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Editorial

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Expanding the Realms of Consciousness

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One of the more satisfying aspects of the transpersonal approach to understanding human behavior is its emphasis on the experiential nature of investigation. This implies that we can best understand the nature of human consciousness through our direct experience of the various states of consciousness available to us. Transpersonal psychology[1] is directed towards expanding traditional approaches to understand the psyche through research that takes us into understanding how consciousness itself can be the means, or vehicle, to effect healing at a profoundly deep level. I have written in a previous editorial[2] that evolving beyond the medical model is taking psychology into research that examines "the contemplative practices (e.g., how meditation affects brain structure, physiology, and well-being), energy medicine, and alternative holistic therapies as well as renewed interest in research" into psychedelics. These means are providing relief when traditional methods of psychiatric or psychological intervention fail. If we are to tap into the fullness of the human psyche to effect healing, our current models of the psyche need expansion. In this editorial, we will examine an oft-neglected realm of experience from which our psyche is shaped. This realm was described and advanced by Stanislav Grof,[3] wherein he argues that without consideration of the basic pre-natal matrices (BPM), psychology is missing an important area of the unconscious that gives rise to our psychic processes. We need to expand the realms of consciousness which most psychologists explore to gain greater insight into mental problems that may arise spontaneously from the psyche, such as during psychotic episodes in spiritual emergencies,[4] or imagery that can accompany psychedelic therapies.

Traditional psychology acknowledges and applies the theories that explore the unconscious as described by Sigmund Freud.[5] Jungian analysts add an additional realm to their explorations, namely the collective unconscious. Few psychological theories have posited the intrauterine experience and birth process as significant factors that shape our psyche, but Grof argues that unless we consider three realms of consciousness, therapeutic interventions may not effectively address a person's psyche. These three realms would include the unconscious as described by Freud, the personal and collective unconscious as proposed by Carl Jung,[6] but would expand the territory of the unconscious to include the peri-natal realm, or Grof's BPM. The theories of Freud and Jung have been promulgated for decades and are beyond the scope of this editorial. The reader is referred to the original writings of these theorists to better understand their explanations for the realms of the unconscious,[5] and the personal and collective unconscious.[6] This editorial will focus on the four matrices of the BPM and the typical unconscious material that arises from these matrices, relating them to the characteristics inherent in each stage of the birth process.

The Realms of Consciousness

One characteristic of most psychodynamic theories is the belief that our psychological makeup is the result of our personal experiences and the perceptions we have formed from the time of our birth to the present. It is referred to as our biographical history. From this premise, psychodynamic and cognitive interventions are aimed at uncovering, discovering, and resolving conflicts that arise from those sources. The theory of Carl Jung[7] is an exception to this limitation because he proposed that archetypes in the collective unconscious exert their influence on human behavior at the level of genetic psychoid inheritance. These archetypes are evolutionary mechanisms that influence human apprehension, perception, and behavior.

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It is significant to note that none of the earlier psychodynamic theories addressed the significance of our experiences in utero. Otto Rank[8] was one exception in that he believed that it was birth itself that traumatizes us and how this experience forever marks our need for symbiosis and the desire for the symbolic "return to the womb," a time when all our needs were met perfectly and effortlessly. Grof proposed that we could not fully understand the human psyche unless we also examined psychic material that was imprinted during our intrauterine time and through the stages of birth.

Each of us experience different factors in the uterine experience that range from the health of our mothers to emerging from the womb in different positions or through caesarian birth. As Grof pointed out, traditional psychology acknowledges the importance of our experiences of nursing at our mother's breast, yet neglects to include the impact of earlier experiences in the womb and the process of birth. Most therapies only consider post-natal personal experiences as the source of mental disturbance (or biological explanations), but without considering the impact of our peri-natal experience, is our understanding of the psyche complete? This is especially important to consider if a person's problems cannot be attributed to personal experience or archetypal influences. If the uterine experience was toxic and the birth process problematic and prolonged, the result could be psychiatric symptoms that mimic the experience of what was encountered in the womb or the birth process.[3]

Basic Peri-Natal Matrices (BPM)

Grof divided the peri-natal matrices into four stages and proposed that the characteristics and unique experience within those matrices could give rise to psychiatric symptoms that may not be easily explained by relating them to one's personal unconscious. The time in the womb is referred to as the BPM-I, followed by BPM-II, BPM-III and BPM-IV, the three stages of birth respectively.

There is some argument that the trauma of birth is not "remembered" by the infant because there is insufficient hyalinization of the cortex at that stage of development. However, Lipton[9] describes the epigenetic process that unfolds while we are in the womb and demonstrates that the fetus has awareness and responds to the external environment. The mother's emotional state, hormonal environment, and intake of exogenous sources, such as drugs, all register in the experience of the neonate and fetus. Usually, our time in the womb is seen as a time when the physical unfolding of the human form occurs in preparation for birth, but Lipton's work clearly demonstrates that we are learning about the environment and are being conditioned even while in the womb.

The importance of early bonding and the nursing experience are acknowledged as foundational to forming our basic sense of safety, security and love. Grof reasoned that if these early experiences of being nursed and the nuances of the early nursing experience convey a sense of being loved and nurtured, then it is reasonable to assume that psychological imprinting also occurs during our experience in the womb and through the three stages of the birth process that may impact our well-being. If there is a memory of the nursing experience, there must be a memory of the birth process. Traditional psychological approaches do not seek to access or explore this realm, generally focusing only upon the post-natal experiences when searching for a causative experience for mental disturbance in later life. Although, we may not have conscious memories of the birth process, the dilemmas that can result from the birth process characterize many feelings that we have: Being stuck with no way out, feeling choked off or squeezed to death, and seeing the light at the end of a tunnel as we emerge from a situation or event.

The first peri-natal matrix, or the BPM-I, includes the usual 40 weeks in the womb. The health and mental status of the mother is vital to the health of the developing fetus, both physically and psychologically. The experience in the womb of a healthy mother can give rise to feelings of having been nurtured in the womb, or "good womb." The "good womb" experience can give rise to feelings later in life of having important needs satisfied, remembering happy moments from infancy and childhood (good mothering, play with peers, harmonious periods in the family, etc.), feeling fulfilling love, romance; trips or vacations in beautiful natural settings; exposure to artistic creations of high aesthetic value, swimming in the ocean and clear lakes.[3,10] Conversely, if the mother is a drug addict or suffering from physical or mental problems, the experience could be characterized as the "bad womb."

As we consider the first stage of birth, or BPM-II, the blood supply, nourishment, oxygen and the removal of waste products are cut off as contractions of the uterus begin. This is an uncomfortable time when the cervix is not yet opened; therefore, the fetus must endure the contractions until dilation of the cervix proceeds to allow the passage of the fetus. Psychological distress later in life is analogous to this stage when we may feel constricted in our lives, being stuck with no way out, or claustrophobic. The BPM-II also gives rise to memories of "situations endangering survival and body integrity (war experiences, accidents, injuries, operations, painful diseases, near drowning, episodes of suffocation, imprisonment, brainwashing, and illegal interrogations, physical abuse, etc.); severe psychological trauma (emotional deprivation, rejection, threatening situations, oppressive family atmosphere, ridicule and humiliation, etc.)."[3,10]

In the second stage, BPM-III, when the cervix opens, we struggle through the birth canal. Now we are able to begin the

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journey through the birth canal, with the inherent pressure from contractions but this time having some movement towards our emergence. This matrix gives rise to our feelings of having had enough of oppression or abuse and we make efforts to free ourselves. It is similar to when we have "had enough" of a situation and are determined to find a solution and act accordingly. Other emotions that may arise are memories of struggles, fights, and adventurous activities (experiences in military service, rough airplane flights, cruises on stormy ocean, hazardous car driving, boxing); highly sensual memories (carnivals; amusement parks and nightclubs, wild parties, sexual orgies, etc.); childhood observations of adult sexual activities; experiences of seduction and rape; in females, delivering their own children.[3,10]

Reports from case studies conducted by Grof and others recount experiences that range from identification with what humans face when they are imprisoned, locked in wards, living in totalitarian countries or experiences in torture chambers. This is likened to the first stage of birth, or BPM-II. Transpersonal experiences of the BPM-III realm reflect the struggle in the birth canal. Here, participants have experienced scenes from wars and revolutions; or, a feeling of having had enough of oppression and one rises up to free oneself. Being stuck in the birth canal could give rise to experiences of being in hell and surrounded by infernal landscapes.

Lastly, we emerge from the birth canal (BPM-IV) and "see the light at the end of the tunnel." Memories of "fortuitous escape from dangerous situations, such as the end of war or revolution, survival of an accident or operation; overcoming severe obstacles by active effort; episodes of strain and hard struggle resulting in a marked success. This emergence from the birth canal is represented by immersion in natural scenes, such as the beginning of spring, the end of an ocean storm, (or) witnessing a sunrise.[3,10]

SUMMARY

Expanding the realms of consciousness to include the intrauterine experiences and the subsequent birth process as times when the psyche is imprinted, broadens the territory to be explored in therapy. Without considering the peri-natal realm of consciousness as a source of psychological imprinting, we miss entire realms of unresolved traumas "imprinted" on our psyche. Consider how imprinting is affected upon our psyche when labor is prolonged, problematic, or results in a cesarean section birth? Is the psyche of one who is delivered *via* C-section different from one who has traversed the entire length of the birth canal and emerged from that passage? And what of the crowded conditions for those who shared the womb as twins, triplets or multiple births? Further research and inquiry into these differences is recommended to identify and describe any differences that may occur in these other types of birthing situations.

Consideration of the BPM's can help clinicians to delve deeper into the psyche to help others achieve wellness and happiness. Limiting ourselves to traditional layers of the unconscious may impede our understanding of psychological problems and leave our work half done. Without these considerations, we are often left with therapeutic outcomes that are not fully processed emotionally because the material has not yet been brought fully into awareness to be incorporated, integrated, and processed emotionally.

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