

Mapping the Boundaries between Science and Religion

Psychology, Psychiatry, and Near-Death Experiences

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ABSTRACT

In contemporary religious landscapes, entanglements between the field of religion and the field of psychology and psychiatry are manifold. In this paper, the psychological school of “Transpersonal Psychology” (TP) and specifically the work of the psychiatrist and LSD researcher Stanislav Grof is introduced in order to illuminate the interferences between psychological or therapeutic discourses and religious discourses. Of particular interest are psychological approaches to Near-Death Experiences (NDE) and the way in which they become productive of religious imaginary. In this way, this paper will outline the boundaries between science and religion, or rather the fluidity of such boundaries, using the example of a specific discourse as manifested in scholarly approaches to Near-Death Experiences in Transpersonal Psychology.

1 INTRODUCTION

Of all the scientific disciplines that have dealt with the topic of near-death experiences (NDEs), psychology and psychiatry have played a special role. The first scientific studies of the topic in the twentieth century were both

written by psychiatrists.¹ At the same time, psychological explanations of Near-Death Experiences (NDE)² form only one group of many, as yet fragmentary attempts to explain them scientifically. The aim of this article is to examine the relationship of a very specific and contested psychological school—“Transpersonal Psychology” (TP)—to religion, as exemplified by its approach to NDEs.

Given the proximity of NDE research to religion, as well as its dissemination in society in general, the topic is a complex one. Anyone who wants to examine the approaches of psychology and psychiatry to NDEs from the perspective of the academic Study of Religion will therefore have to limit the study to just a few aspects. Accordingly, this article is structured as follows.

I begin with an examination of the concept of experience as a key idea in the psychology of religion, which will be exemplified by a brief analysis of the work of William James in this area. The writings of this “classical” author are more than one hundred years old, but they are still one of the key reference points for more recent branches of psychology that deal with NDEs. In addition, James’s concept of religious experience can still be seen as groundbreaking in contemporary discussions of this topic.

The subsequent section introduces the concept of Transpersonal Psychology, which is considered marginal within academic psychology and has given rise to controversies regarding whether it even is a legitimate part of it. Nonetheless, it is above all here where the issues of peak and border experiences in general and of NDEs in particular have been argued to be therapeutically fruitful and have become the vehicle for a new form of dealing with death, which, for good reasons, can be called religious. Special attention will therefore be paid to the interference between psychological or therapeutic discourses and religious discourses, using the work of the psychiatrist and LSD researcher Stanislav Grof as an example to illustrate this in detail.

The analysis will be completed by some reflections on the extent to which the phenomenon of NDEs can also be described as a new and very specific

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- 1 Elisabeth Kübler-Ross and Raymond Moody were instrumental in shaping early research on NDE, as well as the term itself.
 - 2 For contemporary psychiatric and psychological research, cp. Khanna/Greyson 2014: 1605–1615; Britton/Bootzin 2004: 254–258; Wren-Lewis 2004: 90–92. For an example of an approach from medical anthropology, cp. Corazza 2008.

form of contemporary religiosity, as well as on the role that TP and psychotherapy play in this context.

The treatment of the issue in this article is therefore twofold: on the one hand, the topic is presented from the perspective of the psychology of religion; on the other hand, discourses of TP about NDEs as a *religious* phenomenon are analyzed from the perspective of the academic Study of Religion.

2 ON THE CONCEPT OF EXPERIENCE

The concept of NDEs has constantly been questioned since the beginning of research on the topic. Reasons for this include the fact that a lot of people actually report features of an NDE without having been close to death at all (van Lommel 2001: 2039–2045). Thus, the term loses its *differentia specifica* in relation to other extraordinary experiences, most notably so-called out-of-body experiences, on which a lot of research is currently being conducted and which are frequently, though not always, reported as part of an NDE (Blanke et al. 2016: 323–347). At the same time, recent neurological research also shows that out-of-body experiences and NDEs “may share important functional and brain mechanisms, but clearly point towards distinct mechanisms as well” (ibid: 333).

Since Moody’s study (1975), which listed fifteen different aspects (although none of them had featured fully in any of the 150 cases he analyzed), various attempts have been made to develop a phenomenology of the most important characteristics of an NDE (Blanke et al. 2016: 331). Further problems stand in the way of a definition, especially cultural and regional variations in recorded experiences³ and the fact that they are only accessible through the medium of language or imagery.

What is more important for the purposes of this paper is the observation that the notion of NDEs, whether clear or meaningful or not, serves as a fundamental concept not only in scientific research, but also in the respective social discourse and practices, regardless of any possible inconsistencies with regard to its meaning. Here, Mieke Bal’s reflections on concepts are helpful:

3 For further literature see, for example, the study by Hubert Knoblauch (1999) comparing the NDEs of East and West Germans.

“Mostly, they are considered abstract representations of an object. But, like all representations, they are neither simple nor adequate in themselves. They distort, unfix, and inflect the object. [...] In fact, concepts are, or rather *do*, much more. If well thought through, they offer miniature theories, and in that guise, help in the analysis of objects, situations, states, and other theories. [...] They travel—between disciplines, between individual scholars, between historical periods, and between geographically dispersed academic communities. Between disciplines, their meaning, reach, and operational value differ.” (Bal 2009: 11–12)

Thus, the concept of NDEs should be understood as one that moves between different disciplines and that facilitates their interdisciplinary dialogue, precisely because it is more than a simple word, though also less than an elaborate theory (ibid: 15).

The debates on the general concept of experience in both the psychology of religion and the Study of Religion have been similarly complex, especially because it has been so crucial to both disciplines. The related debate already started when the psychology of religion began to emerge as an empirical science in the United States around 1900. William James, one of its key representatives, dealt with it in detail in his much-read work, *The Varieties of Religious Experience*. At that time, the spiritualist movement was in full blossom, with attempts being made to contact the dead in the hereafter by means of spiritualist mediums in séances where occultist practices such as table-turning were highly popular.

Frequently at this time, renowned psychologists and psychiatrists were also present at the séance tables, trying to find alternative explanations for the observed phenomena and, in the process, triggering highly controversial discussions about the status and role of psychology and psychiatry as scientific disciplines.⁴ Thus, psychology and psychiatry were already involved in the search for an alternative, scientific approach to the so-called “beyond” long before modern research on NDEs started. James was among those psychologists whose theories were heavily based on analysis of such extraordinary phenomena, and his work, *The Varieties of Religious Experience*, is full of examples of this kind.

However, one key element in his reflections is the question of the actual object of research in the psychology of religion and the ontological status of

4 For further literature see Treitel 2004 or also Gripentrog 2016.

the object of religious experience itself. Discussing this question in detail, he points out that it is not the task of science to provide evidence regarding questions of religious truth, let alone the ontological status of objects of religious experience. Rather, science must limit itself to the description of the experiences of those who “apprehend themselves to stand in relation to whatever they may consider the divine” (James 1902: 32). What is of special interest to him, then, is the intensity of this experience, which those affected describe as an increased perception of reality, a reality “which no adverse argument, however unanswerable by you in words, can expel from your belief” (ibid: 72). Thus, he writes:

“All our attitudes, moral, practical or emotional, as well as religious, are due to the “objects” of our consciousness, the things which we believe to exist, whether really or ideally, along with ourselves. Such objects may be present to our senses, or they may only be present to our thought. In either case, they elicit from us a *reaction*; and the reaction due to things of thought is notoriously in many cases as strong as that due to sensible presences. It may be even stronger.” (ibid: 53)

Hence, James is not concerned with deciding whether a “real” object corresponds to such an experience or, if so, what kind of object. Rather, answering this question seems wholly irrelevant to the value of such an experience. Instead, both real and ideal objects are simply objects of consciousness that, as such, “coexist” within us. James, writing as a philosopher here, anticipated an important insight of contemporary brain research at this point, which has confirmed that the same brain areas are active in imagining as in visually perceiving a real object (Traut 2015: 33). For the brain, it seems to make no difference if something is just imagined or actually experienced.

Thus, for James and his question about the ontological status of the object of religious experience, this means that it does not really matter whether the experience is real or to what extent. In the first of his twenty lectures that make up *Varieties*, he discusses the closeness of religious experiences to pathological ones, a topic that has also been discussed with regard to NDEs. In doing so, he states explicitly that there is no real possibility of making a clear distinction between them. In particular, “‘geniuses’ in the religious line” frequently show, as James puts it, “symptoms of nervous instability” and are therefore often “subject to abnormal psychical visitations” (James 1902: 8). At the same time, this might be precisely the reason for their special

religious meaning, because “often [...] these pathological features in their career have helped to give them their religious authority and influence” (ibid: 8). The physiological and possibly even pathological causes of such experiences are therefore not relevant to James compared to their consequences for the life of the person having them (ibid: 51).

At any rate, from James’s point of view, the emotional reactions triggered by such “objects of consciousness” can be extremely intense. He writes:

“They are as convincing to those who have them as any direct sensible experiences can be, and they are, as a rule, much more convincing than results established by mere logic ever are. [...] if you do have them, and have them at all strongly, the probability is that you cannot help regarding them as genuine perceptions of truth, as revelations of a kind of reality which no adverse argument, however unanswerable by you in words, can expel from your belief.” (ibid: 72)

The subjective power of the persuasion of such experiences seems to be overwhelming and can scarcely be questioned anymore. What James describes here can easily be matched with numerous reports of NDEs, and it also highlights an aspect that is repeatedly discussed in current research: the claim of those concerned that such experiences were, so to speak, “more real than real”. In their 2013 neuroscientific study, Thonnard et al. (2013) state that the clarity of memories of NDEs often exceeds the actual experience of them:

“A recent study compared NDE memories to real and imagined memories, including non-NDE coma memories. It was found that NDE memories had richer content than all other types of memories, including better clarity and more self-referential and emotional information, suggesting that memories of NDEs are more akin to flashbulb memories and hallucinatory experiences than imagined events. These characteristics seem related to the content of the memory per se, rather than medical factors or actual closeness to death, and help understand why such experiences are often perceived as ‘super real,’ even more so than real recent events.”

(Thonnard et al. as cited in Blanke et al. 2016: 334)

But how can a scientific description deal with this kind of recourse to experience—an experience that claims to be even “more real than real”? Despite the continuing popularity of James’s approach, the conceptualization of religion based on the concept of experience has found no lasting success. Even

though it was established as a key term in the first half of the twentieth century, especially in the discipline of the phenomenology of religion, it was more or less abolished as “too religious” in the course of the reorientation of the academic Study of Religion as a cultural science in the second half of that century (Gladigow 1988: 6–37).

In the case of both religious experiences and NDEs, the question also arises under what conditions such “experiences” can be scientifically described at all. The German sociologist and scholar of the Study of Religion Volkhard Krech has therefore proposed a different approach following his research on conversion, one that highlights the aspect of *communication* instead of experience. In his view, one implication of adopting a communicative paradigm is that religious experience should not be understood (at least not exclusively) as a consciousness-like structure that is inaccessible to communication and thus to the sociological perspective, but instead as something that is constituted by communication and therefore is to be understood as a social fact (Krech 2005: 358).

Such experiences may be conceived, described, or even made visible through imaging procedures, as they are never *directly* accessible to research. The possibility of scientific, intersubjective access thus ends with the *expressed* (mostly linguistically), *mediated* experience. Looked at in this fashion, new, interdisciplinary approaches become relevant that deal, for example, with questions of the narrative format of an NDE or the relationship between narrative and experience in their mutual reciprocity.

But what are recent psychological studies on NDEs dealing with if not with the question of experience? Here, questions about the relationship between mental health and the occurrence of NDEs have become very prominent. In his research, Kenneth Ring, for example, asked whether people reporting an NDE differed in any way from the normal population in terms of their mental health. They were found to be no less healthy than the control group, but still differed from them in certain other respects (cp. Ring 1980; Greyson 1999: 7–19). This involved, for example, an increased susceptibility to hypnosis, the ability to remember dreams better and the ability to use imagination (cp. Irwin 1985). There also seemed to be an accumulation of traumatic childhood experiences among this group, with feelings of alienation from the environment as a consequence (cp. Ring 1992).

Previous psychological research on NDEs has primarily dealt with the question of how such experiences can be explained, suggesting that NDEs

could be a mental defense mechanism initiated by confrontation with imminent death (Vaitl 2012: 157).

Another explanation that goes in a similar direction sees memories of the birthing process at work during the tunnel experience (Gabbard/Twemlow 1991: 41–47). Grof's approach is similar but will be discussed later in detail. Depersonalization theory also invokes a defence mechanism as an explanation; due to an acute situation of crisis, the organism is put into a state of alarm, which causes dissociation of the crisis situation. This prevents the individual from being forced to live through its full drama (Vaitl 2012: 157).

However, Dieter Vaitl, summing up the various approaches to psychological explanation, points out that there is still no explanation of the discrepancy between physiological restriction and the complexity of experience (2012: 156). Thus, important questions regarding explanations for these phenomena remain unanswered.

The following analysis will be less concerned with making a further attempt to provide such clarifications than with describing a very specific psychological and psychiatric approach to the topic. The notion of TP that is invoked here is characterized by its comprehensive claim to be able to explain the occurrence of such experiences in their entirety, while at the same time being largely excluded from academic psychology as unscientific. It is, therefore, in no way representative of the history of psychological and psychiatric engagement with the topic of NDEs, though historically it is still located at the inception of NDE research.

3 ON “TRANSPERSONAL PSYCHOLOGY”

So-called “Transpersonal Psychology” represents a special case within modern academic psychological research (Walach et al. 2005: 405–415). As a psychological movement founded in the late 1960s, it mainly defined itself through its organ of publication, the *Journal of Transpersonal Psychology*, and its related society, the *Transpersonal Association*. However, it can hardly be characterized as a homogeneous movement, nor even as a school. Instead, its origins can best be described as heterogeneous (ibid: 405). Different authors influenced its emergence, conceiving TP in very different ways. These include especially Antony Sutich, who wrote the constitutive article of the discipline in the first volume of the *Journal* in 1969, Stanislav

Grof, who became known to the public mainly through his research on LSD, Abraham Maslow, the creator of the so-called hierarchy of needs, and above all the autodidact Ken Wilber, who began to develop a system of TP in the mid-1970s.

Both Sutich and Maslow characterized TP as the “fourth force” coming at the end of an upward development, with behaviorism as the first force, psychoanalysis as the second and humanistic psychology as the third. As such, they understood it as completing and absorbing the previous stages of psychological theorizing and therapy. For Maslow, this implied an explicit reference to transcendence, which was also to be part of his new psychological anthropology and its corresponding therapy. He wrote: “Without the transpersonal, we get sick, violent and nihilistic, or else hopeless and apathetic.” (Maslow 1968: iii–iv)

For Maslow, the starting point of this approach was an explicitly anti-materialist anthropology. He did not orient himself to the average or the mentally ill, but to the concept of a healthy, even above-average human, who has fully developed his or her potential, a process he called “self-realization”. In his opinion, only very few people have ever achieved this level. Maslow said in a lecture in 1962:

“When I started to explore the psychology of health, I picked out the finest, healthiest people, the best specimens of mankind I could find, and studied them to see what they were like. [...] I found that these individuals tended to report having had something like mystic experiences, moments of great awe, moments of the most intense happiness or even rapture, ecstasy or bliss.” (1962: 9)

These remarks of Maslow’s remind the reader strongly of William James’s suggestion to deal not with the experiences of the average religious human being, but with the most outstanding, extraordinary cases instead. The reason for this, according to James, is that the essence of religion and religious experience can best be studied with reference to extreme cases (1902: 8). Similarly, it recalls Maslow’s specific conceptualization of the concept of experience through which TP acquires its profile in relation to other branches of psychology and psychotherapy. Again, the reference to William James is obvious. Maslow calls such experiences—these moments of great awe, intense happiness, ecstasy, and bliss—*peak experiences* (Maslow 1964).

But what role do NDEs play in this regard? Their relationship to the approach described above will be explained below, using the example of another important representative of TP, Stanislav Grof.

4 STANISLAV GROF'S RESEARCH ON LSD AND ITS RELATIONSHIP TO NEAR-DEATH EXPERIENCES

In 1943, the Swiss chemist Albert Hofmann discovered the substance LSD and, at first through self-experiment, experienced its enormous effect on the human psyche (Hofmann 1979). The Czech psychiatrist and psychotherapist Stanislav Grof was one of the first to receive samples of the new substance from Basel. One of his main questions was about the therapeutic potential of LSD, as it was initially considered to be a means of generating model psychoses that could be explored and then possibly cured (Grof 1980). Very soon, Grof also started to be interested in the potential significance of the substance for the dying. Thus, in 1974 he took over the leadership of the so-called *Spring Grove Program* at the Maryland Psychiatric Research Centre, USA,⁵ from Walter Pahnke, who himself had already become well known for his so-called *Good Friday Experiment* (Pahnke 1966: 85–106). Originally, the program had been dedicated to the effects of LSD on schizophrenics and alcoholics, but in 1966, the research was thematically reoriented, initiated through an employee of the Research Department who had fallen severely ill with cancer and decided to test the effects of LSD in view of her approaching death.

This was the third attempt worldwide to treat terminally ill cancer patients with LSD and it was scientifically documented. Its impressive results (Pahnke et al. 1970: 1856–1863) initiated a new research project on the effects of LSD on such patients. For two decades, the Maryland Psychiatric Research Center and its research facility became the site of intense research on LSD. The very first pilot study produced astonishing results,⁶ which the authors themselves directly related to Maslow's concept of *peak experiences*:

5 More on the history of this program cp. Yensen/Dryer 1995: 73–101.

6 Cp. Richards et al. 1972: 121–149.

“It has been our clinical impression that the most dramatic therapeutic changes followed sessions in which the patient experienced an intense psychedelic peak experience, the phenomenological description of which corresponded to the categories of (1) unity, (2) transcendence of time and space, (3) objectivity and reality, (4) sense of sacredness, (5) deeply felt positive mood and (6) ineffability [...] Profound experiences of this kind were described by approximately 25% of the patients in this study. These patients were often those who seemed most completely free of a fear of death following their sessions.” (Richards et al. 1972: 142)

The assumptions based on this research were that LSD, combined with good therapeutic support for cancer patients close to death, could help to relieve them of anxiety and associated symptoms. As the passage quoted above makes clear, the aspect of the *peak experience* was decisive right from the start. The authors describe it using terms such as unity, transcendence of space and time, objectivity and reality, a sense of holiness, deeply positive moods, and ineffability; aspects that can all also be found in phenomenological descriptions of NDEs.

These similarities become even more obvious in *The Human Encounter with Death*, which Grof published together with Joan Halifax in 1977. This work was published only two years after Moody's *Life after Life*, (cp. 1975) and Elisabeth Kübler-Ross, in her foreword to Grof and Halifax's volume, explicitly pointed out the close connection between the two pieces of research (cp. Grof/Halifax 1977). Also, the two authors themselves repeatedly referred to Moody's work (cp. Grof/Halifax 1977). The reports they collected and presented in their volume on the experiences of patients treated with LSD include out-of-body experiences as well as various forms of life review, encounters with the dead, and even a light identified as “divine.”⁷ Some of the patients who had both an LSD experience and an NDE confirmed the striking similarities between them:

“During the operation Ted had two cardiac arrests resulting in clinical death and was resuscitated on both occasions. [...] At the same time, however, he was involved in a number of unusual experiences. [...] The initial darkness was replaced by brilliant light, and he was able to approach it and fuse with it. The feelings he described on experiencing the light were those of sacredness and deep peace. [...] Before we left

7 For further similarities, cp. Bryant 2003: 143–144.

him that day, he emphasized how glad he was that he had had three LSD sessions. He found the experience of actual dying extremely similar to his psychedelic experiences and considered the latter excellent training and preparation. ‘Without the sessions I would have been scared by what was happening, but knowing these states, I was not afraid at all.’” (Grof/Halifax 1977: 181–182)

Despite these remarkable parallels, Grof and Halifax also pointed out that there is an important difference, at least from the accounts in Moody’s work: the descriptions of his cases lacked mythological elements, or, as Grof and Halifax put it, the “cartoon sky” of LSD experiences, with all its multiform expressions of archetypal images of deities and demons.

But how can these parallels be explained? According to Grof and Halifax:

“Observations from psychedelic research, as well as data from history, comparative religion and anthropology, seem to indicate that we all harbour functional matrices in our unconscious minds that contain an authentic encounter with death. Activation of these unconscious structures by psychoactive drugs, or by nondrug factors and techniques, results in a dramatic experience of death that, in terms of its intensity, is indistinguishable from actual dying.” (ibid: 9)

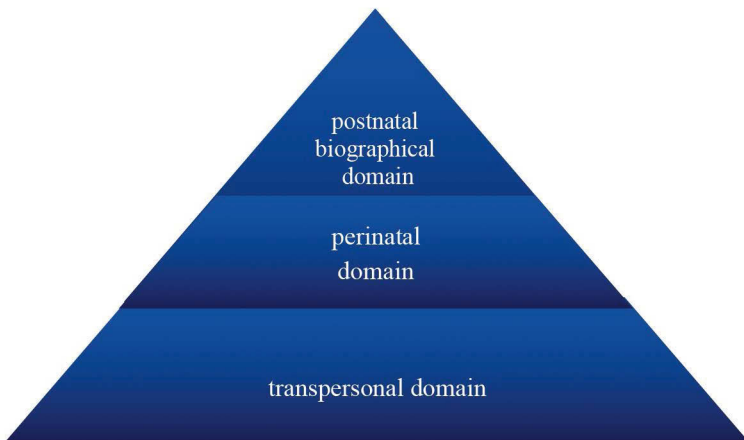
It is this explanation that will be discussed in more detail below. In the course of his more than fifty years of research, Grof developed a new and very specific model of the human psyche, which he also uses to explain NDEs. Furthermore, his approach ultimately embodies the comprehensive claim to put psychology and psychotherapy on a completely new basis and, at the same time, to initiate a scientific paradigm shift (Grof 2012: 137–163). He writes:

“In the last five decades, various avenues of modern consciousness research have revealed a rich array of ‘anomalous’ phenomena—experiences and observations that have undermined some of the generally accepted assertions of modern psychiatry, psychology, and psychotherapy concerning the nature and dimensions of the human psyche, the origins of emotional and psychosomatic disorders, and effective therapeutic mechanisms. Many of these observations are so radical that they question the basic metaphysical assumptions of materialistic science concerning the nature of reality and of human beings and the relationship between consciousness and matter.” (ibid: 138)

The consequences of this for the roles of psychology, psychiatry, and psychotherapy in the “religious field” will be discussed in section five.

At this point, it is appropriate to explain the matrices mentioned by Grof in more detail. He has constantly elaborated this model to this day, which is an essential result of his work, taking into account the experiences of numerous clients, comparisons between whom revealed nothing less than the need for a new cartography of the psyche (cp. Grof 1975). Due to his research on extraordinary states of consciousness, he has extended the traditional view of the psyche into two further major areas (see Fig. 1).

Fig. 1. Sketch of Grof's cartography of the human psyche.



Source: Illustration by Stephanie Gripentrog based on Grof (1975).

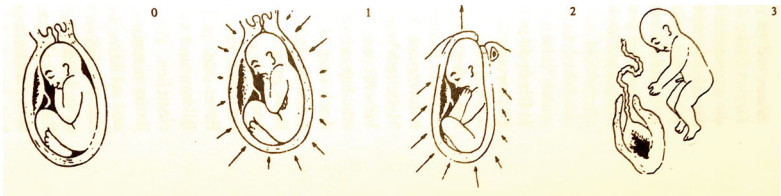
Beyond content from the postnatal biographical level (from birth to adulthood), people in exceptional states of consciousness can gain access to the area of birth (experiences in the womb and during birth = perinatal domain) and the so-called transpersonal domain. He compares the experiences of these domains with those of mystics and shamans, as well as with C.G. Jung's concept of the collective unconscious. Two aspects are of further importance to him: the so-called COEX systems, and *Basic Perinatal Matrices*. COEX systems are *systems of condensed experience*:

“A typical COEX system consists of many layers of unconscious material that share similar emotions or physical sensations; the contributions to a COEX system come from different levels of the psyche.

More superficial and easier available layers contain memories of emotional or physical traumas from infancy, childhood, and later life. On a deeper level, each COEX system is typically connected to a certain aspect of the memory of birth, a specific BPM; the choice of this matrix depends on the nature of the emotional and physical feelings involved. [...] The deepest roots of COEX systems underlying emotional and psychosomatic disorders reach into the transpersonal domain of the psyche.” (Grof 2012: 150)

Furthermore, Grof noted that these systems tend to be associated with certain aspects of the birth process, which he then summarized as *Basic Perinatal Matrices* (see Figure 2).

Fig. 2. *Basic Perinatal Matrices*



Source: Grof 1994: 31.

As such, they also provide the pattern for different forms of transpersonal experience. Grof distinguishes four different *Basic Perinatal Matrices*, as shown in Fig. 2. These are listed below in a simplified and shortened table according to Grof (see Table 1).

Table 1.

Matrix I: Unity with ma- ternal organism	Matrix II: First stage of the birth pro- cess when the uterus con- tracts, but the cervix is not yet open	Matrix III: Struggle to be born after the uterine cervix di- lates	Matrix IV: Separation from the mother
Related memories from life after birth			
Happy memories of infancy or childhood, attention from the mother, romances, swimming in the sea	Situations that were associated with danger to life, accidents, injuries, surgeries, severe psychological trauma	Fights, adventures, intoxicating experiences, victim of seduction or rape	Escape from dangerous situations, overcoming difficult obstacles by own efforts
Related phenomena from LSD sessions			
<i>Undisturbed in- tra-uterine life:</i> Oceanic ecstasy, oneness with the cosmos, paradise visions <i>Disturbances of the intra-uterine life:</i> Feeling of being devoured, disgust, visions of demons and evil meta-physical forces	Devouring maelstrom, violent physical and mental suffering, feeling of an unbearable hopeless situation, hell vision, feelings of futility and absurdity of human existence	Intensification of suffering to cosmic dimensions, simultaneous sensation of pleasure and pain, sado-masochistic orgies, participation in bloody battles, experiences of death and rebirth, religious blood sacrifice motifs, intense body reactions	Sudden release of a strong pressure, visions of gigantic halls, radiant light and beautiful colours, feelings of rebirth and salvation, intensification of sensory impressions

Source: Table by Stephanie Gripentrog based on Grof (1994: 30–31).

This sketch suggests that experiences made in extraordinary states of consciousness are not chaotic but follow very specific patterns and can come from all three different levels of consciousness. Thus, experiences from the recent or distant past, as well as experiences around birth and in the last resort, also from areas that Grof calls “transpersonal,” are possible. Through a strong and qualitatively similar emotional quality or physical sensation, these very diverse contents are linked together, and it is through this mechanism that the transitions from one content of experience to the next can be explained. In addition, the respective experiences can be assigned to the four *Basic Perinatal Matrices*, which structure the experience thematically. But how does the access work? And what are the reasons for particular experiences and their timing? For this too, Grof has an explanation that is particularly relevant therapeutically. He writes:

“The techniques that can directly activate the unconscious seem to reinforce selectively the most relevant emotional material and facilitate its emergence into consciousness. They thus provide a kind of inner radar that scans the system and detects the material with the strongest charge and emotional significance.” (1988: 4)

This means that it is not the therapist who decides which topic to work on, but rather that the topic with the “strongest emotional charge” will naturally come to the surface. As such, it can then work as a door to deeper levels of consciousness. Grof explains this structure by means of a clinical example:

“A person suffering from psychogenic asthma might discover in serial breathwork sessions a powerful COEX system underlying this disorder. The biographical part of this constellation might consist of a memory of near drowning at the age of seven, memories of being repeatedly strangled by an older brother between the ages of three and four, and a memory of severe choking during whooping cough or diphtheria at the age of two. The perinatal contribution to this COEX could be, for example, suffocation experienced during birth because of strangulation by the umbilical cord twisted around the neck. A typical transpersonal root of this breathing disorder would be an experience of being hanged or strangled in what seems to be a previous lifetime.” (Grof 2012: 150)

In repeating an experience under the controlled conditions of a psychedelic session, Grof believes that the negative impact of the experience can be

discharged and thereby neutralized. The therapeutic use of this mechanism will be discussed in more detail below.

In his research with LSD, Grof thus observed that those who had experienced autobiographical content in their psychedelic sessions were increasingly confronted with other complexes at deeper levels, such as mortality, physical pain, emotional agony, aging and, finally, death. The most important element of this process is that on each occasion the images are perceived as extremely realistic and completely comparable to the real process of dying (Grof/Grof: 1980: 25). The relationship to the topic of NDEs becomes clear at this point. Grof expresses this explicitly at the end of his study *Encounter with Death*. He writes:

“Individuals who experience the encounter with death in psychedelic sessions frequently report that it feels extremely authentic and convincing, to the point of being indistinguishable from actual dying. Many descriptions of changes of consciousness in persons facing situations of vital emergency or experiencing clinical death exist in autobiographical accounts, novels, and poetry, but this area has been surprisingly neglected by psychiatrists and psychologists. There are only a few studies in which this interesting field has been systematically explored. We will briefly summarize the work that has been done, illustrate it with subjective accounts of survivors, and relate it to our observations from psychedelic research.” (Grof/Halifax 1977: 131)

At this point, it becomes clear how Grof thinks of the relationship between LSD experiences and NDEs: they are caused by the same mechanisms of the human psyche that become active when the normal state is ruptured by something or intentionally changed. This can happen through the use of drugs, as well as in situations of extreme threat to life or through certain techniques, such as the holotropic breathwork that Grof developed with his wife after LSD was banned. This also shows that Grof does not see the drug as *causing* the experience, but as making it *visible* and *accessible*. The possible paths to such experiences are many and in his writings, Grof draws manifold comparisons to induce extraordinary states of consciousness. Later, in their 1980 publication *Beyond Death*, Stanislav Grof and his wife Christina write:

“There are striking parallels between Moody's observations and descriptions from eschatological literature, particularly the Bardo states in the Tibetan *Book of the Dead*. Similar if not identical elements occur in psychedelic sessions when the subjects

experience deep confrontation with death in the context of the death—rebirth process. As we shall see in a later section, there are also correspondences with spontaneously occurring states experienced by some schizophrenic patients.” (Grof/Grof 1980: 13)

Here, Grof and Grof compare various aspects directly with each other, describing them as “similar” or “identical:” Moody’s research results on NDEs and his descriptions of their eschatological character; Buddhist ways of confrontation with death, as in the context of the *Tibetan Book of the Dead*; and episodes in the experiences of schizophrenics. The images that appear in this context correspond to the cartographies of extraordinary states of consciousness that every human being can potentially experience, as mentioned earlier. At this point, the question of the ontological status of the objects of such experiences becomes of particular interest. In the spirit of James, Grof writes that they are experienced as being on a special level of reality. And, like James, Grof concludes:

“Modern studies of holotropic states [...] have shown that Heaven, Paradise, and Hell are ontologically real; they represent distinct and important states of consciousness that all human beings can under certain circumstances experience during their lifetime. Celestial, paradisaean, and infernal visions are a standard part of the experiential spectrum of psychedelic inner journeys, near-death states, mystical experiences, as well as shamanic initiatory crises and other types of ‘spiritual emergencies’.” (Grof 2012: 157)

Thus, heaven and hell are real, but in the sense of specific states of consciousness, not as external places. However, unlike James, Grof moves one step further. While James, at least in his writings on religious experience, does not go beyond the subjective certainty of others, only observing and describing from the outside (which is all too clearly expressed in his formulation “who apprehend themselves to stand in relation to whatever they may consider the divine” (James 1902: 32)), Grof ascribes priority to consciousness over matter when he says:

“Materialistic science has not been able to produce any convincing evidence that consciousness is a product of the neurophysiological processes in the brain. It has been able to maintain its present position only by ignoring, misinterpreting, and even ridiculing a vast body of observations indicating that consciousness can exist and function

independently of the body and of the physical senses. This evidence comes from parapsychology, anthropology, LSD research, experiential psychotherapy, thanatology, and the study of spontaneously occurring holotropic states of consciousness. All these disciplines have amassed impressive data demonstrating clearly that human consciousness is capable of doing many things that the brain (as understood by mainstream science) could not possibly do and that it is a primary and further irreducible aspect of existence.” (Grof 2012: 145–146)

Consciousness itself thus becomes the primary factor of existence. In adopting this proposition, Grof can be aligned with authors of more recent research on NDEs, such as Pim van Lommel (2010) and Eben Alexander, (2012) who also assume the possibility of a body-independent consciousness and consider this to be the only plausible explanation of the NDE phenomenon. But it is not only these three authors who share this approach. Rather, their argumentation is part of a much broader movement within contemporary religiosity, on which I shall elaborate in the next section.

5 ON THE THERAPEUTIC RELEVANCE OF NEAR-DEATH EXPERIENCES

As a trained psychoanalyst, Grof’s interest in LSD had initially been predominantly therapeutic. He and other researchers in the field hoped that the use of the drug in a therapeutic setting under controlled conditions would provide a cure for schizophrenia and alcoholism. His research with cancer patients and, resulting from it, with depressive patients also demonstrated the drug’s high degree of effectiveness in helping people cope with the fact of approaching death:

“According to our observations, those individuals who have experienced death and rebirth in their sessions show specific changes in their perception of themselves and of the world, in their hierarchies of values, general behavior, and overall world-views. Those who prior to these experiences had various forms and degrees of emotional and psychosomatic discomfort usually feel greatly relieved. Depression dissolves, anxiety and tension are reduced, guilt feelings are lifted, and self-image as well as self-acceptance improve considerably. Individuals talk about experiencing themselves as

reborn and purified; a deep sense of being in tune with nature and the universe replaces their previous feelings of alienation.” (Grof/Halifax 1977: 210)

On the basis of these findings, later, when LSD was banned, Stanislav and Christina Grof developed the technique of holotropic breathwork as a substitute and introduced it as a new form of therapy. Grof sees in this a modern form of transitional ritual, using the same vocabulary as the French ethnologist Arnold van Gennep: separation—liminality—incorporation,⁸ and he ascribes great therapeutic relevance to it. In all cultures, Grof and Grof write in *Beyond Death*, there are certain rituals that have this function:

“However, repeated encounters with annihilation followed by a sense of redefinition have another important function: they prepare the individual for eventual biological death by establishing a deep, almost cellular awareness that periods of destruction are those of transition rather than termination.” (1980: 23)

According to Grof, these rituals, for instance therapeutic sessions, prepare people to deal with death. Thus, in such sessions, the area of the sensory barrier is first crossed, followed by experiences of biographical content. After that, one enters the domain in which experiences of death and rebirth are made. Those who engage in holotropic breathing will sooner or later be confronted with this area. In all cases, it is important not only to observe, but to *live through* experiences of problematic content again, including in the physical sense, because that is what causes the therapeutic effect. Ultimately, this also applies to one’s own death, which is already a structural part of the cartography of the psyche as a potential experience.

This is why Grof and Halifax say: “It is hard to imagine a more useful way to combine medicine, psychology, and religion than psychedelic therapy with dying individuals.” (1977: 24) However, the technique of holotropic breathwork is relevant not only for the sick or those in need of therapy. With the discovery of these structures in human consciousness, Grof claims nothing less than to have found the decisive key to the actual constitution of reality, the understanding of religious history, as well as of mental illnesses and the transformation of psychotherapeutic treatments, which he then

8 Cp. van Gennep (1909). Grof and Grof refer to van Gennep in *Beyond Death* (1980: 22).

qualifies as “technologies of the sacred”. (Grof 2012: 139) Grof’s claim is thus all-encompassing, and he sees in his psychology the “psychology of the future” (cp. 2000).

Since 1987, when Grof founded *Grof Transpersonal Training* as a “psycho-spiritual practice,” he and his team have been training people in this therapeutic technique. The courses (cp. www.holotropic.com, 04 July, 2018) they teach consist of seven six-day modules, which the trainees have to attend. Each of the modules to be visited has a thematic motto, of which four are compulsory: “The Power Within,” “Music and Transcendence,” “The Holotropic Paradigm,” and “Spiritual Emergency” (Grof 2017: 4). In addition, ten actual experiences with holotropic breathwork during workshops led by certified leaders and another ten individual sessions are mandatory. On the basis of this, the trainees must assist at least four times in the relevant workshops. Whoever has gained two more years of experience with holotropic breathwork and attended the final two-week intensive course receives a certificate. Even then, certain obligations remain to be met regularly to ensure the quality of the work in the long term, on pain of losing one’s certificate (Ibid: 6). Grof makes it very clear in the letter accompanying the training application forms that the technology itself is easy to learn, but that as a leader or companion you must have special competences that require long-term learning:

“To be able to effectively facilitate Holotropic sessions for others, we often have to go through a very profound personal transformation that has emotional, psychological, philosophical, and spiritual dimensions. As you train to be Holotropic Breathwork facilitators, we ask you to work toward the capacity to remain unperturbed while providing support for people in all possible forms of non-ordinary states of consciousness, toward the ability to follow them wherever they have to go in their experiences, and toward maintaining trust in the intrinsic healing forces in them.” (Ibid: 16)

In addition to the American organization (cp. www.holotropic.com, July 4, 2018), a separate network, the “European Association for Holotropic Breathwork,” was founded. The organization’s website describes the therapy as a “powerful technique for self-healing and self-exploration allowing for greater self-understanding, expansion of self-identity and access to the roots

of emotional and psychosomatic challenges one might face.”⁹ The countries in which training is currently available are Australia, Austria, Brazil, the Czech Republic, Germany, Hungary, Ireland, Romania, Russia, Slovenia, Spain, Switzerland, Turkey, Ukraine, and the United Kingdom. Apart from this certified training, the technique of holotropic breathwork is also offered independently. One example is Sylvester Walch (cp. 2012), who was trained by Grof but developed the method further independently of him and has published a lot on the subject.

A website associated with the *Grof Transpersonal Training* website states that there are currently five hundred people worldwide who are certified in the technique of holotropic breathwork.¹⁰ It is unclear how accurate this information is—statistical surveys on the actual dissemination of the practice worldwide do not yet exist. However, random samples for Germany show that there are people in the alternative medicine sector¹¹ who not only offer holotropic breathwork as a form of treatment but also train others in it.

In fact, LSD has itself recently moved back into the focus not only of social and therapeutic interest, but also of scientific interest. This is currently shown by various research projects on LSD and related substances such as psilocybin,¹² which again not only highlight its extraordinary effect on the human brain, (Nutt et al. 2016: 4853–4858) but also its therapeutic relevance. It may therefore be assumed that this research topic is undergoing a renaissance. Organizations such as the *Multidisciplinary Association for Psychedelic Studies* (www.maps.org, May 8, 2018), founded in 1986 as a non-profit organization and based on donations, have supported this renaissance for many years and taken it further. Moreover, events like the *World Psychedelic Forum* in Basle (March 21–24, 2008), the conference *Horizons: Perspectives on Psychedelics* (Oct 6–8, 2017) in New York and the *International Transpersonal Conference 2017* (Sept 28–Oct 1, 2017) in Prague clearly

9 <http://www.holotropic-association.eu/breathwork/what-is-holotropic-breathwork>, May 8, 2018.

10 Cp. <http://www.grof-holotropic-breathwork.de/verwandt.html>, May 8, 2018.

11 A probably incomplete list of therapists in Germany can be found at: https://www.therapeuten.de/therapien/holotropes_atmen.htm#anbieter, May 8, 2018.

12 On the latest research, including the effects of LSD on cancer patients, cp. Griffiths et al. 2016: 1181–1197.

demonstrate the public presence of the topic. What kind of impact these initiatives may have on the future of the rapidly developing branch of palliative care remains to be seen.

Finally, with regard to the therapeutic dimension, there is an overlap between research on LSD and NDEs.¹³ Not only do LSD experiences and NDEs show striking similarities phenomenologically, in the field of TP they also seem to have similar psychological consequences for those affected, as repeatedly reported in the form of the loss of fear of death or of a changed view of oneself and the world.¹⁴ In the form of the technique of holotropic breathwork, the experience of dying, death, and rebirth also has a place today on the German therapy and counselling scene, although exact data are currently still lacking. In addition, Grof's early research on terminally ill cancer patients also demonstrates its claim of potential relevance for end-of-life care.

6 TRANSPERESONAL PSYCHOLOGY BETWEEN SCIENCE AND RELIGION

What is special about the question of the relationship between psychology/psychiatry in the case of TP and NDEs is that Transpersonal Psychology seems to play a twofold role. On the one hand, it is a means to establish an allegedly scientific perspective on the topic of NDEs. On the other hand, psychology—in the form of TP, for example—itself becomes entangled with the religious field through certain therapeutic practices and the exploitation of patterns of scientific plausibility to religious ends. This is probably why

13 Roland Griffiths, who conducted research on the effects of LSD on cancer patients (see above: Griffiths et al. 2016), set up a new project in 2015, collecting data about people who had an NDE or some other non-ordinary experience that fundamentally altered their beliefs or understanding about death and dying, the results of which are not yet published (cp. <http://www.drpennysartori.com/NDE%20death%20flyer.pdf>, May 08, 2018). In an earlier interview from 2006, Griffiths also pointed out the parallels between his research on psilocybin and NDEs (cp. https://www.hopkinsmedicine.org/Press_releases/2006/GriffithspsilocybinQ, May 08, 2018).

14 Such results have, for instance, been reported in a recent study on NDEs and their relation to spiritual well-being (Khanna/Greyson 2014: 1605–1615).

the inventor of LSD, Albert Hofmann, said in an interview that psychiatrists are the “curative priests” of contemporary society.¹⁵ And Stanislav Grof too speaks of the “re-enchantment” of psychology in one of his recent publications in which he looks back at the last fifty years of consciousness research (cp. 2012). It therefore seems logical to read this case as a typical example of what Wouter Hanegraaff has described as “New Age religiosity” and the “psychologization of religion and sacralization of psychology” (Hanegraaff 1998: 514).

What TP offers from the alternative and complementary medical/therapeutic area in particular, to which Grof can be ascribed, generates an increasing resonance on the customer side. Thus, regardless of how they might be assessed scientifically, they obviously play a role in some parts of society that should not be underestimated.

At any rate, this movement can best be characterized as programmatically transboundary, and as such it may seem more attractive than ever to many people, precisely *because* it claims to be both scientific and religious. Moreover, it stands apart from the institutionally established forms of religion and offers a radically individualized form of access to the beyond which requires no mediator. Grof writes as follows about this with reference to C.G. Jung:

“As he saw it in his later years, the psyche is not a product of the brain and is not contained in the skull; it is the creative and generative principle of the cosmos (*anima mundi*). It permeates all of existence and the individual psyche of each of us is teased out of this unfathomable cosmic matrix. The boundaries between the *anima mundi* and the individual psyche are not absolute; they are permeable and can be transcended in holotropic states.” (2012: 154)

Not only does this type of psychology represent a clear rejection of the materialistic paradigm in science, it also claims to open up a path for the connection of the individual psyche with the *anima mundi* and the process of man becoming one with the cosmos.

15 Cp. <http://www.bpv.ch/blog/albert-hofmann-interview/>, May 08, 2018.

7 CONCLUSION

The aim of this paper has been to analyze a striking development in the contemporary religious landscape, namely the “religionization” of scientific discourse as manifest in research on Near-Death Experiences in Transpersonal Psychology as a specific, marginal part of psychology and psychiatry. This development has been analyzed by focusing on one of its most important representatives, the psychiatrist Stanislav Grof. Overall, four concluding observations can be made.

First, the distinction between science and religion is once again impugned and re-negotiated in the field of Transpersonal Psychology. As such, these cases are a good example of what Burkhard Gladigow, in his highly quoted text on European religious history, has described as the “vertical transfer” of results of the humanities and natural sciences into the realm of “religion” (1995: 21). In the case of both holotropic breathwork as well as psychological approaches to Near-Death Experiences (NDE), research that claims to be *scientific* becomes productive of religious imaginary.

Secondly, even though TP may be a contested branch of psychology, there have been noticeable changes within “orthodox” psychology in dealing with religion and spirituality as well. This observation helps to further contextualize the case at hand. In Germany, for example, a re-evaluation of topics related to religion and spirituality can be observed in the fields of psychology and psychiatry. This development has already been called “the spiritual turn.” “Having been tabooed [...] and polemically devalued [...], recent publications on religious psychology have registered a remarkable change of direction [...]” (Utsch 2002: 68). For example, a survey of more than nine hundred German psychotherapists in 2011 revealed “[...] that spirituality and religiosity seem to be relevant to the majority of psychological psychotherapists in Germany” (Utsch 2002: 69). More than half of them said “[...] that their personal spiritual or religious orientation strongly (8 per cent), fairly (21 per cent) or moderately (27 per cent) affects their psychotherapeutic activity” (Ibid: 69). Thus, quite independently of the special case of TP or of specific client and patient demands, a notable trend to integrate spirituality or religiosity can be observed in the broader fields of psychology, psychiatry, and psychotherapy.

Thirdly, this whole development can be situated in the wider context of research on the “therapeutization of society,” (cp. Anhorn/Balzereit 2016;

Maasen et al. 2011). Therapeutization means, according to Anhorn and Balzereit, the diffusion, spreading, and generalization of highly individualized and self-referential methods and techniques of everyday life and problem solving, accelerated under the conditions of the neo-liberal social formation (2016: XVII). This description of the diffusion of therapeutic methods cannot be discussed in detail here. Such a diffusion will, however, not remain without influence on religion. From a theoretical point of view, one aspect seems particularly interesting, namely the *religious productivity* of therapy itself. In this way, therapeutic approaches, same as for instance holotropic breathwork, are at times deliberately designed to induce transpersonal experiences that can be effective in healing. Detached from a definite, clearly identifiable religious tradition, these specific forms of therapy can become an extraordinarily powerful medium for religion. The “re-sacralization” of psychology, the orientation of mainstream psychology and psychotherapy towards religious and spiritual questions, and finally the “therapeutization” of society are therefore important factors in contemporary western religious history.

Finally, the aspect of *somatization* is crucial in current re-configurations of religion(s). In an anthology on the “somatization of the religious” published in 2015, Gritt Klinkhammer and Eva Tolksdorf point out that religion and spirituality have become enormously important in the research-based and application-oriented secular health sector in recent years, alongside an increase in the supply of and demand for religious and spiritualist-oriented therapies in the alternative and complementary medical field, in religious and spiritual communities, and in the esoteric field. Within the current state of research, questions of the effect this development may have had on new understandings of “body”, “religion”, and “health”, on potentially novel ways of religious (self-)organization and communitarization, as well as on formations of religious authenticity and authority remain unanswered (Klinkhammer/Tolksdorf 2015: 3–4).

The topic of NDEs seems to be a paradigmatic case here, in which dying, even if “only” perceived psychologically, is always a physical event. From the point of view of therapists such as Grof, who deliberately induced such processes, they are always both psychological and physical events at the same time. This method is characterized by the fact that a psychic experience always implies a physical one, and that it is only by involving both that healing becomes possible. As mentioned in the passage from Klinkhammer and

Tolksdorf quoted above, this further implies a specific view of religious authenticity and authority: authenticity is constituted by the individual experience of the clients, and therapists are solely companions of a process that is basically autonomous. Developments such as these change the social configuration of the field. This is why Klinkhammer and Tolksdorf predict that the new processes of somatization in the religious field will re-establish charismatic communitarization, as well as retroactively affect traditional forms of religion(s). This understanding could generate in-depth questions about new processes of religious authorization by means of “the body” and “healing” and new communitarization dynamics in the face of a charismatic healing relationship. The practice of healing is by no means limited to the religious virtuosi, as there is a definite tendency to duplication and individuation. These developments therefore raise questions about changes in the understanding of roles, the relationship between religious clients and healers, and the dynamics of the healing process (ibid: 7–8).

In the case of both holotropic breathwork and NDEs, the individual experience is itself meant to *cause* the healing. These are therefore exactly the tendencies towards duplication and individuation that Klinkhammer and Tolksdorf speak of. What is new here, above all, is the connection with the aspect of healing, which is both physical and psychological at the same time and is put back into the hands of the clients themselves as a process of self-healing. Therapists are solely companions in these processes or temporary teachers in therapeutic techniques, which are never limited to them as “virtuosi”.

What kinds of new communities are emerging from these constellations? How are they changing the religious field?¹⁶ What widespread effects are such developments exerting in view of the “therapeutization of society” and the “spiritual turn” in psychology and psychotherapy? Research is just about to start at this point.

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