

# Prenatal Environment and Postnatal Life in S. Grof's, F. Lake's and A. Kafkalides' Work

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**Abstract:** To what extent does the quality of the intra-uterine period of a man's life affect his mental health, shape up his consciousness and form his personality? The present study, refers to the clinical research and theoretical interpretations in the field of prenatal and perinatal life by the psychiatrists Stanislav Grof, Frank Lake (1914–1982) and Athanassios Kafkalides (1919–1987). The above researchers in almost the same period of time (second half of the 20<sup>th</sup> century) though in different countries, using psychedelic drugs as an adjunct psychotherapeutic means, arrived at approximately the same theoretical conclusions based on the experiences and realizations of a great number of cases who relived their intrauterine life and expulsion/birth.

**Zusammenfassung:** *Pränatale Bedingungen und postnatales Leben im wissenschaftlichen Werk von Grof, Lake und Kafkalides.* In welchem Ausmaß beeinflusst die Qualität der intrauterinen Lebensphase die seelische Gesundheit eines Menschen, in welchem Ausmaß prägt sie sein Erleben und seinen Persönlichkeitsstil? Diese Untersuchung beschäftigt sich mit der klinischen Forschung und der theoretischen Interpretation im Bereich der pränatalen und perinatalen Lebensphase durch die Psychiater Stanislav Grof, Frank Lake (1914–1982) und Athanassios Kafkalides (1919–1987). Diese Forscher, die im gleichen Zeitraum (der 2. Hälfte des 20. Jahrhunderts) in verschiedenen Ländern psychedelische Drogen als therapeutisches Hilfsmittel verwandten, kamen zu fast den gleichen theoretischen Schlüssen. Sie gingen dabei von den Erfahrungen und dem inneren Erleben einer großen Zahl von Klienten aus, die ihr intrauterines Leben und die Austreibung vor der Geburt wieder erlebten.

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For those who diligently studied the historical course of prenatal literature of the last 50 years it becomes obvious that the most important findings in this area have emerged during deep psychotherapeutic sessions with psychedelic drugs. Until that time, as Grof, Lake and Kafkalides underline respectively in their books, hints about prenatal states, intrauterine existence, and expulsion/birth, have been common enough but they have been based on snatches in dreams or fragments in free association and were considered fantasies rather than real recollections (Lake 1998; Grof, Kafkalides 1987/1998). Freud himself seems to have been very deeply imbued with the views prevailing at the time (and which are acceptable to many even today) that man is born as a *tabula rasa*. Holding such convictions, it was natural for Freud to say that the regressive memory of intrauterine life constitutes “the most delicate question in the whole domain of psychoanalysis” (Freud in Kafkalides 1987/1998). However, the properties of the psychedelic substances to reactivate the memory traces of past experiences, lower the defences of the individual and achieving the Freudian abreaction, opened the gates to a complete new horizon of psychological, gnosiological and psychotherapeutic importance.

Grof, Lake and Kafkalides represent a whole generation of psychiatrists and psychologists that have used psychedelic drugs in psychotherapy. Their work intergrate *psychedelic research* and *prenatal psychology*. In different longitude and latitude of the globe (USA, UK and Greece respectively), they completed their main and basic theoretical assumptions between 1975 and 1982.

Stanislav Grof started his research with psychedelic drugs in the late 1950's in the Psychiatric Research Institute in Prague, Czechoslovakia. In 1967 he was invited to work in the USA as a clinical and research fellow at the Henry Phipps Clinic and in the Research Unit of Spring Grove State Hospital. He remained there until 1973, “heading”, as he writes, “the last surviving government-sponsored psychedelic research project in the United States”. Since then, he continued his research as Scholar-in-Residence at the Esalen Institute in Big Sur, California. In 1976, Grof and his wife Christina jointly created the practice of Holotropic Breathwork. His main theoretical assumptions, which remained almost unchanged until recently are to be found in his first book *Realms of the Human Unconscious*. He has published over 100 articles in professional journals and wrote more than a dozen of books on prenatal and transpersonal psychology.

Frank Lake served as a missionary doctor in Bengale and later as Superintendent of the Christian Medical College in Madras, India, where he specialized in parasitology (1950). Later he returned to England and retrained to become a Psychiatrist (1958). Frank Lake used LSD between 1954 and 1970. His introduction to LSD therapy was with Dr Ronald Sandison, a pioneer in using Lysergic acid as an adjunct to psychotherapy. Sandison was the director of Powick Mental Hospital, one of the oldest and most respected LSD clinic in the world. At the end of the 1960's Lake stopped using the drug which was banned and started using Reichian and Bioenergetic techniques. His findings of the LSD era are described in his *Clinical Theology* and summarized in an article in the Journal of Psychosomatic Research, entitled: *Treating Psychosomatic Disorders Relating to Birth Trauma* (Peters 1989). The latest developments of his thoughts concerning prenatal environment and postnatal life are to be found in his book *Tight Corners in Pastoral Counseling*.

Kafkalides's original training as a psychiatrist was in Freudian psychoanalysis. Nonetheless from 1947–1954 he worked in the fields of neurology, neurophysiology and neurosurgery. Between 1952 and 1954 he worked with Professor Bernhard in the Karolinska Institute in Stockholm. Later he worked as a clinical Psychiatrist directing the Greek Hospital in Cairo, Egypt, where he started his research in the field of psychedelic drugs in 1960. When the drug was banned, he left for Nicosia, Cyprus where with special permission from the Ministry of Health of this country he used Psilocybine Sandoz until 1972. Finally he returned to Athens, Greece, where he continued his research with Ketamine Hydrochloride (Ketalar Park Davis) as a facilitating agent in psychotherapy. The only book published during his lifetime containing his findings in psychedelic research and prenatal psychiatry is his treatise *The Knowledge of the Womb. Autopsychognosia with Psychedelic Drugs*.

### **Stanislav Grof**

Grof's material is drawn from over 4000 psychedelic sessions and 20 000 holotropic Breathwork sessions with people from different countries and cultures (Grof 1990). He writes that "To account for all the extraordinary new observations (from LSD sessions), it became necessary to create a radically expanded model of the human psyche and a new way of thinking about mental health and disease".

After studying these altered or non-ordinary state of consciousness produced under Psychedelic, Grof suggested a cartography or model of the psyche that contains in addition to the usual postnatal biographical level (accepted by the traditional academic psychiatry and psychology), two other realms: the *perinatal realm*, related to the trauma of biological birth and the *transpersonal domain* which accounts for transcendental phenomena such as identification with other people, animals, plants as well as visions of archetypal beings, ancestral and karmic experiences.

Through his psychedelic and holotropic research Grof discovered that emotionally relevant memories are not stored in the human unconscious as a mosaic of isolated imprints, but in the form of complex dynamic constellations and coined for them the name COEX systems (systems of condensed experience). A COEX system "consists of emotionally charged memories from different periods of our life that resemble each other in the quality of emotion or physical sensation that they share ... Each COEX has a basic theme that permeates all its layers and represents their common denominator". Finally Grof realized that the roots of those mnemonic constellations go much deeper and beyond the biographical level and that the unconscious of an individual can contain several COEX systems. He writes: "Each of the COEX constellations seems to be superimposed over and anchored in a particular aspect of the trauma of birth. In addition a typical COEX system reaches even further and has its deepest roots in various forms of transpersonal phenomena". COEXs contains not only painful and traumatic memories but also memories of positive and pleasant situations (Grof 2000).

For Grof the main physical and emotional traumatic human experience is the trauma of biological birth which is a potentially life-threatening event. He believes that each stage of delivery is associated with a distinct experiential pattern

which is characterized by a specific combination of emotions, physical feelings and symbolic images. He refers to these patterns of experience as “basic perinatal matrices” – BPMs (Grof 1975). He describes four perinatal matrices. The first (BPM I) is related to the intrauterine experience preceding birth and the remaining three matrices BPM II–IV to the three clinical stages of delivery. In BPM II–IV the baby experiences a specific and typical set of intense emotions and physical sensations. These experiences leave deep and unconscious imprints in the psyche of the fetus. Those birth memories, reinforced by important facts from infancy and childhood, can shape the perception of the world, profoundly influence everyday behavior and contribute to the development of various emotional, sexual and psychosomatic disorders. Grof writes that “in a sense, we were born anatomically but have not really caught up emotionally with the fact that the emergency and danger (of the birth experience) are over.” (Grof 2000).

But what about intrauterine life? In Grof’s work, the long months of intrauterine life (BPM I) represent basically a state of “undisturbed and blissful situation” for the fetus. In some cases though his patients relived and described episodes of intrauterine disturbances, or “bad womb”. However in his “grand plan” of the human psyche, intrauterine life is not as important for later emotional life of the individual as biological birth itself, which constitutes the main physical and emotional trauma. Grof saw the following pattern: *Undisturbed intrauterine life (unless some noxious stimuli interfere) – trauma of biological birth.*

It is quite clear that in Grof’s work there is a split between a good, primal experience in the womb and a bad experience of death during expulsion-birth (Janus 1997).

### **Frank Lake (1914–1982)**

The experiences and descriptions of his patients under LSD psychotherapy convinced him about the great importance of the trauma of birth as being the first experienced anxiety and the source of later mental disorders. Thus, what he saw in the first 10 years of his research was the pattern: *undisturbed and blissful embryonal life – trauma of birth.*

By observing some of his patients during LSD sessions and listening to their descriptions he realized that the struggle of some amongst them to live during the process of expulsion-birth changes into an equivalent struggle to die. Birth was an incredibly painful physical and emotional experience to them. Lake described this emotional state of things as a Pavlovian *transmarginal stress* (Lake 1969).

However in the late 1970’s his approach has changed. He admits that the assumption that the nine months of fetal development in the womb were free of significant incident was a serious mistake. This assumption of prenatal bliss collapsed after 4 years of research (1978–1982) and the records of 1200 cases. He writes: “Increasingly over recent years we have been invaded by evidence that the foetus in the mother’s womb is picking up all sorts of messages about itself . . . In the nine months growing in the womb there may be unimaginable sufferings and catastrophes . . .” (Lake in Maret 1997). The *transmarginal stress* which was felt, expressed and described by many of his patients, was nearer in time to conception than to birth. Lake asserts that “. . . It is here, in the first three months or so in

the womb, that we have encountered the origins of the main personality disorders and the psychosomatic stress conditions". The intra-uterine life of the fetus now becomes for him of a vital importance. Intra-uterine rejection could provoke such pain that "the fetus longs, not for life, but for death . . . the rejected fetus turns against itself, willing its own destruction and death" (Lake in Maret 1997).

Lake is persuaded that the relation between the pregnant mother and the fetus within her could range from absolute acceptance to horrendous and cataclysmic rejection. He never denied the importance of the trauma of birth as such but he believed that the problem which affects man in his/her later life resides more in the prenatal than in the perinatal level. Powerfully impressive experiences from the mother and her inner and outer world . . . reach the fetus, defining its relation to the intrauterine reality in ways that persist into adult life. He asserts that all the common entities of psychiatric practice, hysterical, depressive, phobic, obsessional, schizoid, paranoid, have their clearly discernible roots in the first trimester of intra-uterine life.

The "womb distressed" person, Lake writes, "complains *as if* it remembered the bad time it had been through. It reacts to the world around it *as if* it were still in the bad place, still having to feel its keenest woe. It reacts defensively *as if* the attack were still going on." (Lake in Maret 1997).

### **Athanassios Kafkalides (1919–1987)**

By the time he presented his first communiqué at the IV World Congress of Psychiatry in Madrid in 1966 he was persuaded that the intrauterine environment was absolutely safe for the fetus. The womb was absolutely "protective". This attitude remained for some time parallel to the terrifying experience of expulsion-birth felt under LSD and Psilocybine sessions by many of his patients. Until the year 1972 Kafkalides saw only the pattern: *intrauterine safety – the trauma of expulsion birth – desire to return to the safe womb either through sexual activity or any substitute for sexual activity.*

Unconsciously, as he admits, he imposed this new pattern on each new case. But one fine morning, during a session, a twenty year old girl told him in a voice filled with anxiety "I feel I am in the womb . . . I am terribly afraid . . ." Kafkalides in a most unprofessional way replied: "But how can you be in the safe womb and be afraid?". Her answer was extremely angry "And how can you know that I was safe in the womb". This was a shock to him, a turning point in his research, the "most beneficial lesson", as he underlines, "which taught him how easily he had been reaching absolute conclusions, although he knew that the concept of the absolute does not hold in medicine". Along with this came new and significant knowledge: that of the terrible experience of the unwanted in the womb. Thus the pattern based on the safe and tranquil womb was supplemented: *the womb may be welcoming or rejecting* (the meaning of the term "rejecting womb" includes the intra-uterine rejection and the rejection of expulsion birth). Later a new momentous element was the discovery that the womb can be *alternately accepting and rejecting*. However the "imperative need" to return to the womb remains even if the womb is rejecting. (Kafkalides 1975, 1980/1995, 1998).

Kafkalides' major work, *The Knowledge of the Womb*, is based on the subjective experiences, realizations and conclusions of 17 individuals suffering from neurotic and/or psychoticlike symptoms and phenomena who underwent Autopsychognosia sessions i.e. psychotherapeutic sessions with minute doses of chemically pure psychedelic drugs (A. Kafkalides 1980; Z. Kafkalides 1998). It is worth noting that the experiences and conclusions of the 17 cases had certain common elements, no matter what psychedelic they had taken. All of them claimed that during their fetal life they were conscious of their existence, in the following sense: Every fetus felt himself to be surrounded by something colossal which aroused in him either *chaotic terror* or *blissful serenity*. According to the quality of their intra-uterine experience (rejection or acceptance) the fetuses were classified in two categories: "Unwanted" and "Welcome". However both categories were subjected to womb rejection and thus all cases have been classified as "Rejected".

One may ask: How is it that, during sessions, one can describe the experiences of a period (intra-uterine) during which one did not have the ability of language? The 17 cases answered in the following way: Their intra-uterine experiences left "memory traces" within body and nervous system. The reactivation of their memory traces by the psychedelic resulted in the revival of these intra-uterine experiences, experiences which they expressed with various phrases and gestures which they learned after expulsion-birth and which they felt were applicable to the revived experiences. Thus, they identified the colossal thing surrounding them as the womb. The womb, then, was their first external environment and their first acquaintance with life. The womb became for them a permanent base of reference. Sexual orgasm with a "womb substitute" symbolized a return to the womb. The need to return to the original uterus was felt by all of them as an imperative need. If the womb substitute in sex reactivates the accepting womb, then the result is serenity. If, however, the womb substitute reactivates the rejecting womb, then sexual problems arise and affect his mental health: highly unpleasant and painful emotional-sensorial experiences during coitus which intensify as orgasm approaches and result in the inhibition of orgasm and severe anxiety; orgasm without pleasure; depression following orgasm; premature ejaculation; homosexuality; masturbation; sadomasochistic activities; activities involving fetishes; obsessional acts, and so on. For Kafkalides the emotional symbolism of sex constitutes unconscious knowledge and activates the individual in his everyday life since emotionally, though unconsciously, he/she remains the fetus who needs the womb. (Kafkalides 1980/1995)

To the question: Why the return to the womb is an imperative need for both sexes, Kafkalides in his last lecture in 1984 given at the University of New South Wales, Sydney, summarized his answer as following: "1. The womb is the first external environment. 2. The womb is the first acquaintance with life. 3. The womb provides immortality through the offspring. 4. The womb provides safety for the accepted. 5. The womb is the safest refuge for the rejected; the womb is relatively safe because it is the only thing he/she knows and in reviving it – in sex or in any other rejecting situation – he feels he exists. Also, the rejected always hopes deep in his heart that the rejecting uterus will somehow miraculously become accepting".

The chaotic intra-uterine terror felt by some of the 17 cases during autopsy-chognosis sessions was caused by the emotional disturbances of the woman in whose womb they were developing. What were these emotional disturbances? First, the pregnant woman's emotional rejection of the sex of the foetus. Second, the pregnant woman's emotional rejection of the fetal presence. Third, the fear, anxiety or terror of the pregnant woman caused by factors unrelated to the fetus within her. Chaotic terror was also felt by some of the 17 individuals during the revival of their expulsion-birth and their first contact with the deadly dangerous chaos of the universe. After expulsion-birth, any stimulus, which contained even the slightest element of rejection, could reactivate the "memory traces" of the rejecting womb and chaotic terror. The mechanism of the development of mental disturbance is based on this process (Kafkalides 1975, 1980/1995, 1983).

## Discussion

Grof, Lake and Kafkalides although they assert the crucial importance of the rejective quality of prenatal and perinatal experiences as the main cause of mental disorders, differ significantly from each other in terms of methodology.

According to Grof the emotional and psychosomatic disorders have a multi-leveled, multidimensional structure with important additional roots on the vital *threat and agony* of the **birth trauma** and the transpersonal domain.

Lake stresses the importance on the **first trimester following conception** and the unbearable *transmarginal pain* experienced by the rejected fetus. He is persuaded that his clinical findings, based on the subjective experiences of his patients, constitutes the etiology of mental illness. Although with a kind of despair, he accepts that none of these data are offered in evidence at the bar of pure science for "proof". He believed that this was impossible and should not be attempted. He concludes that "If we wish to prevent this extensive pathology, we must provide a fetal existence bathed in maternal peacefulness and even delight, where now the pathology is a by-product of the mother's severe distress" (Lake 1998).

Kafkalides asserts that the **rejective quality of the womb/super-power in toto** and the intrauterine (or expulsion/birth) *primitive terror* felt by his patients constitute the main cause of mental disorder. According to Kafkalides, a neuronal process which plays a most important role in the way the nervous system is activated by stimuli is this: Every rejecting stimulus tends to make unconscious primitive terror conscious. But because conscious primitive terror proved to be an unbearable symptom, man's existential identity tries to hinder or equilibrate the process mentioned with all the means at its disposal. Among these means are the various clinical pictures of mental disturbance: nervous tension<sup>1</sup> or neurotic symptoms and phenomena or psychoticlike/psychotic symptoms and phenomena (Kafkalides 1980/1995).

What became clear to us during our comparative study is that when the researcher/psychotherapist accepts and respects above all the "subjective reality" of his patients i.e. the individual nature of their psychic world (trying to intervene as

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<sup>1</sup> A specific clinical picture of mental disturbance which is not mentioned in traditional psychiatric texts.

less as possible with his own interpretations or imposing explanatory models whatsoever) then he gets closer to the “being” of things and becomes more “objective” in his scientific judgment.

As far as this fundamental change in methodology is not embraced by the mainstream scientific community, the prenatal findings will continue to be considered as “unscientific” and the work of the above psychiatrists as an investigation from a pure hypothesis, a method which practices systematically what the elenchus forbids on principle: argument from an unasserted premise.

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