LEARNING TO DIE WITH STANISLAV GROF

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> I remember a story told me by a young woman whose mother was close to death. She once asked her: "Mother, are you afraid of dying?" and her mother answered, "I am not afraid, but I don't know how to do it." The daughter, startled by that reply, lay down on the couch and wondered how she herself would do it if she had to; and she came back with the answer: "Mother, I think you have to give yourself to it." Her mother didn't say anything then but later she said. "Fix me a cup of tea and make it just the way I like it, with lots of cream and sugar, because it will be my last cup of tea. I know now how to die." (Steindhle-Rast 2007)

1.0 INTRODUCTION.

Can we can we learn to die? Should we? Why would we want to? What difference would it make? And what has the work of Stanislav Grof (1975, 1985, 1992, 1994, 2001, 2006, Grof & Grof 1980, Grof & Halifax 1977) got to do with it?

These are the questions that I am addressing in this dissertation on behalf of my interpretative community (Miller 1995, Fish 1989). I mention this community at the outset because a challenge on a multi-disciplinary degree is finding a multi-disciplinary language that appears equally authentic to everyone. Interpretative communities may well have conflicts 'but these are negotiated within contexts made up of community members' shared assumptions, concerns, and interpretative practices' (Miller and Dingwall 1997:47). It was suggested to me at the outset of this project that the most natural home for a concept such as 'learning to die' was a religious one and indeed it is true that any pre-1960 literature about such a concept has only been found in works regarded as 'religious' or 'spiritual'. Nevertheless I would not claim common assumptions with religious studies students. On the other hand, I do have a multi-disciplinary peer group at the University studying Death and Society. Among them are nurses, counsellors, academics and members of other professions (but not religious ministers). Within each profession or discipline they will have learned ways of evaluating evidence for the authenticity of research. By going beyond the boundaries of their initial discipline, by attending a multi-disciplinary course, one could assume they have accepted, implicitly, that they in a sense co-creating a new discipline. This has its own emerging boundaries of what is or is not authentic to itself, either by way of curriculum or by way of evaluating the validity of research pertaining to that curriculum. As Death's kingdom is as large as

life's, so is its literature and its source materials. Melia (1997) writes of qualitative research as 'storytelling' and describes how the reader looks out for authenticity while the storyteller plays up to those sensitivities by flagging up points which s/he hopes will be convincing. The role of the researcher is to tell a 'plausible' story. My aim therefore is to provide a plausible story to my peers about learning to die. This will inform both the questions I ask and the way in which I present the answers. Undoubtedly in the story we will necessarily approach the quicksand of religion, and indeed we may end up mired there, but it is not where I want to start.

A second difficulty I had about jumping straight into the religious box, or paradigm, is because ultimately I do want to address the literature, primarily as reflected in the nursing journals, of spirituality and Death and Dying. When I first discovered that health care staff were to 'ensure accurate and timely evaluation of spiritual issues through regular assessment' (NICE guidance 2004, Supportive and Palliative Care for Adults with Cancer) I was amazed that in this secular society the government could be concerned with my spirituality. What those spiritual issues may be has, of course, inspired considerable literature. I have identified the predominant themes as being: the philosophic definitions of spirituality and religion (Speck 2004 et al, Carroll 2001, Byrne 2002, Bash 2000, Henery 2003, Martsolf & Mickley 1998, Tanyi 2002), spiritual pain (Saunders 1973, Hayse-Moore 1996), the spiritual needs of patients (Amenta 1997, Oldnall 1995) and staff (Wasner et al 2004), the methodological issues around spiritual assessment (Highfield & Carson 1983, Ross 1995), the health benefits of spirituality and religious belief or practice (Hungelmann et al 1985, Larson et al 1997, Koenig et al 2000, Holland & Neimeyer 2006), how to train staff to work with the spiritual needs of the dying (Narayanasamy 1998, McSherry 2006, Oldnall 1996), the spiritual role of modern nurses (Persut & Thorne 2007, Piles 1986), on how to find a language to address inter-cultural, intra-cultural and trans-cultural spirituality (Holloway 2006, Lloyd 1997, 1997, Narayanasamy & White 2005) and on the recognition of and introduction of Asian spirituality (Gordon et al 2002).

The stories told in this dissertation, it seems to me, could inform most of the debates had in that literature but only if told in a way authentic to that literature. For me, the language of the religioners is simply not appropriate.

The third problem I had with the religious descriptor is that although this pilot research can not, through time-limits, be the Participative Co-operative Inquiry

(Tarnas 1991, Heron 1996) to which my future research would aspire, it does contain the political motive of participatory action research, i.e. 'it intends to inspire communities to expose and liberate themselves from repressive systems and ideologies' (O'Leary 2004:143). Taking Grof's political theme to the limit we could see ourselves as victims in need of a voice and justice. Montaigne wrote, 'to practice death is to practice freedom and a man who has learned how to die has unlearned how to be a slave.' If there is tyranny afoot, in the form a cultural denial of death (Becker 1973, Harrington 1969, Langs 1997), my peers are among the victims. Again I do not see the language of religion being helpful in a liberatory endeavour.

Having established to whom I am reporting - the 'we' of can we learn to die- I will now adumbrate how I am going to answer the questions I have asked. In Section One, I address the relevance of the study by locating it within one of the major discourses in thanatology. Secondly, I am explicit in exposing my own point of view and expertise or lack of it in approaching it. This is consistent with my belief that in multi-disciplinary endeavours any revealing of root predisposition of thought, or bias, is helpful. Also, it gives the reader some grounds of estimating in which areas I may have particular competence. In Section Two, I look at the literature that that traces the shaping of Grof's thought, the development of Death-Rebirth psychology and the literature of Holotropic Breathing Research. In Section Three, I examine the epistemological contexts of Grof's work and of this study.

In the second half of this work I report on the practical research that I carried out. This focuses on a five-day training held by Grof in California this year, in which I, and others, attempted to learn to die or at least to have a Death-Rebirth experience. Section Four therefore reflects on the research design and questions and the ethical issues that arose. Section Five provides the data. In Section six the data is analysed and the research conclusions are reached.

1.1 RELEVANCE OF THE STUDY.

Few students of a multidisciplinary degree in 'Death and Society' would be unaware of the notion that a culture's ideas about death affect every facet of that society (Bloch & Parry 1982, Berger 1979) and while the most affected are those dying or those close to them, the representations of dying and death in the culture

touch everyone to the point of conditioning the experience of death itself (Hallam & Hockey 2001). The modern western way of death has been much critiqued (Charmaz 1980, Sontag 1977), characterised as being 'shameful' (Kellehear 2007) and accused of being obsessed with mechanical prolongation of life at the expense of quality of life, leaving the dying as marginalised failing failures involved in a 'meaningless activity' (Riper 1994:3) rather than 'people engaged in the most profound, emotional, philosophical and spiritual challenge of their lives' (Grof 1985:7). According to Grof, 'the scientific world-view based on philosophical materialism further confirms the grimness of the situation that the dying individuals are facing in that consciousness itself is seen as the product of the brain, and is thus critically dependent on its integrity and normal functioning. The physical destruction of the body and brain is then the irrevocable end of human life' (Grof 1985).

Another notion that will be familiar is that things used to be different (Kellehear 2007). In referring to 'ancient and contemporary pre-industrial cultures,' Grof (1994:127) writes, 'for them death is a meaningful part of life and a transition. Their cosmologies, philosophies, mythologies, as well as spiritual and ritual life, contain a clear message that death is not the absolute and irrevocable end of everything.' Where familiarity ends, perhaps, is with Grof's (2006:23) claim that to help this transition 'many cultures have developed experiential technologies – techniques and practices intended to train initiates in the art and science of dying and post-mortem survival.' From his point of view, Shamanism, Rites of Passage as described by van Gannep (1960), the ancient mysteries of death and rebirth such as the Eleusinian mysteries, the mystic spiritual practices of various religions such as Sufism in Islam and Kabbalism in Judaism, stories of posthumous journeys of the soul, and the various books of the Dead such as the Egyptian, the Tibetan and the European Ars Moriendi, are all training manuals in how to die (Grof 2006:29-118).

Grof, however, is not anthropologist but a psychiatrist and the prime source of evidence for his theories is not deductions from ancient scripts but from the five thousands accounts given to him over fifty years by people in what he calls 'Holotropic States', i.e. non-Ordinary states of consciousness (1992). From his work and study Grof has made a number of conclusions about the understanding of Dying and Death current in modern society, not least that learning to die is not

only essential for the individual but is necessary for the health and well-being of our society *en toto*. Denying the deniers of the denial of death (Kellahear 1984), Grof claims that our suppressed fear of death, our latent death anxiety, reaps havoc in the world at large (Grof 2006:314-315).

Using familiar paths Grof takes a different route. This is not a romanticized vision of the participatory mystique of the past, *a la* Airies (1991) perhaps, nor is it surrender to ineluctable modernism, instead it is call to recognize the vitality and teleological function of the old paradigms compared with our own and to explore the foundations of our own beliefs. Bearing in mind the stridency of the call and the recognition that all is not well in the present way of death, I considered that Grof's concepts were worth further examination. Before reviewing his theories in greater depth, first, in accordance with the precept that validity and authenticity are achieved by the degree of identity one has with the foreign studied culture (Tesch 2001), rather than by the degree of objectivity, I will first briefly outline this researcher's predisposition to give an ear to Grof's concepts.

Between 1976 and 1982 I studied Indian Philosophy, particularly the monistic schools of Advaita Vedanta (Balsakar 1983) and Kashmir Shaivism (Singh 1979), in India under the guidance of various teachers. Shaivism particularly captured my imagination and remains the bedrock of my worldview to this day. Shaivism has an ontology and epistemology that has no trouble accommodating and expanding upon Grof's. As someone with that background I know he would find support for many of his views within eastern philosophy.

As I have mentioned Grof utilises a breath technique in his modern work. For three years in the late-1980s, I experienced and taught a very similar breathing technique called Rebirthing (Laut & Leonard 1985). From this I knew that many of the claims Grof made for his breathing technique were likely to be verifiable and, mostly, understandable to me.

In the 1990s I practised counselling and have a Masters degree in that subject. I was highly critical and appalled by most forms of counselling practise and theory, not least for what I perceived as their inability to deal with existentialist issues, that is, death. While I agree that death is far more out in the open than it was twenty years ago, it struck me in my counselling work that its impact remained denied.

For all this, I have not approached Grof's work uncritically. For example, I am unconvinced of any philosophy that requires necessary belief in personal consciousness continuing after death and I am particularly disdainful of reincarnation. It was important to me to establish whether Grof's work required those beliefs and was relieved to find, that in my view, it did not.

2. 0 LITERATURE REVIEW: GROF AND LSD.

> Suzanne became involved in a vicious struggle against an unknown amorphous danger or enemy, a battle of life and death that was overwhelming and totally incomprehensible to her. She felt enormously physically constrained and panted and grasped for breath. Powerful energy streamed through her entire body and her thighs shook violently. Her prevailing feelings were intense pain and sickness. Waves of nausea permeated her whole being and culminated in explosive vomiting…
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> She began to go through numerous sequences of dying and being born, in many variations. The most prominent feature in these sequences was a strange mixture of dying and the ecstasy of birth. She oscillated between feelings of being trapped and desperate attempts to free herself, between agonising metaphysical loneliness and striving for reunion. Through these episodes of birth and death she became connected 'with all suffering humanity, with millions and millions of people crying in pain'… in a final sequence of being born and dying, her adult ego died, and a new self was born. Then she became a tiny speck in space, in an infinite universe filled with beautiful stars' (Grof 2006:255).

Suzanne's experience took place on the phantasticum LSD, a derivative of ergot, that was first tested on humans in 1946 (Stroll 1947). Its inventor, Albert Hoffman (1983) worked for Sandoz Pharmaceuticals in Zurich who trademarked it 'Delysid' and offered it to researchers and psychiatrists as an experimental drug. Busch and Johnson (1950), Abramson (1966), Osmond (1957, 1969), Hoffer (1956, 1959), Cohen (1965) and Fisher (1970) in the United States; Sandison in England (1954, 1957); Frederking (1953, 1955) and Leuner (1962) in Germany; and Grof (Grof et al 1960) in Czechoslovakia were chief among those who took both the drug and the opportunity to experiment on population groups such as intractable schizophrenics and alcoholics. The works of Osmond, Cohen and Grof are of particular interest in relation to the connection of LSD with death and dying. Cohen was the first to specifically study the therapeutic use of LSD with the dying. Osmond developed high-dose psychedelic therapy and Grof lead the most thorough experimentation on LSD and dying ever conducted, became the main theorist of the psycho-spiritual experience of Death-Rebith and later developed the Holotropic Breathing technique that I shall be referring to further on in this review.

Two basic types of LSD therapy were developed; psycholytic and psychedelic. Psycholytic therapy used LSD's value as a producer of 'reviviscense' - the intense reliving of previously repressed experiences while holding a present time identity. Psychedelic therapy used much stronger doses and produced far more intense experiences, many of which were identical in character to those described by Maslow (1962, 1964) as 'peak experiences.' Pahnke (1963) called these 'mystical experiences'

and famously conducted the Good Friday Experiment in which ten divinity students were given LSD. Eight of the ten reported having had a mystical experience (Doblin 1991).

Pahnke (1963:5) following James (1902) gave the following characterics of these mystical experiences.

1. Sense of unity of oneness: (positive ego transcendence, loss of usual sense of self without loss of consciousness).
2. Transcendence of time and space.
3. Deeply felt positive mood (joy, peace, and love).
4. Sense of awesomeness and reverence.
5. Meaningfulness of psychological and/or philosophic insights.
6. Paradoxicality.
7. Ineffability (sense of difficulty in communicating the experience by verbal description).
8. Transiency.
9. Persisting positive changes in attitudes and behaviour.

It is this last claim, of persisting changes in attitudes and behaviour, that became the therapeutic *raison d'etre* for attempting to induce psychedelic experiences of death and rebirth. These changes (which are similar to those reported after near death experiences) were marked, leading to the thesis that the death-rebirth experience, rather than the drug, was the catalyst for remarkable transformations as to:

1. Pain relief;
2. Levels of emotional distress;
3. Acceptance of death and fear of death;
4. The hierarchy of basic values, philosophic orientation and religious belief (Grof 2006:235-276).

In the 1960s Grof moved to the USA and along with Planke, who died in 1970, became involved in the Spring Grove Program which between 1963 and 1976 conducted 'the most sustained and systematic research into the therapeutic use of psychedelic drugs and psychotherapy yet attempted' (Dryer & Yensen 1993:14). Over

thirty papers have been produced describing various facets of this research. It is worth noting, however, that in fact the numbers who received psychedelic therapy were very small. The biggest sample groups were 156 alcoholics (Kurland & al 1971) and 120 neurotics (Savage et al 1973). The five experimental programs working with dying cancer patients (Richards et al 1979, Richards et al 1977, Richards et al 1972, Pahnke et al 1969) gave therapy to between 100 and 122 patients overall. The paper to which I refer here (Grof et al 1973:12), which is representative of them all, was presented after 60 terminally ill cancer patients had been treated. In it Grof writes:

> 'The phenomenology of the individual sessions covered a very wide range from aesthetic experiences of an abstract nature through reliving of traumatic or positive childhood memories to profound transcendental experiences of a mystical and religious nature. It has been our impression that the most dramatic therapeutic changes followed sessions in which the patient achieved an intense psychedelic peak experience – an experience of unity usually preceded by agony and death and followed by spiritual rebirth. Profound experiences of this kind were observed in approximately 25% of the psychedelic sessions with terminally ill cancer patients.'

What surprised the researchers with working with the terminally ill was the undoing of their assumption that dying people were depressed because they were dying. Another surprise was how much a transformation in the attitude of the dying person, such as more openness and honesty, allowed staff and family members to more easily face their own fears and bereavement. Generally, however, the literature demonstrates that cancer patients were no different from the neurotics, schizophrenics, alcoholics, drug-addicts, politicians, actors, artists, doctors, scientists, religious leaders, et cetera who took LSD – the basic phenomenology remained the same. Consistently, with rare exceptions, an experience of death-rebirth led to a reduction in death anxiety (Kast & Collins 1964, Grof 2006:208-11).

Before attempting to understand why that may be, by a necessary look at Grof's transpersonal model of the psyche, a few words on psychedelic drugs and the spiritualized culture that accompanied them are required.

Once it became apparent that LSD induced extraordinary experiences of a mystical nature, devotees and the curious turned to religion and anthropology to explain them. Parallels were quickly found in eastern philosophies. Timothy Leary, a psychology professor, having tried mescaline in Mexico, produced a version of Tibetan Book of the Dead called 'The Psychedelic Experience' (1964). A fellow professor at Harvard, of divinity, Richard Alpert, changed his name to Baba Ram Dass and wrote a Hindu

influenced book called 'Be Here Now' (1971) which was widely read by what was sometimes termed the hippy generation. Alongside this grew the idea that all religions were 'entheogenically' inspired, that is, had come about as a result of revelations experienced on cultural hallucinogens such as ayahuasca, ibogen, peyote, psilocybin, cactus et cetera (Wasson et al 1978, Ott 1995, M.Hoffman 2006). If, however, one were tempted to think the therapists were somehow causing or directing the experiences through their predispositions and prior beliefs, then it may be worth noting the Kungurtsev (1991) article in which he recounts what happened when he and his colleagues administered the anaesthetic drug ketamine, known for its horrific side-effects, in a last ditch attempt to cure the most inveterate of Russia's alcoholics through aversion therapy. Predominant among the extraordinary experiences that were reported back to them were the death-rebirth experience and again a correlation was found between that experience and subsequent 'cure' in the form of a year's abstinence from alcohol. These clinics showed a cure rate of between sixty and seventy per cent – figures only matched by similar studies with LSD (Pahnke et al 1970). Kungurtsev stresses that he had no previous knowledge of Death-Rebirth psychotherapy or of the work done with psychedelics.

When LSD experimentation became illegal in 1975, Grof and others of the Non-Ordinary Consciousness frame of mind had to find other ways of engendering the same states. This freed them from the entheogenic agenda and, in theory, made the states more acceptable and more accessible to those who would not take drugs. Grof himself uses and teaches a breathing technique that he calls 'Holotropic Breathing' (Grof & Grof, 1980) with which he now has thirty years experience.

The cartography of the human psyche developed by Grof (1975, 2000) remains in place. It is a complex model that can scarcely be sketched in the limited amount of space available but as Grof (1985:98) says that his work is impenetrable without the schemata. I will simplify it as best I can.

Grof (1985: 92-137) refers to three levels of the human pyche. These are the biographical, the perinatal (i.e. those surrounding birth) and the transpersonal. Experiences and memories are seen to gather in clusters and are held together by some common theme, called a COEX, that can be experienced on any of the levels, or viscerally. For example, hunger now may attach itself to hunger in childhood then hunger in the womb then hunger on a planetary scale. In a Non-Ordinary State of

Consciousness each of these can be experienced simultaneously in a vivid detail as realities.

It is in the perinatal matrices that the death-birth experiences mostly appear. There are four of these matrices, more or less related to the stages of birth.

B(irth) P(erinatal) M(atrix)1:

The biological basis of this matrix is the intra-uterine state with the experience of the original symbiotic unity with the mother and is often associated with aquatic life forms and images of heaven and paradise. When threatened there arise experiences of underwater dangers, inhospitable nature and demons etc.

BPM2:

The biological basis of this matrix is the onset of biological delivery ending intra-uterine comfort. Often the cervix is still closed and the foetus can not escape. This can be accompanied by feelings of cosmic engulfment, no-exit terror and extreme paranoia. Experiences include being swallowed by a terrible monster, octopus or spider. Archetypal images such as the hero at the beginning of a journey and paradise lost flood the mind along with loneliness, despair and guilt.

BPM3:

The biological matrix is the second stage of delivery. Imagery can include titanic fights, sadomasochistic experiences, intense sexual arousal, demonic and scatological images and encounter with fire. This is the death-rebirth struggle and it comes with violent scenes of war or revolution, volcanoes, high-tech rockets and images of the Last Judgement, superheroes and mythological battles.

BPM4:

This is the actual birth of the child. In this final stage the agonizing process of the birth struggle comes to an end. The propulsion through the birth canal culminates and the extreme build-up of pain, tension and sexual arousal is followed by sudden relief and relaxation. The child can feel impending catastrophe of immense proportions with a strong desire to stop the experience. The transition from BPM3 to BPM4 can involve a sense of annihilation on all levels, emotional collapse, intellectual defeat and absolute damnation. This experience of ego death seems to entail an instant merciless destruction of all previous reference points in the life of the individual. (Grof 1992, Holmes et al 1996, Pressman 1992.)

What Grof is saying then is that when people enter a holotropic or non-ordinary state of consciousness, they appear to go on an otherworld journey which may well contain any of the aforementioned experiences. From this evidence it is easy to understand why one could think that otherworld journeys, books of the dead and the death-rebirth myths are not imaginations nor metaphors but accurate pictorial representations of experiences experienced by our ancestors on their psychic journeys made, obviously (?), while alive. What Grof deduces (2006), and says others have deduced, is a) that the psychological trauma of birth needs 'healing', b) that our fears of death are inherently related to these encounters with death at birth, c) other cultures knew how to do this healing and ours does not, and d) like it or not the death-rebirth model is *the* model of growth. In other words dying is good for us but we tend not to be keen on it because it means dying. And dying, as we have seen, can involve experiences of hells and terrors beyond our worst fears.

And then there is rebirth.

I mentioned earlier that LSD experimenters quickly conflated spiritual praxis and learning to die. In (some) spiritual theory spirituality is about dying to one's ideas of self, over and over again. Dying to the self that believes itself to be a physical body is just one of these deaths. Every death is catastrophic to that which dies and can induce all the experiences that we would not want to have. So what happens if we refuse to have them? According to Grof (2006:301-17) the first consequence is that we do not grow or even become properly born in the fullest sense of the word, and the second is that the experiences we do not want, and therefore suppress, reappear un-integrated in our psyche (as suicidal thoughts perhaps, paranoia, schizophrenia, sado-masochistic tendencies, outbursts of violence et cetera) and behaviour or become projected out into our world. Why would any society go to such extreme lengths, asks Grof (2006:42), as violating their youths or exhausting themselves in complex ceremonies if they did not have some contingent belief, at least initially, that they were protecting themselves from greater harm?

In these theories then lies the rationale for learning to die. We can do it and we should do it both for ourselves and the benefit of society.

2.1 LITERATURE: HOLOTRPIC BREATHING.

Drug prohibition ended the legal experimentation with psychedelics in the mid-1970s. Having had such a tool in their hands, therapists were unwilling to settle for anything less dramatic with which to probe the unconscious of their patients. By the mid 1980s techniques based on breathwork, i.e. on achieving non-ordinary states through breathing techniques, proved to be successful in entering the same territory. Grof (and many others) discovered that by increasing the rate of one's breath and by not controlling the out breath or pausing between breaths, one is propelled into the same 'journey' through biographical, perinatal and transpersonal matrices that LSD opened up. Grof calls his application of this technique 'Holotropic Breathing' (Grof 1992). (This is only one name for the technique; among the many others are Rebirthing, Vivation, Transformational Breathing, and Conscious Connected Breathing.) The most complete description of breathwork per se and of the research into various factors concerned with breathwork, e.g. the physiological and neurological research into the responses to changes in breathing, is provided by Zimberoff & Hartman (1999:2) who note, "For the process to be effective, it requires one to let go and surrender, physically, emotionally and spiritually. Once the individual begins to breathe, *the issue that comes up is letting go of control* (my italics*)*. As one continues to breathe, the process begins to take over and the letting go becomes easier.' What this shows is a difference between the experience of taking LSD which blasts one willy-nilly into an altered state of consciousness and a process of breathing which requires a 'doing' by the breather. In terms of learning to die, and for really dying, the ability to consciously lose control is, I suspect, invaluable.

Taylor (1994) provides a comprehensive theoretical and practical guide to Holotropic Breathing copiously supported by first-hand accounts of the experiences she describes. Taylor also edited for a number of years a Holotropic Breathing Magazine called 'Inner Door'. Ten years of articles from this magazine reflecting practise, theory, criticism and adaptations of Holotropic Breathing can be find in a work called 'Exploring Holotropic Breathwork' (Taylor 2003). The main research works I have identified are Holmes (1996), Jackson (1996), and Hanratty (2006). Holmes's study was of 24 people who had holotropic breathing sessions and therapy, and of 24 who just had therapy. Levels of depression, self-esteem and death anxiety were measured with before and after tests using instruments such as the Templar

Death Anxiety Score, with marked improvements in all three with those who did the breathing and none for those who undertook the therapy alone.

Jackson's study was carried out in New Zealand, without Grof, and consisted of questionnaires and in-depth interviews of fifty people. What is clear is that all the expected experiences are there, i.e. biographical, perinatal (reported by 67%) and transpersonal (80%). Sixty per cent claimed to have had a death-rebirth experience and 85% considered they had experienced some healing. On the negative side the greatest complaint was lack of follow-up support (Jackson 1996:26). This echoed doubts noted by Pressman (1986). Whether this is actually a problem needs to be tested.

Hanratty's study was based on a weekend workshop conducted by Grof. Out of a group of sixty, about thirty consented to be tested before and after the training. Twenty of these contributed to a follow-up study six months later. Hanratty (2006:27-44) set out to measure dysphoria (depression), repression, trait absorption (i.e. the disposition to enter non-ordinary states) and death anxiety. He found that there were significant reductions in emotional distress, some reduction in repression and a dramatic decrease in death anxiety scores at the 6-month follow-up period

In each of the above studies Grof's claims for the power of holotropic breathing to inspire non-ordinary states of consciousness appeared to be justified.

3.0 EPISTEMOLOGY.

Jnanam bandha – Knowledge is bondage – *(Shiva Sutras1:2 Singh 1979)*
Jnanam annam – Knowledge is food - (Shiva Sutras 2:9 Singh 1979)

One disadvantage of being a multi-disciplinarian is the fear that the subtleties of argument that keep professions alive are beyond the generalist's grasp. It is not possible, however, to discuss Grof's work without some discussion of epistemology because, as he himself recognises, it does not meaningfully fit into the Newtonian-Cartesian paradigm that underpins the western scientific model (Grof 1985:1-91). In his book on experiences near death Kellehear (1996) shows how important a part epistemology played, often latently, in subsuming the actual information concerning near death experiences into various groups' ideological assumptions. Dawkins's (2006) recent populist philippic is another example of what happens when one point of view resolutely refuses to engage with either the foundation of its own beliefs or the construction of another's. In this instance having, as I established at the commencement of the dissertation, a multidisciplinary interpretative audience, I cannot assume that 'our' discipline has any particular epistemological standpoint. The function of this section is, therefore, not to take up a position but to demonstrate that that the material discussed, such as transpersonal experiences, has an epistemological lineage and an emerging rationale, or *weltanschauung*, which is every bit as self-consistent as, say, the exemplars of natural science. One of the most evident features of Grof's writings, especially up to the year 2000, is his desire to communicate with his peer groups, particularly the medics and the psychiatrists. For this reason, his work is grounded in scientific theory and references and is not the Timothy Leary Baba Ram Dass path to kaftans and celebrity.

If one traces modern thought back to Copernicus and his recognition that the movement of the heavens could be explained in terms of the movement of the observer, it is possible to draws a line of thought that has created an existentialist crisis for western society. Following man's ejection from the centre of the universe, Descartes and Kant displaced him even further by recognising that the human being can not know the world in itself but rather the world as interpreted by the human mind. The crisis comes because as Tarnas (1991:209) says:

> we have the post-Copernican dilemma of being a peripheral and insignificant inhabitant of a vast cosmos and the post-Cartesian dilemma of being a conscious, purposeful, and personal subject confronting an unconscious, purposeless and impersonal universe, with these being compounded by the post-Kantian dilemma of there being no possible means by which the human subject can know the universe in its essence.

Out of this has emerged an alienated ego with a profound sense of ontological and epistemological separation between self and world – the post-modern human being. Philosophically, suggests Tarnas (2007:6), this is a situation previously identified in the perinatal matrix as 'no-exit terror'; the extreme feelings of isolation and despair that can follow expulsion from the bliss of the womb or, in this case, from the participation mystique with nature. Postmodernism, as represented perhaps by the poststructural anti-paradigm paradigm (Heron 2007:2) which 'rejects the view that any text can have any kind of epistemological validity on the grounds that any text can be undone in terms of its internal structural logic' (Lincoln & Denzin 1994:579) could be the apotheosis of this. But what happens next?

Another paradigm comes along. No one seems clear quite how or why (Kuhn 1962, Feyerabend 1978, Popper 1963) although Tarnas, as we shall see, has suggestions.

A favoured way of illustrating a paradigm shifting is by reference to the way twentieth century's quantum physics stretched the Newtonian-Cartesian paradigm beyond its practical limits (Bell 1966). Einstein's theory of relativity and the subsequent atomic theories of Bohr (1958), Schroedinger (1967), Heisenberg (1971) and Bohm (1980), undermined the basic concepts of Newtonian physics; the existence of absolute time and space, the solid material nature of the universe, the definition of physical forces, the strictly deterministic system of explanation, and the ideal of objective description of phenomena without including the observer (Capra 1982). Old descriptions of reality remained and continued to work, (for example we still perceive one another as solid bodies), as they always had, while new realities produced new possibilities; nonlocality being one example of this. Nonlocality implies that at the subatomic level of the universe, all points in space appear to be the same as all other points in space and are inherently interconnected. Bohm (1980:19) says "Each part contains or enfolds the whole. Locality does not have primary significance here, as the whole is entirely unfolded in each part. Locality is a property of the explicate order and not of the deeper implicate order from which the explicate order unfolds". From Bohm's perspective objective reality does not exist and is a projection, like a

hologram. The holographic metaphor has led to this being called the holographic paradigm. Central to the idea of a hologram is that if we take apart something constructed holographically, we will not get the pieces of which it is made, we will only get smaller wholes. 'In a holographic universe even time and space can no longer be viewed as fundamentals' (Talbot 2007:2). In other words, they too are constructs.

It is worth noting here that one reason Bohm's ideas have an audience beyond the average physicist, is how closely they reflect some Indic models of reality such as the theories of Maya described in Vedanta and the Bimba-Pratibimba proposed in Kashmir Shaivism (Muktananda 1980:108-11). These models had a practical purpose, to guide a student through a process of recognising his/her identity with 'ultimate reality'. (Singh 1979:5).

Paradigms, are useful in so far as they help us explain things. Pribram (1971) applied holographic theory to the brain in an attempt to understand and explain how and where memories are stored. He concluded that the brain is itself a hologram that acts as a lens, converting the seemingly meaningless blur of frequencies it receives through the senses into the inner world of our perceptions. In effect 'we are really receivers floating through a kaleidoscope sea of frequency, and what we extract from this sea and transmogrify into physical reality is but one channel from many extracted out of the superhologram' (Talbot 2007:3).

Both quantam and holographic theory have informed the discourse of transpersonal psychology. The work of Freud (1964) was grounded in the mechanistic tradition and as such provided a framework for explaining the biographic, and some of the perinatal, psychic material that arose in sessions. Jung (1960) while identifying archetypes preferred to remain within his Kantian framework. The notion of a transpersonal level was harder to defend to the audience Grof most wanted to influence, his medically trained peers. Having understood, I think, that by placing his work so firmly in the mythology/religious filament he was appearing to be espousing a romantic world-view, Grof (1985:75-91) turned to other sciences, for example cybernetics and systems theory to support his theories. Hanratty (2006) has called his thesis on Grof's work 'Quantum Psychology' and quotes Laszlo's (2004:12) somewhat anthropomorphic comment on how interrelationships look in the human quantum world: 'in the new paradigm, organisms are not skin-enclosed and selfish entities. Life evolves in a sacred dance between the organism and the field that

surrounds it. This makes living beings into elements in a vast network of interrelations that embrace other organisms, and the rest of the planetary environment.'

In relation to holographic theory, Grof (1995:22) writes: 'if the mind is actually part of a continuum, a labyrinth that is connected not only to every other mind that exists or has existed, but to every atom, organism, and region in the vastness of space and time itself, the fact that it is able to occasionally make forays into the labyrinth and have transpersonal experiences no longer seems strange.'

Returning from this vastness to the gloomy and alienated no-exit existentialist post-Kantian self, we find that the objective world no longer exists as a separate entity. Object and subject effectively create one another. Jung (1960) had postulated that the human psyche was constructed through archetypes, versions perhaps of Kant's a priori categories, which created as through a filter, our experience of the world. Holographic theory locates those archetypes in consciousness itself. Nothing is separate from anything, so what I now perceive, as 'my' mind is no more mine than the air is mine. Mind is universal and it only becomes mine when I identify it as being so. The correct epistemological stance in this situation, i.e. with the subject-object relationship dichotomy collapsed, is according to Tarnas) called 'Participative Epistemology', in which 'on the one hand, the human mind does not just produce concepts that correspond to an external reality. Yet on the other hand, neither does it simply impose its own order on the world. Rather, the world's truth realizes itself within and through the human mind' (1991:212). (Again this is very much the message of much eastern philosophy). When applied to research this would entail, according to Heron (1996:1) a 'paradigm of participative reality' leading to a methodology of 'co-operative enquiry' characterised by

> '… an epistemology that affirms the participative relation between the knower and the known, and where the known is also a knower, between knower and known. Knower and known are not separate in this interactive relation. They also transcend it, the degree of participation being partial and open to change. Participative knowing is bipolar: empathic communion with the inward experience of a being; and enactment of its form of appearing through the imaging and shaping process of perceiving it.'

In Shaivism this relationship between subject and object, knower and known, is said to be *anarupa*, that is, 'in a state of reciprocal adaptation' (Singh 1977:32).

Tarnas compares the present predicament of western philosophy to the state of no-exit terror experienced in the womb, when he applies the 'grand archetype' of death-rebirth to epistemology itself. By the grand archetype he mean the one of moving from an undifferentiated pre-egoic consciousness to a state of increasing individuation and separation to no-exit hell, death, then rebirth. Epistemologically, he says, the next step is 'a dramatic, Aufhebung, a synthesis and reunification with self-subsistent Being that both annihilates and fulfils the individual trajectory. (Tarnas 1991:210).'

As this would mark the 'death of western civilization' (Tarnas 1991:218), I will turn east to remark that in much Indian thought an archetype is described as a cosmic process (Tamini 1974, Singh 1979). It is what happens all the time everywhere and in everything. The word process implies movement. Movement is either from undifferentiated awareness to minimal awareness or the other way around. It is called the contraction and expansion of consciousness. The consciousness of having a body, or being the body, is seen as to be a very contracted form of consciousness in this system that informs an individual that actually they are identical to the universe itself. Undoubtedly both in these models and in Grof's model there is a soteriological imperative – to become increasingly less differentiated - which can irritate those who mistrust prescriptive ideologies and distress those in the thrall of individualism. Perhaps here it is worth recalling the perceived benefits of the death-rebirth experience which, as we have seen, were consistently indicative of improved psychological health.

The main function of this reflection on epistemology has been twofold. First, to demonstrate that although Grof's work steps over the boundaries presently held by the paradigms of natural science, it does have an epistemological lineage and authenticity in as much as it can find support in western and eastern theories of knowing. Secondly, to locate this study within the 'epistemic wing' of co-operative enquiry in which 'the challenge, after positivism, is to redefine truth and validity in ways that honour the generative, creative role of the human mind in all forms of knowing' (Heron 1996:1). How this informs the methodology of enquiry will be shown in the next section.

4.0 REFINING THE QUESTION AND RESEARCH METHOD.

> "If one could have a 'dying' in this world – even for a small period- that time could be used to gain some knowledge to help one in the otherworld journey… If only one could anticipate the otherworld dying by first having a this-world dying beforehand!" (Kellehear 2007:45)

Following the examination of the literature I considered engineering a co-operative enquiry study of health professionals taking a five-day holotropic training in death and dying with a view to discovering a number of things such as:

Do they experience dying and rebirth?

What value to do they ascribe to that experience?

Do they feel they have learned anything about dying itself?

Have they learned to die?

Do they see here potential here for a transcultural language of death?

Does their attitude to spiritual needs change?

With permission pre-event, end of event and post-event tests could be applied assessing Death Anxiety, trait Absorption and other quantitative measures. Also, more importantly considering the nature of co-operative enquiry, discussions could take place between the researchers and researched to establish the best ways to describe and give meaning and validity to the data that emerges from the research. I am presently in discussion with the American Holotropic Breathing Association to consider what long terms research project goals can be realized.

Unfortunately such a study was clearly beyond the time restraints of this dissertation and I began to consider other ways of approaching the subject. The opportunity then arose to attend a five-day program on death and dying with Stanislav Grof himself. It was at that time that I discovered that although the various Holotropic Institutions and Practitioners run numerous courses throughout the world very few, in fact only one, that conducted by Grof in 2006, had specifically been centred around the topic of Death and Dying. While on the one hand this would not matter, because the basic information provided to any participants in holotropic breathing sessions officially sanctioned by Grof, must include some theory of the perinatal matrices and some descriptions of the types of experiences that may be expected, on the other hand

considering Grof's age, 75, and his status, it seemed unwise not to seize the opportunity to lay some groundwork. The dilemma then was how to make use of the event in research terms. What could I research that would add to rather than confirm (or reject) what could have been ascertained in the literature? In this context I considered two statements by Grof:

(1) 'According to our experience an optimal preparation (for staff) involved not only familiarisation with the existing literature and actual participation in sessions as an observer but also holotropic sessions for a future therapist because non-ordinary states seem to defy description, and it is impossible to gain a deep understanding about them by reading books and articles in scientific journals' (Grof &Halifax 1977:129).

(2) 'I have never yet met a single Western academic who, after extensive inner work involving holotropic states, continues to subscribe exclusively to the scientific worldview taught currently in Western universities' (Grof 2006:120).

In other words, not only do you have to learn to die to be free, you have to learn to die to understand what learning to die means. Essentially this is a call to go native. 'To translate a theory or worldview into one's own language is not to make it one's own. For that one must go native, discover that one is thinking and working in, not simply translating out of, a language that was previously foreign' (Kuhn 1970:204).

The research model I had in mind was of the visionary anthropologist (Stroller & Oakes 1987, Favret-Saada 1977, Castenada 1975) who takes a powerful entheogen with a local Shaman, has a cosmic journey and returns with a new appreciation of and ability to decipher the native culture's mastery of its metaphysical metaphors. This form of ethnography has its detractors, not least Geertz (1973) and the school of interpretative anthropologists 'for which the culture of a people is understood as an ensemble of texts, themselves ensembles, that the anthropologists strains to read over the shoulders of those to whom they properly belong' (p452). Clifford (1988:90) adds, 'To say that ethnography is *like* initiation is not to recommend the researcher actually undergo the processes by which a native attains the wisdom of the group.' According to Tresch (2001:314-315) however,

> 'we must take a much stronger sense of going native as the goal, in which the researcher is acculturated to an alien system and comes to be as convinced of its validity as those who initiated him or her…If one undergoes an 'initiation' by which one acquires the phenomenal world of local knowledge, the aim of understanding an alien worldview 'in its

> own terms' is obtained to the furthest extent possible: one becomes both informant and analyst, subject and object…Researchers who have gone native may be uniquely qualified to establish a knowledge of the phenomenal world from which they converted, that is, to launch an investigation of Western logic, reason, and science from the 'outside. Multiple perspectives on the familiar phenomenal world of the Western academic, as well as on the very process of world-constitution, could be productively compared.'

I could not find anything in the literature to say what happens when a researcher attempts to go native but fails. While I accepted the legitimacy of the method of enquiry, I was unwilling to rely entirely on an experience of illumination to validate my research. As I could not guarantee becoming native, I wanted to retain the ability 'to look over the shoulders' of the participants.

Further consideration of the literature showed me that the minimum I could do that was original was to provide a 'thick description' (Gertz 1973) of the content, pedagogical and practical, of a five-day holotropic breathing course on death and dying. This has definitely not been done before. Nor has anyone given a participant's account of such a course. Also, no one has attempted to locate such a study in the context of spiritual training of health professionals. To this extent my study was very much an experimental pilot with a grounded theory approach in as much as the aim is to develop 'theory that has been derived from data, not deduced from logical assumptions' (Glaser & Strauss 1967:30).

A week before going to California to attend the program, I received an email listing the names, email addresses and country of residence of the other participants on the course. As I was keen to have a more co-operative element to my enquiry, I emailed the other two English based participants, (because I thought there would be a possibility of meeting them before leaving) with a brief introduction to myself and an invitation, couched in the broadest terms, to them to contribute to the study. Maria, (a pseudonym), a nurse living in London, replied and we met subsequently the night before the course began. She agreed, subject to her feelings later, to be a case study for me. As neither of us had much idea of how the five days would pass or even what opportunities there would be to meet, no definite data gathering technique could be established prior to the event. As it turned out, our contact was only occasional and the account I have constructed of my case study is based on notes I made in my journal immediately after our verbal encounters; communications, verbal and email, that we had prior to and after the course; notes I made in my journal of her public

utterances; and her response to that account when I sent her a copy and invited her to comment on it.

I did hope that during the week of training I might find other volunteers willing to contribute to the research. As it was I could not have managed if they had. Participating in the event was challenging enough for me and in most breaks I was already fully occupied writing my notes and observations.

After the course I sent a brief questionnaire (and explanation) to each of the thirty course participants. Because I felt I had not made strong connections with other people on the course, nor sought approval of anyone to study the group and because I was really seeing who may be open for more extensive research, my questionnaire was very basic asking three yes/no questions. I received twelve replies. Possibly this was a missed opportunity to gather more in-depth data but on the other hand I now know of at least six people who have asked to be involved in any further research project. The questions were as follows. Did you have a death-rebirth experience? Do you think you learned to die? Was your experience of the course positive?

The questions I thought I may be able to answer, (within the overall embrace of the question 'can we learn to die?') at the end of the investigation amounted to these.

1. What was the course content of the five-day course?
2. Did I have a death-rebirth experience?
3. Were my attitudes to death noticeably changed?
4. Did Maria have a death-rebirth experience?
5. What value did Maria put on the experiences she had?
6. Did other people report death-rebirth experiences?
7. Did anyone consider they had learned to die?

4.1 ETHICS

There have been a number of ethical issues connected with this study, primarily caused by my choice to be a participant in the workshop. For the most part I am reporting my own and Maria's experiences. However, it was also a social experience that involved the participation of thirty or so other people. Effectively, Maria apart, the research I conducted during the course was covert. Comments made to me were

simply because I was there and had nothing to do with my researcher role. Top this end I was tempted to leave out any comments by or about people who had not individually consented to being part of a research group. On the other hand it was a public program with no mention of confidentiality. In fact a criticism I would make of the group is that no ground rules about confidentiality were established. Considering the intimacy of the personal revelations and the vulnerability of people in a Non-Ordinary State of Consciousness, I considered this an oversight. However, after discussion with my colleagues and supervisor it was decided I could include the public comments.

Any quotes I have put in from Maria (the nurse) or other members in the group have been confirmed for accuracy.

I did consider whether the mention of (an apparently) positive use of drugs such as LSD, ketamine, psylocybin, ayahuasca, ibogen and DMT, may be an ethical issue. However, my study is about non-drug techniques and does not promote drugs. Also none of the drug use mentioned in the essay were illegal at the time or in the country that they were imbibed.

5.0. THE DATA

The data in this section is limited to:

1. That provided by me based on my daily journal kept during the training and on my memory and present interpretations of what I perceived. Remarks attributed to other participants in the study, mainly volunteered in 'group sharings' or in personal conversation with me, were noted by me at the time but not verified subsequently.
2. That provided by Maria in daily conversation with me and subsequently in email.
3. The responses to the short questionnaire offered two months after the training.

5.1 THE DATA: Participant Observation.

a. The Participant Observer

This edited account is constructed from my notes at the time, written each evening.

THE FIVE DAYS.

Day One:

Day got off to a bad start for me in that I was directed into the wrong room where I was forced to circle dance and to invoke the Angel Gabriel and some of his friends. Luckily at 9.30 I was rescued. My understanding had been that there would be a breathing session every day but this was not to be the case. The program was simple. On Monday, Tuesday and Friday, Stanislav Grof would talk all day from 9.30 to 5.30 with a ninety-minute break for lunch. On Wednesday one half of the group were to have a holotropic session, on Thursday the other half. Breathing sessions would be done in pairs; one breathing, the other 'sitting'.

For most of the day the thirty or so people were sat around a large table while Grof talked and took questions. Some of the time we would move to the side of the room to watch slides while Grof talked. It was a large room with a wide window overlooking a lake. On the walls were pictures with Christian themes. In the centre of the room was

a mini-altar, or puja, which I worried that someone would make me dance around. I also worried what my breathing session would be like.

Even by the end of the first day it was obvious that because of the personal charisma and intellectual brilliance of Grof, a program without him would be very different. He is, as one would expect, the master of his material and no-one challenges him.

Today Grof talked about the cartography of the human psyche, perinatal matrices, the experience of birth and LSD/entheogenic research. No notes given though half of those there were Masters Degree Students for whom, the course was a unit on their curriculum.

Day Two:

Much the same. Material covered shamanism, myths, ancient mysteries, the death-rebirth archetype, holotropic breathing. Although I was increasingly focussed on my own upcoming experience, I did manage to gather that among the participants were: 16 men and 14 women; 3 English people including a young professional extreme sportsman; two eastern Europeans; a Filipino; three black Americans; two doctors, two ministers, one smoker (me), an ex-military pilot, two Australians, and one Canadian woman, Phillipa, whose two young children had died a year previously. Also there was Tom, a middle-aged American man whose wife had died the week before. She had enrolled to do the course and that's why he was there.

Day Three:

Did I die? No I didn't.
Was I born? No I wasn't.
Was I pissed off? Yes.
Did I show my pathetically crayoned mandala in the group sharing? No.

Day Four:

Jim, whose turn it was to breathe while I 'sat', arrived with an airbed, a sleeping-bag and two blankets. He had breathed before and told me 'it's better if I go to sleep, otherwise my energy circuits blow'. I told him I thought that was the point but he said, 'No, really.' For a holotropic session half the people find somewhere to lie down in the room. The 'sitter' sits next to the breather, close enough to be a presence

without being intrusive. For near on three hours loud music is played and the participants are encouraged to do nothing more than breathe more rapidly than usual and to allow what arises to emerge. The sitter's job is to be on hand if required. Usually if nothing else the sitter has to help the breather get to their feet and assist them to the toilet because walking can be quite difficult when you are in an altered state of consciousness. While Jim was motionless for the entire time, others made animal or crying noises, sobbed, screamed, laughed, threshed about, took up unusual, often yogic, postures, talked in strange languages or demanded to be embraced or even hurt. (This was not unfamiliar territory to me. In 1976 I came across an Indian Guru called Muktananda. During his intensive meditation sessions it was a common occurrence to witness dozens of people, of all nationalities, behaving in exactly the manner I saw at the Holotropic session. The experiences they described afterwards were remarkably similar as well.)

Throughout the session Grof and two assistants went from pair to pair, overseeing the process. It is quite common in breathwork for pains to appear and disappear in unusual places. Some of the pains become insistent and demanding of attention. The Grof trainers, if invited by the breather, use forms of 'bodywork' at this stage. Basically this consists of increasing the pain. I am not informed about the nature of the bodywork employed by Grof and his trainers. Although this is far from being impaled by hooks or having one's genitalia involuntarily altered (both of which experiences were described after sessions), the bodywork element in this context seemed possibly unnecessary. Having relied on 'inner radar' and breath this far, why turn to doctor-like interventionism?

Following the session, participants are encouraged to change rooms in order to draw, or, more accurately, fill-in A4 sized mandalas. As Jim left the room, Maria who was having her breathing session let loose one of the most blood-curdling screams I have ever heard.

Before the end of Days 3 and 4, all the chairs were put in a circle and we were invited, or in my case poked by the woman on my left, to share. At that point I really wished I had a tape-recorder because the flow of information from thirty people over a three-hour period was well beyond my note-taking ability to handle. Inconveniently for me people did not necessarily say whether they had an experience of death-rebirth. There was no questioning of the breathers, no guiding their sharings and no putting words into mouths. The stories I heard included all the ranges I would have expected

from the literature; experiences of birth, death, otherworld journeys, sudden biographical insights, of recognition of past traumas and of healing and such. While the stories were at times incredible they were believable and did not seem to be a rehashing of the Grof's talks. The man whose wife had died the previous week admitted that although he did not believe in life after death, he had hoped to contact her somehow in the course. In fact he had an experience which made him make immediate efforts to re-contact a son by a previous marriage that he had not spoken to for ten years. The woman who had lost her children said that she felt closure for the first time and understood 'that they had died because their work was done'.

Day Five:

Grof talked all day about The Egyptian, Tibetan, Mayan books of the dead & Reincarnation. Also discussed death in art. Took questions

5.2 THE DATA: Case study - Maria.

Maria is English from a Romanian background and is 35 years old. She is a nurse, working primarily in palliative care for the last ten years. She told me during our first conversation that she was doing the course for two main reasons; 1) to expand her knowledge of death in the face of increasing discomfort in the face of it; 2) to see if she could find the cause of her poor relationships with men. She had read two books by Grof and wanted to experience a holotropic state. She also called herself an atheist and said that the concept of 'learning to die' was not one that meant anything to her at that point.

Maria breathed on the fourth day for nigh on four hours – considerably longer than anyone else. When she spoke to the group in the afternoon she was clearly extremely content. She spoke slower than usual and with more of an eastern-European accent than before and after. For the first three hours, she said, nothing much seemed to happen. Then she went to the bathroom, returned, and decided 'to give up'. Moments later she was her grandmother giving birth to her mother while being born herself.

> 'I felt the pain of all three of us. There was such a pain in my back I thought it was breaking. There was nothing I could do. Stan came over and

> asked if I wanted help, I said no, I will do this on my own. Then I began to cry. The pain was so bad. Then I died. I thought I had died. Then I didn't think anything. A long time seemed to go by in darkness. Then I was swimming in the sea, swimming as fast as I could away from granny and towards my mother. The pain came back. I heard Stan ask, do you want help? I said yes. He leaned on my back with all his weight. I remember hitting back at him. Then I was born and boy, I was born angry.'

Maria spoke to me directly about her experiences, and constructed the above account, on the evening of the fifth day by which time she had 'assimilated but not explained' her 'journey'. She told me she was 'feeling too liberated' to really care about any of my questions. She said she believed she had died and been born - but not reborn. When I asked her to explain the difference, she could not because 'I don't know what reborn means.'

By time I next communicated with Maria, ten days later, she had then done a shamanic workshop. As she saw them as essentially a personal continuum she could not actually attribute changes, which there were, to one course or the other. Having returned to work, Maria was immediately presented with situations that tested whether she had new understandings or approaches to death. She found that she did. She also felt that her holotropic experience would result in a change in her relationships with men although she could not explain why.

The final email conversation with Maria took place a further one month later. At this point she agreed with the hypothesis 'that under controlled condition and with greater preparation, the five-day holotropic training would act as a good model for medical health professionals seeking an experiential approach to learning more about death and dying and spirituality.' She did say she was less certain around issues of religious belief because she was finding herself less tolerant rather than more so of religion. She was equivocal when I asked her if she thought the bodywork component of the training was a problem.

5.3 THE DATA: The Questionnaire.

Question 1: Did you experience death/rebirth? I had 6 yes and 6 no answers.

Question 2: Do you think you learned to die? I had 3 yes and 5 no answers.

Question 3: Was the course positive for you? I had 12 yes answers.

6. 0 ANALYSIS OF DATA

As I have shown, I do not think I learned to die by dying at that workshop. The shaman passed the elixir but this time it did not work its magic on the researcher. Around me the natives danced in ecstasy and writhed in agony. They wept, they laughed, and they told of fantastic journeys into worlds that were more terrifying and more beautiful than one can imagine. Then they got up off the floor, had cups of tea and drew pictures. What conclusions can one make from this? The questions I have sought to answer are as follows.

1. What was the content of the course?

I believe I have fairly amply described that in the text. In terms of the content it seemed comprehensive, if rushed, in providing information about the principles of transpersonal psychology and the history of death and dying. It was a vital delivery of multi-disciplinary knowledge mediated by a polymath.

From my point of view as a course constructor, however, I would advise a number of changes if tailoring Grof's content into a course for health professionals. He was given five days and worked around that. Ideally more time is required to reap the educational fruit of the course.

The lack of time may also explain what I saw as the imperfections in creating and supporting a refined group. In theory what is being recreated is essentially a tribal consciousness with the requisite levels of trust and familiarity. It no longer comes naturally. I mentioned earlier that the holotropic literature contains complaints about lack of follow-up support to seminars such as this and I can understand them. But needs must. You have to start somewhere and it can only be where you are. Death might well arrive without a support group.

The holotropic sessions are undoubtedly astonishing and the experiences astounding, good and bad. Although I have portrayed this whole death-birth story as primarily functional - as if there is one experience you need to take you through the gate to knowledge to where everything is somehow better - the journey on the way has its entertainment, information and surprises, even to those who do not experience death-rebirth.

2. Did I have the experience of death-rebirth?

No. Did I enter a non-ordinary state of consciousness? Yes. My 'material' was primarily biographical and it appeared to give me a glimpse of how much my immediate post-birth impressions of my mother conditioned my subsequent emotional development. When a pain came in my shoulder rather than focus on it or ask for someone to accentuate it, as recommended, I told my sitter that everything was fine and it was time for me to stop the breathing.

3. Did my point of view on death radically change?

As I noted in the literature review a radical change in attitude to death often followed the death-rebirth experience. Having not had that experience I would not necessarily expect my view to have changed. However, I began the course fairly wedded to the idea of death being the end and while I still hold to that I suspect that if I were aware I was dying now, I would begin preparing for the possibility of going on a journey. This would suggest that I have changed, albeit not radically.

4. Did Maria have a Death-Rebirth experience?

No. As I noted, Maria said she had experienced her own death and that she had experienced being born. This showed me that I had not attempted to define 'rebirth' because I was waiting for the meaning of that to reveal itself by having the experience. Both Maria and I seemed to think 'being reborn' means more than re-experiencing birth. This might suggest that Grof is correct in implying that one can not understand the experience without having had it. Whether you can have it, and not know, is another unknown.

5. What value did Maria put on her experiences?

She says, 'enormous value'. She felt 'unburdened'. She felt that it had very much altered her understanding of death and of spirituality and had helped her address problems in her life. Should the time limits of this study have allowed for a six-month longitudinal follow-up, I believe one could more usefully assess the value of these changes. As Maria is a nurse who studies her professional literature, she represents in a small way the target audience I identified at the beginning of this piece – the health

professional concerned with issues around death and dying and spirituality. The fact that she found the course meaningful and valuable

6. Did other people in the group report 'Death-Rebirth' experiences?

I estimated that more than half the group did so during the 'sharings'. Half of the response group to the questionnaire said they had had such experiences. During the course and when I sent the questionnaires, I had not foreseen that at this stage I would be unclear whether rebirth meant the recalling/re-experiencing of this birth in this life, or something else. This is something I would clarify before further research. Discovering the lack of clarity in the use of the word 'rebirth' is a valuable result in this study and it demonstrates the wisdom of taking a pilot approach to establish where pitfalls may lie.

7. Did anyone consider they had learned to die?

In answer to my questionnaire three people affirmed that they did consider they had learned to die. Although Grof had spoken extensively during the first two days about the idea of learning to die, as far as my journal records no-one used those words when talking of their holotropic experiences. It is only on reflection that I realized that while I was titillated by and focused on the notion of learning to die, other people were there for other reasons and with other preoccupations. If the course had been called, 'learn to die or get your money back', I would have been more justified in assuming others were attempting to achieve the same goals. In a future research project on learning to die I would choose to work with a co-operative group who were consciously attempting to learn to die.

6.1. REFLECTIONS ON STUDY & CONCLUSIONS.

The journey of a hero/ine (Campbell 1970) consists of three stages 1) separation, 2) initiation, and 3) return with the boon. The first stage represents a separation from normal ego-consciousness and entry into the altered state or non-ordinary reality. The second stage is a period of learning and discovery of the mysteries and sacred power, initiation into the insights of transpersonal experience, and undergoing a metaphoric death and rebirth. The third stage is the return to ordinary reality, bringing back the boons of insight, increased consciousness, wisdom, and healing power. 'The third

stage offers the opportunity to put to practical use what was obtained on the journey for oneself, and in the case of heroes and shamans, for others in the community' (Zaehner 1972:36).

My story, my plausible tale for my interpretative community, began with a quest to answer the following questions. Can we learn to die? Should we? Why would we want to do? What difference does it make? And what has Stanislav Grof got to do with it?

Answering the last question first, it is now apparent what Grof has to say. We can learn to die and we should because it would not only mature us, as if from child to adult, or jiva (individual self) to Shiva (cosmic self), but would transform our perception of the world and the nature of our participation in that world. Freeing ourselves of existentialist death anxiety by facing our death trauma (Langs 2007:1) we no longer project our unconscious demons out into the world that we are co-creating or find ourselves seeking transcendence through alcohol, drugs, television, status seeking, greed, et cetera.

Having experienced death and learned to die we are, according to Grof, more likely to regard death as a transition. A dying person would not actually consider themselves to be dying but in a process of transformation. A certain familiarity with the process might assuage some of the fears or even engender optimistic expectation. The biographical, psychological and social needs will have already been taken care of through open and honest communication with those around. If this person has no knowledge of, or belief in, a previous death those most intimately involved in their care would have done. Certainly they will have been trained to allow for this dimension to death. Consequently they will both how to help and how not to help. They will know that the journey the dying person is on is both universal and uniquely personal. Because of their own understanding, because they have faced their own deaths, the helpers will not impose beliefs but will endeavour to produce the optimum conditions in which to support a psycho-spiritual journey. The helpers will also recognise the needs of the family support system the dying person is leaving.

Of course if you die on the road, or on your own, even then your practise of and familiarity with death will be of benefit to you.

Clearly this was always going to be a highly theoretical and exploratory pilot study. The notion of learning-to-die is not only novel but highly contentious paradigmatically. I think it is reasonable to claim that the theoretical intent of this

study, to explore and examine the concept of learning-to-die in relation to the work of Stanislav Grof, has been achieved.

As for the experiential side of the research and the contribution of my case study and my questionnaire, I remain uncertain what more I could have done at this point. How many stories does the world need? What evidence could be accrued to persuade my interpretative community to learn to die? Perhaps if over a long period of time enough travellers arrive back from a strange land with wondrous stories of gold over the hills, then the home community may begin to believe them. As Kuhn (1970) and others have shown a new paradigm takes time to establish itself and no one really knows how a new truth comes to establish itself. By attempting to 'go native' in my participation observation, I allowed the possibility of 'converting' to a Groffian point of view. This did not happen in the but in the trying and in the looking over the shoulders of Maria and the other participants, I consider that some light was shone on the studied culture and that insights gained from the study will usefully inform further research.

When it comes to continuing the investigation into learning to die my first aim would be to videotape and record the holotropic breathing sessions and the 'sharings' that followed. These are the crucial to understanding and analysing the experiences that people are having. I would not attempt to be a participant observer again because I found the two roles conflicting. A model of co-operative enquiry, with participants wanting to learn to die, would be the best way forward. Although I did not consider using quantitative measures in this study, for example The Templar death Anxiety scale, I do believe they have their value and would want to use them. After all, it was data revealed in personality tests that led the LSD researchers to hypothesise that the death-rebirth experience is good for us in as much as it makes us happier, less stressed and more inclined towards altruism. If these are values we aspire to then sooner or later they may become the goad to ask again the questions that commenced the research. Can we die? Should we? Why would we want to? What difference would it make?

7.0 BIBLIOGRAPHY

ABRAMSON, H. A, (1966). LSD in psychotherapy and alcoholism. *American Journal of Psychotherapy,* 20(3), 415-438.

AMENTA, M, (1997). Spiritual care. *International Journal of Palliative Nursing*. Vol 3(4).

ARIES, P, (1981). *The Hour of our Death*. New York. Knopf

BALSEKAR, R, (1983). *Explorations in the Eternal*. Durham, North Carolina. The Acorn Press.

BASH, A, (2004). Spirituality: the emperor's new clothes? *Journal of Clinical Nursing*, 13, 11-16.

BECKER, E, (1973*) The Denial of Death*. New York. Free Press.

BELL J, (1966) On the problem of hidden variables in Quantum Physics. *Review of Modern Physics* 38:447

BERGER, P. (1979) *The Heretical Imperative*. New York. Anchor Press.

BLOCH, M. & PARRY, J. eds (1982*) Death & the Regeneration of Life*. Cambridge. UP.

BOHM, S (1980) *Wholeness and the Implicate Order*. London. Routledge, Keegan & Paul.

BUSCH, A. K., & JOHNSON, W. (1950). LSD-25 as an Aid in Psychotherapy. *Diseases of the Nervous System, 11, 243.*

BYRNE, M (2002) Spirituality in Palliative Care. *International Journal of Palliative Nursing*. Vol 8:67-74

CAMPBELL, J (1968) *The Hero with a thousand faces*. Princeton. Princeton University Press.

CAPRA, F (1982) *The Turning Point*. New York. Simon & Schuster

CARROLL, B, (2001) A phenomenological exploration of the nature of spirituality and spiritual care. *Mortality.* 6(1) pp 81-98.

CASTENADA, C (1975) *Tales of Power*. New York. Pocket Books.

CHARMAZ, C, (1980*) The Social Reality of Death*. Massachusetts: Addison Wesley.

CLIFFORD, J (1988) *The predicament of culture*. Cambridge MA: Harvard University Press

CLIFFORD, B & GRUCA, J. (1987) Facilitating spiritual care in rehabilitation. *Rehabilitation Nursing* 12(6): 331-333.

COHEN, S, (1965). LSD and the Anguish of Dying. *Harpers Magazine*, 213(1384), 69-72 & 77-78.

DAWKINS, R. (2007) *The God Delusion*. New York. Houghton Mifflin.

DENZIN, N.K. & LINCOLN, Y.S. (1994). *Handbook of qualitative research*. Thousand Oaks, CA: Sage Publications.

DOBLIN, R. (1991). An invitation for dialogue. *Maps,* 6 (2), 2

DRYER, D, & YENSEN, R., (1996). The consciousness research of Stanislav Grof. In B. W. Scotton, A. B. Chinen, & J. R. Battista (Eds.), *Textbook of transpersonal psychiatry and psychology*. New York: Basic Books.

FAVRET-SAADA, J (1977) *Les mots, la mort, les sorts*. Paris. Gallimard.

FEYERABEND, P (1978) *Against Method: Outline of an anarchic Theory of Knowledge*. London. Verso Press.

FISH, S. (1989) *Doing What Comes Naturally*. Durham. NC:Duke University Press.

FISHER, G. (1970a). The psycholytic treatment of a childhood schizophrenic girl. *International Journal of Social Psychiatry*, 16(2), 112-130.

FISHER, G. (1970b). Psychotherapy for the dying. *Omega*, 1, 3-15.

FREUD, S. (1949) *An outline of Psychoanalysis*. New York. W.W.Norton.

GEERTZ, C, (1973) *The interpretations of cultures*. New York. Basic Books.

GENNEP, A van (1960) *The Rites of Passage*. University of Chicago Press.

GLASER, B. & STRAUSS, A. (1967) *The discovery of grounded theory*. Chicago. Aldine.

GORDON, J, & BLACKHALL, L, & BASTIS, M, & THURMAN, R, (2002). Asian Spiritual traditions and Their Usefulness to Practitioners and Patients Facing Life and Death. *Journal of Alternative and Complementary Medicine*. Vol 8: no 5: 603-608

GROF, S. (1975) *Realms of the Human Unconscious*. New York. Viking Press.

GROF, S. (1980). *LSD Psychotherapy*. Pomona Ca: Hunter House.

GROF, S. (Ed.). (1984). *Ancient wisdom and modern science*. Albany, NY: State University of New York.

GROF, S. (1985*). Beyond the Brain: Birth, death, and transcendence in psychotherapy.* Albany, NY: : State University of New York.

GROF, S. (1994). *Books of the Dead: Manuals for living and dying*. New York: Thames & Hudson.

GROF, S. (2000) *Psychology of the future*. Albany New York: SUNY Press.

GROF, S. (2006) *The Ultimate Journey*. San Francisco: MAPS.

GROF, S., & BENNET, H. Z. (1993). *The Holotropic Mind*. San Francisco: Harper.

GROF, S., GOODMAN, L. RICHARDS, W., & KURLAND, A. (1973). LSD assisted psychotherapy in patients with terminal cancer. *International Pharmacopsychiatry*, 8(3), 129-144.

GROF, S., & GROF, C. (1980). *Beyond Death: The gates of consciousness.* London: Thames & Hudson.

GROF, S., & HALIFAX, J. (1977). *The Human Encounter with Death*. New York: E.P. Dutton.

GROF, S., KURLAND, A, & GOODMAN, L., (1973) Psychedelic Drug Assisted Psychotherapy. *Psychotheramacological Agents for the Terminally Ill and Bereaved*. Pp 86-133.

GROF, S, VOJTECHOVESKY,M, & VOTAVA Z. (1960) "Diethylamid kyseliny d-lysergové (LSD). (Historie, chemické a farmakologické vlastnosti) ". *Casop.lek.cesk.* (34):180-187.

HALLAM, E & HOCKEY, J. (2001) *Death, Memory and Material Culture*. UK. Berg.

HANRATTY (2006) *Quantam Psychology*. Unpublished phd.

HARRINGTON, A (1969) *The Immortalist*. California:Celestrial Arts.

HEISENBERG, W (1971*) Physics and Beyond*. New York. Harper Row.

HENERY, N. (2003) Constructions of spirituality in contemporary nursing theory. *Journal of Advanced Nursing 42:6, 550–557*

HERON, J (1996) *Co-operative Inquiry*. London. Sage.

HEYSE-MOORE, L, (1996) On spiritual pain in the dying. *Mortality* 1(3).

HIGHFIELD, M. & CARSON, C. (1983) Spiritual needs of patients. *Cancer Nursing*. June 187-194.

HOFFER, A, (1956) *Studies with niacin and LSD*. London. Grune & Stratton.

HOFFER, A, & SMITH, C, (1959). Psychological response to d-lysergic acid diethylamide. *Journal of Clincal & Experiential.Psychotherapy.*

HOFFMAN, A. (1983) *LSD: My problem Child*. San Francisco. MAPS

HOFFMAN, M (2006) The entheogen theory of religion and ego death. *Salvia Divinorum*. No 4.

HOLLAND, J, & NEIMEYER, R. (2006) Reducing the risk of burnout in end-of-life care settings: The role of daily spiritual experience and training. *Palliative and Supportive Care*. 3: 173-181. Cambridge University Press.

HOLLOWAY, M (2006) Death the great leveller? Towards a transcultural spirituality of dying and bereavement. *Journal Clinical Nursing.* 15(7):833-9.

HOLMES,S,. & MORRIS, R, (1996) Holotropic Breathwork. *Psychotherapy* Vol 33/Spring/Number 1/

HUNGELMANN, J, ROSSI, E, KLASSEN, L & STOLLENWERK, R (1985) Spiritual well-being in older adults. *Journal of Religion and Health* 24:147-153

JACKSON, P (1996) Holotropic Therapy System of Stanislav Grof. *Journal of New Zealand Association of Psychotherapists.*

JAMES, W (1902) *The Varieties of Religious Experience*. New York: Menor.

JUNG, C (1960*) On the Nature of the Psyche*. Collected Works, vol 2, bollingen Series XX. Princetown. Princetown University Press.

KAST, E, & COLLINS, V (1965) LSD and the dying patient. *Chicago Medical School Quarterly* 26:80

KELLEHEAR (1984) Are we a 'death-denying society?: A sociological review*" Social Science and Medicine.* 18(9): 713-723.

KELLEHEAR, A. (1996) *Experiences near Death*. Oxford. Oxford University Press.

KELLEHEAR, A. (2007) *A Social History of Dying*. Cambridge. Cambridge University Press.

KOENIG, Harold G. (2001) *Spirituality in Patient Care: Why, How, When and What?* Templeton Foundation Press, Radnor, Pennsylvania.

KUHN, T, (1962) *The structure of scientific revolutions*. Chicago. Chicago University Press.

KUNGURTSEV, I. (1991) Death-Rebirth Psychotherapy. *Albert Hoffman Foundation Bulletin*. Fall.

KURLAND, A., SAVAGE, C., PAHNKE, W. N., GROF, S., & OLSSON, J. E. (1971). LSD in the treatment of alcoholics. *Pharmakopsychiatrie Neuro Psychopharmakologie,* 4(2), 84-94.

LANGS, R, (2007) Death anxiety and the emotion-processing mind. *Psychoanalytic Psychology* 21(31)53-7.

LARSON D.B., SAWYERS J.P. & MCCULLOCH, M. (1997*) Scientific Research on Spirituality and Health: a Consensus Report*. National Institute for Healthcare Research, Rockville, Maryland

LASZLO, E (2004) *Science and the Akashic Field*. Rochester: Inner Traditions.

LAUT, P & LEONARD, J. (1985) *Rebirthing: The Science of enjoying all your life.* New York: Celestrial Arts.

LEARY, T, ALPERT,R. and METZNER, R. (1964*). Psychedelic Experience: A Manual Based on the Tibetan Book of the Dead.* New York: University Books.

LEUNER, H. (1962). *Die experimentelle psychose*. Berlin: Springer Verlag.

LINCOLN, Y, & DENZIN, N. (1994) The fifth moment. In DENZIN, N. & LICOLN, Y, (eds*) The Handbook of qualitative research* 575-586. Thousand Oaks. CA: Sage.

LLOYD, M (1996) Philosophy and religion in the face of death. *Journal of Religion and Health* 35:295-310

LLOYD, M (1997) Dying and bereavement. *British Journal of Social Work* 27:175-190

MARTSOLF, D. & MICKLEY, J. (1998) The concept of spirituality in nursing theories. *Journal of Advanced Nursing.* Vol 27(2):294-303

MASLOW, A. (1962) "Lessons from the Peak-experiences" *Journal of Humanistic Psychology* 2(1962) p.9-18

MASLOW, A. (1964) Religions, Values, and peak experiences. Coumbia, OH: State University Press.

MELIA, K. (1997) Producing Plausible Stories in MILLER, G., & DINGWALL, R. (eds), Context and Method in Qualitative Research. London. Sage.

McSHERRY, W. (2006) The way forward. *Journal of Clinical Nursing*. Vol 15(7):907-917

McSHERRY W. & Ross L. (2002) Dilemmas of spiritual assessment: considerations for practice. *Journal of Advanced Nursing 38, 479–488.*

MILLER, G (1995) Dispute Domains. *Sociological Quarterly*, 36:37-59.

MILLER, G., & DINGWALL, R. (eds), *Context and Method in Qualitative Research*. London. Sage.

MUKTANANDA, S (1980) *Secret of the Siddhas*. New York. Siddha Yoga Foundation.

NARAYANASAMY, A (1998) ASSET: a model for actioning spirituality and spiritual care education and training in nursing. *Nurse Education Today* 19, 274-285

NARAYANASAMY, A. (2006) The impact of empirical studies of spirituality and culture on nurse education. *Journal of Clinical Nursing* 15:7, 840–851

NARAYANASAMY, A, & WHITE, E. (2005) A review of transcultural nursing. *Nurse Education Today* 25:102-111

OLDNALL, A. (1996) A critical analysis of nursing: meeting the spiritual needs of patients. *Journal of Advanced Nursing* 23, 138–144.

OLDNALL A. (1995) On the absence of spirituality in nursing theories and models. *Journal of Advanced Nursing* 21(3), 417–418.

O'LEARY, Z. (2004) *The Essential Guide To Doing Research*. London. Sage.

OSMOND, H. (1957). A review of the clinical effects of psychotomimetic agents. *Annals of the New York Academy of Sciences*, 66, 418-434.

OSMOND, H. (1969). Psychedelic drugs in the treatment of alcoholism. In R. E. Hicks & P. J. Fink (Eds.), *Psychedelic Drugs*: Proceedings of a Hahneman Medical College and Hospital Symposium Sponsored by the Department of Psychiatry (pp. 217-225). New York: Grune & Stratton.

OTT, J (1996) *The Age of Enthoegens*. Natural Products Co:Kennewick, WA.

PAHNKE, W. N. (1963). *Drugs and mysticism*: An analysis of the relationship between psychedelic drugs and mystical consciousness. Unpublished Doctoral, Harvard.

PAHNKE, W. N. (1969). Psychedelic drugs and mystical experience. *International Psychiatric Clinics*, 5(4), 149-162.

RICHARDS, W. A., & BERENDES, M. (1977). LSD-assisted psychotherapy and the dynamics of creativity: A case report. *Journal of Altered States of Consciousness*, 3(2), 131-146.

RICHARDS, W. A., GROF, S., GOODMAN, L., & KURLAND, A. (1972). LSD-assisted psychotherapy and the human encounter with death. *Journal of Transpersonal Psychology*, 4, 121.

RICHARDS, W. A., DILEO, F. B., YENSEN, R., & KURLAND, A. A. (1979). The peak experience variable in DPT-assisted psychotherapy with cancer patients. *Journal of Psychedelic Drugs*, 9(1), 1-10.

PROBRAM, K, (1971) *Languages of the Brain*. Englewood Cliffs:NJ. Prentice-Hall

RAMDASS, B, (1971) *Be Here Now*. New York: Lama Press.

RICHARDS, W. A., & BERENDES, M. (1977). LSD-assisted psychotherapy and the dynamics of creativity: A case report. *Journal of Altered States of Consciousness*, 3(2), 131-146.

RICHARDS, W. A., GROF, S., GOODMAN, L., & KURLAND, A. (1972). LSD-assisted psychotherapy and the human encounter with death. *Journal of Transpersonal Psychology*, 4, 121.

RICHARDS, W. A., DILEO, F. B., YENSEN, R., & KURLAND, A. A. (1979). The peak experience variable in DPT-assisted psychotherapy with cancer patients. *Journal of Psychedelic Drugs*, 9(1), 1-10.

RIPER, H. (1994) *A living language for Death and Dying*. Phd University of Amsterdam.

SANDISON, R.A., SPENCER, A.M., & WHITELAW, J.D.A. (1954). The therapeutic value of Lysergic Acid Diethylamide in mental illness. *The Journal of Mental Science*, 100, 491-507.

SANDISON, R.A., & WHITELAW, J.D.A. (1957). Further studies in the therapeutic value of Lysergic Acid Diethylamide in mental illness. *The Journal of Mental Science,* 103, 332-343.

SAUNDERS, C (1973) *The Management of Terminal Illness*. London: Hospital Medicine Publications.

SAVAGE, C., McCABE, O. L., KURLAND, A. A., & HANLON, T. (1973). LSD-assisted psychotherapy in the treatment of severe chronic neurosis. *Journal of Altered States of Consciousness*, 1(1), 31-47.

SCHROEDINGER, E (1967) *What is Life?* Cambridge. Cambridge University Press.

SINGH, J. (1977) *Pratyabhinahridryam*. Delhi. Motilal Bararsidass.

SINGH J. (1979) *Shiva Sutras*. Delhi. Motilal Barasidaas.

SONTAG 1977 (1977) *Illness as a metaphor*. New York: Random House.

SPECK, P., & HIGGINSON, I., & ADDINGTON-HALL, J. (2004) Spiritual Needs in Health Care. *BMJ* 329:123-124

STEINDHLE-RAST, BROTHER (2007) *Learning to Die*. Gratfuleness.org. Last access 1/9/07

STOLL, W. (1947) LSD. *Schweizer Archiv fur Neurologie und Psychaitre*.

STROLLER, P. & OAKES,A (1987) *In Sorcery's Shadow.* Chicago. University of Chicago Press.

TAIMNI, I (1974) *The secret of Self-realization*. Madras. The Theosophical Publishing House.

TALBOT, M. (2007) *Universe as Hologram*. TWM. Homepages.ihug.co.nz

TANYI, R. (2002) Nursing Theory and concept development or analysis. *Journal of Advanced Nursing*. Vol 39: Issue 5 Page 500-509

TARNAS, R (1991) *The Passion of the Western Mind*. New York: Harmony Books

TAYLOR (1994) The Breathwork Experience. New York: Hanford Mead

TAYLOR (2003) Holotropic Breathwork. New York: Hansford Mead.

TEMPLER, D (1970) The construction and validation of a death anxiety scale. *Journal of General Psychiatry* 82,165-177.

TRESCH, J (2001) On Going Native. *Philosophy of the Social Sciences*, Vol 31: no 3: 302-322.

WASNER, M, & FEGG, M, & BORASIO, G., (2005) Effects of spiritual care training for palliative care professionals. *Palliative Medicine*, Vol 19, No 2, 99-104.

WASSON, G., HOFMANN,A, and RUCK, C, (1978) *The Road to Eleusis*. New York:Harcourt.

YENSEN, R., & DRYER, D. A. (1996). The consciousness research of Stanislav Grof. In B. W. Scotton, A. B. Chinen, & J. R. Battista (Eds.), *Textbook of transpersonal psychiatry and psychology*. New York: Basic Books.

ZAEHNER, R (1972) *Zen, Drugs, and Mysticism*. New York: Pantheon.

ZIMBEROFF, D, & HARTMAN, D. (1999) Breathwork. *Journal of Heart Centred therapies*. Autumn.