy," and that sort of thing; talking about celestial experiences, without warning people that they could also experience hell and without explaining all the precautions they should take.

I had a discussion with Tim, and he clearly felt that anybody could take psychedelics under any circumstances—that psychedelics were an accelerator of karma. "If you have good karma, you will have a good experience. If you have bad karma, tough luck!" Once that approach was introduced into the mainstream, then it became a completely different situation.

In addition, the people who started taking psychedelics developed a different system of values and attitudes that were hard for the repressed culture at large to swallow. Psychedelic users started dressing differently and growing out their hair. They became easily identifiable, painting their cars with psychedelic colors. This made it simple for the police to target them for drug violations, which caused more social tension. They also became the main force in the anti-war movement, so they became identified as troublemakers. Those things significantly contributed to the legal repression that came into place.

Now you ask, "Is the situation today different?" I think it's very different. Because what has happened in the meantime is that powerful non-drug techniques were developed, techniques such as primal therapy, neo-Reichian approaches, rebirthing, holotropic breathwork, and other methods, where drugs are not used and working with powerful emotions and with intense physical manifestations became more commonplace.

In the early years, people were having experiences that could not be accounted for by the prevailing paradigm. So mainstream thinkers were either incredulous, or relegated these experiences to a realm of craziness or psychosis. However, these days there are increasing numbers of people who do experiential work, where the same phenomena happen: powerful emotions, past-life experiences, birth experiences, and synchronicities. So people who do

that kind of work themselves, or with others, many times reach a point where psychedelics seem like the next logical step, rather than being something that is in fundamental conflict with what they are doing already.

Moreover, the Newtonian-Cartesian thinking in science was a primary conceptual obstacle for the acceptance of psychedelics. While this sort of thinking enjoyed great authority and popularity in the 1960s, it has been progressively undermined since then by astonishing developments in a variety of disciplines. This has happened to such an extent that an increasing number of scientists feel an urgent need for an entirely different worldview, a new scientific paradigm. It is very encouraging to see that all these new developments that are in irreconcilable conflict with traditional science seem to be compatible with the findings of psychedelic research and with transpersonal psychology. In the emerging paradigm, the “anomalous phenomena” observed in holotropic states will become integral part of a new comprehensive worldview integrating science and spirituality.

The other thing that might play some role in the future is that the old philosophy and value system of industrial civilization is becoming discredited. We are increasingly aware that tripling our gross national product is not going to triple our wellbeing if in the process we trash the environment. We are reaching a point where there is going to be general fear and concern for survival. As this crisis intensifies, it will become more and more apparent that the strategies that got us into this trouble in the first place are not going to work. We'll have to do something radically different.

#### *Do you have An Optimistic Vision for the Future?*

I see it much the same way as Ram Dass described at the ITA conference in Prague. He was open to the possibility that we will not make it. There were other civilizations that were great, which didn't do the crazy things we do, and didn't have the powerful means to self-destruct, and they didn't survive. But no matter which direction it goes, I would keep doing what I am doing. I would be involved in some serious self-exploration and self-transformation of myself and of others, because I believe that's the best contribution I can make toward improving civilization. And if destruction wins out, my work puts me in a place where I can deal with it a little better. I'm moderately optimistic; but again, regardless of the direction it goes, I think some seriously responsible self-exploration is the preferred road.

#### *What would you Tell Younger Researchers?*

First of all, I have tremendous appreciation for the perseverance and tenacity that younger researchers today have shown in order to get government permissions to do this important work. You're dealing with enormous ignorance concerning psychedelics in professional circles and in the general public. So I feel great gratitude for the fact that you've hung in there and

obtained the necessary permissions. I really believe it's very important to continue psychedelic research, not only for psychiatry but also for human society at large, for the reasons I've mentioned in relation to the global crisis. My wish is that you continue working in a responsible and professional way and take this research to new exciting avenues of research.

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