

Studies on Prenatal Psychology and Psychedelic Science.

Zephyros A. Kafkalides

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Prolegomena

The present volume contains five papers concerning the use of psychedelic drugs in psychotherapy. They refer to Athanassios Kafkalides (1919-1987) clinical research with LSD, Psilocybin and Ketamine Hydrochloride as an adjuvant psychotherapeutic means . The research was carried out in Greece since the early 1960's. Kafkalides was a pioneer in the field of prenatal psychology and his treatise *The knowledge of the womb – autopsychognosia with psychedelic drugs*, was published in Greece in 1980¹

We found it necessary, for the benefit of the reader, to include in the present volume, Kafkalides' last lecture given at the University of New South Wales, Sydney, Australia, December 1983.

The psychedelic era of the 60s is remembered for its music, art, science and philosophy. From Albert Hofmann, Timothy Leary, Aldus Huxley, Steve Jobs, Alan Watts, Carl Sagan, and Nobel Prize genius Francis Crick (who was under LSD when he first deduced the double helix structure of DNA), to the computer mouse and deep ecology, there is a lot in the late 20th century zeitgeist that is acid-driven. However, the connection between psychedelics and intrauterine (prenatal) experiences is almost unknown to the wider public. Three psychiatrists, the Greek Athanassios Kafkalides, the Czech Stanislav Grof , and the English Frank Lake, in different countries and with different methodologies, using the same substance (LSD, psilocybin, Ketamine) as means for a more effective psychotherapy, ended up in the same basic conclusion, i.e. the fetus is aware of its mother's emotions and the quality of his intrauterine life is directly connected to the psychological condition of the future of the grown up person. In the years to come more psychiatrists through their work confirmed the prenatal findings of the above researchers (Ludwig Janus 1997, Thomas Verny).²

Kafkalides in his treatise underlines the following thoughts concerning the memory of intra-uterine life which represents the quintessence of his almost 30 years of research in the field of psychedelic drugs and the reactivation of human memory :

“ It is my view that the pregnant woman's desires, fears and emotional disturbances are caused by biochemicophysical substances-factors (among them neurotransmitters and neuro-hormones) which are produced in her internal environment (in her neurons, for example). It is these biochemicophysical substances-factors which excite fetus R's³ nervous system and which his existential identity/self-preservation feels as messages-stimuli from the external (intra-uterine) environment. As a rule, the biochemicophysical substances-factors leave 'memory traces' within fetal neuronal elements: these remain preserved there in a latent state. When these 'memory traces' are reactivated after expulsion-birth by the psychedelic, the whole process of the original neuronal excitation is repeated and thus R relives his intra-uterine experience. Emotions - fear, anger and such - result from the excitation of limbic neurons. It may be that the excitation of limbic neurons produces special neuro-hormones - fear-producing, anger-producing and so on. Thus, if a pregnant woman's limbic neurons generate fear-producing or other kinds of neuro-hormones, the latter enter her blood stream and, through the umbilical cord, reach the fetal blood

¹ USA Edition 2005 , Russia Edition 2007.

² Thomas Verny, Ludwig Janus, etc... (να γραφουν οι τιτλοι βιβλίων).

³ The letter R symbolizes any patient who has undergone autopsychognosia sessions with psychedelic drugs.

stream, excite fetal limbic neurons and cause a subjective emotional state which is embraced either by the term 'rejecting womb' or by the term 'accepting womb'.

How is it that in Sessions with psychedelic drugs R can describe the experiences of a period (intra-uterine) during which he did not have the ability of language? When R describes his intra-uterine experiences, he is describing what he had felt as the fetus from which he developed and which he is now reliving. R's description is given with various acoustic and optic symbols which he learned after his expulsion-birth and which he feels are applicable to the revived experience. For example, when R10 shouted during her 20th Session 'The fire! The fire! she was describing with acoustic symbols (which she learned after her birth) what she had felt at the time her fetal existence was being bombarded by rejecting stimuli.

R10's revival of the intra-uterine rejection of her female ancestors' sex may be explained as follows: The 'memory traces' - preserved within a neuron - of a stimulus which had excited that neuron may be transmitted through heredity to a descendant homogeneous neuron. The greater the biological significance of a stimulus, the greater the probability of hereditary transmission of its 'memory traces' to descendant homogeneous neurons. In other words, the 'memory traces' of stimuli of great biological significance are 'engraved' within the genes and thus are transmitted to descendants. (Homogeneous neurons are those neurons which are located anatomotopographically at the same point in two nervous systems and whose excitation produces the same qualitative result, e.g. the limbic neurons of two nervous systems are homogeneous neurons.)

The experience of an ancestor neuron may be revived by a descendant homogeneous neuron thanks to the hereditary transmission of the 'memory traces' of that experience from the ancestor neuron to the descendant neuron, and to the reactivation of the 'memory traces'." (Kafkalides 1980/2005)

LSD turns 70 this year and a renaissance of research interest in mind-expanding medications for psychiatric disorders is on its way.⁴ The present volume is a reminder of the importance of the scientific use of the drug which - within a strictly scientific frame - could become an indispensable psychiatric tool for the benefit of the patients and the therapists.

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⁴ see Multidisciplinary Association for *Psychedelic* Studies, <http://www.maps.org/>

Autopsychognosia.

Lecture given by Athanassios Kafkalides MD at the University of New South Wales, Sydney, December 1983

Ladies and Gentlemen,

I'd like to speak to you of the findings of the experimental clinical research that I have been involved in since 1960. These findings concern the subjective experiences of 17 cases suffering from neurotic and/or psychoticlike symptoms and phenomena who underwent psychotherapeutic sessions with minute doses of chemically pure psychedelic drugs. The psychedelics I have used are: From 1960 to 1970: d-lysergic acid diethylamide. From 1970 to 1972: Psilocybin Sandoz. From 1973 till today: Ketamine Hydrochloride. I have used psychedelics in good faith, firmly believing that the meaning of the term "psychedelics" expresses their pharmacodynamic activity. "Psychedelic" is a Greek word, meaning something which manifests or exteriorizes the content of the psyche. It is worth noting that the experiences and conclusions of the 17 cases had certain common elements, no matter what psychedelic they had taken.

All 17 cases claimed that during their fetal life they were conscious of their existence, in the following sense: Every fetus felt himself to be surrounded by something colossal which aroused in him either chaotic terror or blissful serenity.

One may ask: How is it that, during sessions, one can describe the experiences of a period (intra-uterine) during which one did not have the ability of language? The 17 cases answered in the following way: Their intra-uterine experiences left "memory traces" within body and nervous system. The reactivation of their memory traces by the psychedelic resulted in the revival of these intra-uterine experiences, experiences which they expressed with various phrases and gestures which they learned after expulsion-birth and which they felt were applicable to the revived experiences. Thus, the 17 identified the colossal thing surrounding them as the womb. The womb, then, was their first external environment and their first acquaintance with life. Thus, for the 17, the womb became a permanent base of reference.

The chaotic intra-uterine terror felt by some of the 17 was caused by the emotional disturbances of the woman in whose womb they were developing. What were these emotional disturbances? First, the pregnant woman's emotional rejection of the sex of the fetus. Second, the pregnant woman's emotional rejection of the fetal presence. Third, the fear, anxiety or terror of the pregnant woman caused by factors unrelated to the fetus within her, e.g. sudden bad news, social, and environmental stresses, sexual rape by the husband or any other man, and so on.

I'd like to show you a painting done by one of the 17 cases after his eighth session. During his eighth session, this case, while reviving his intra-uterine life, felt the sexual rape of his mother by his father. In other words, this painting expresses the reactivated memory traces of an intra-uterine experience of the painter. The painting is full of symbolism. I will mention just some. Here you see the father's penis symbolized by a skull - "a mask of stone and death" - because of its blind, unfeeling violence. In the mother's face you can see great pain, hatred terror and rage, provoked by the rape. In retaliation, she emotionally drives a sword of fire through her husband's penis. The painter, being inside his mother's womb, felt all her emotions at

this painful time because his mother transmitted her emotions to him. The mother's experience left "memory traces" in the fetal nervous system traces which were reactivated by the psychedelic during the sessions.

Chaotic terror was also felt by some of the 17 during the revival of their expulsion-birth and their first contact with the deadly dangerous chaos of the universe. It is interesting to note that these cases felt the process of expulsion-birth as a deliberate rejection on the part of the womb-mother. After expulsion-birth, any stimulus which contained even the slightest element of rejection could reactivate the "memory traces" of the rejecting womb and chaotic terror. The mechanism of the development of mental disturbance is based on this process. All 17 cases stated that conscious or unconscious chaotic terror was behind most of their everyday activity.

I would like to illustrate the repercussions of the reactivation of the rejecting womb in everyday life by reading you two extracts from a case whose existence within the womb was rejected by the womb-mother. The first extract: I quote: "I feel that I'm useless in this world, that I shouldn't be here. I mean, why is my form, why is my body in this world? Why does it take up space in this world? It's taking up space, and it shouldn't, it shouldn't. Where I am should be a vacuum. There shouldn't be anything. My worth is nothing, so there should be a vacuum here. I can't understand how I'm here." This case explains her feeling that she should be a vacuum in the everyday world as deriving from the feeling that she should have been a vacuum in her mother's womb; that is, that she should not have existed because her mother did not want her to exist. Here we see that the external environment, the everyday world, represents the original external environment, the womb. The second extract is as follows: "I want to die. I want to die. You know how I feel? I feel right through me disease, just disease, all of me, all. I don't find any good. All of me is rotten, rotten, from my head to my toes. Why? I'm telling you that what my mother did cannot be changed and that she did irreparable damage. You can't make something rotten new again. Every molecule is rotten. I can't live with a body that's rotten. I can't stand it. I can't live with it. I have to live with it every day, every second. I can't." The case explains her wish to die not only as a means of escape from the unbearable feeling of rottenness, but also as a submission to, and identification with, the will of the womb, the womb which wanted her dead. This will of the womb was the main cause of depression of my cases.

Let me now return to those individuals who, while reviving their intra-uterine life, felt themselves to be filled with and surrounded by blissful serenity. These cases felt that this blissful serenity resulted from the womb's acceptance of their existence and sex. After expulsion – birth, any accepting stimulus could reactivate the memory traces of intra-uterine serenity. I would like to stress here that the accepting or rejecting quality of a stimulus depends entirely on the subjective judgment of the case.

Let us come now to another major emotional realization made by the 17 during sessions: Sexual activity, and particularly orgasm, with a womb substitute emotionally symbolizes returning to the womb, be it rejecting or accepting. Why is a womb substitute necessary? Because the individual cannot return to the original uterus. A womb substitute, by the way, may be a woman, a man, an object, and so on. The return to the original uterus was felt by all 17 cases as an imperative need. Why an imperative need?

- The womb is the first external environment.
- The womb is the first acquaintance with life.
- The womb provides immortality through the offspring.

- The womb provides safety for the accepted. The womb is the safest refuge for the rejected; the womb is relatively safe, because it is the only thing he knows and in reviving it -in sex or in any other rejecting situation- he feels he exists. Also, the accepted always hopes deep in his heart that the rejecting uterus will somehow miraculously become accepting.

How does a man return to the womb through sex? In this way: During ejaculation, some of his cells (spermatozoa) "return" to the symbolic womb of the substitute. As one case said: "In sex, I take the path of my expulsion-birth, but in reverse. In so doing, I return to the secure womb". How does a woman return to the womb through sex? Two female cases explain their "return" to the womb through sexual activity which resulted in pregnancy, as follows: During their pregnancy, they identified simultaneously with their mother and with the fetus within them. In other words, they were the fetus in their mother's womb. For these women, orgasm is a temporary state similar to the conditions of pregnancy; during orgasm, the same double identification as in pregnancy occurs. Other women who had never been pregnant felt that orgasm directly reactivated the conditions of their intra-uterine life.

If the womb substitute in sex reactivates the accepting womb, then the result is serenity. If, however, the womb substitute reactivates the rejecting womb, then sexual problems arise: highly unpleasant and painful emotional-sensorial experiences during coitus which intensify as orgasm approaches and result in the inhibition of orgasm and severe anxiety; orgasm without pleasure; depression following orgasm; premature ejaculation; homosexuality; masturbation; sadomasochistic activities; activities involving fetishes; obsessional acts, and so on.

Let us come back to the painting. If a man feels that his penis penetrating a woman's vagina will be punished by this sword of fire, will he ever try it? Won't he develop frigidity towards women? Won't he inevitably turn to homosexuality, fetishism or any other kind of sexual activity? Let us remember that sexual activity is an imperative need. Of course, Cartesian scientific methodology will ask: What are the objective criteria that prove that the intra-uterine experiences mentioned are true and are not the result of perceptual distortion? The unpleasant fact, known to all of us, is that bioneurophysiology does not have at its disposal means by which it can check the quality and intensity of human emotions. There is no apparatus which might measure the degree of human sorrow or psychic pain. There is no apparatus which might measure the degree of truthfulness of what a person says about a past experience of his, be it what he ate 24 hours ago or the revival of an intra-uterine rejection. In the final analysis, what was said by the 17 was a personal matter of theirs. As far as I was concerned, I either had to discard their claims believing that they were hallucinating, or to accept them because I considered them true. Well, from 1960 to 1965 I shared the general opinion that a case under a psychedelic was hallucinating. From 1965 on, I became convinced that psychedelics reactivate the "memory traces" of past experiences, and so I concluded that what a case experiences and says under a psychedelic is for him a subjective truth.

And now some final personal observations:

First, the cases that did not show any improvement after the sessions with psychedelics had not revived even a moment's acceptance in the womb. Their sessions were an uninterrupted hell of psychic and physical pain. A second, related, observation: The greater the proportion of intra-uterine acceptance, the better the therapeutic results after the sessions. Conclusion: The prognosis of the psychotherapeutic results for the 17 cases depended on the presence or absence of "memory traces" of intra-uterine acceptance and the ratio of acceptance to rejection.

Fear, rejection and aggressiveness in Autopsychognosia with psychedelic drugs.⁵

Autopsychognosia with psychedelic drugs.

The word autopsychognosia is the term used by the Greek psychiatrist Dr Athanassios Kafkalides (1919-1987), to describe a deep psychotherapy session with psychedelic drugs⁶. The term is derived from the Greek words: εαυτός (self), ψυχή (psyche), γνώση (knowledge).

The experiences and realizations of the 126 cases or Rs⁷, as well as his questions, conclusions and interpretations, are mentioned in his books: “The knowledge of the womb - Autopsychognosia with psychedelic drugs” (KW), and “The Power of the Womb and the Subjective truth” (PW).⁸

Autopsychognosia is a neuronal process which gives rise to emotional-intellectual realizations about the content of the unconscious and the motives of behavior. The procedure of an Autopsychognosia session, is mainly an exercise in memory, since the basic Pharmacodynamic action of the psychedelic drug in small doses is to reactivate “memory traces” from the recent and distant past. It is also a very complex memory process during which experiences can be relived with very strong emotional and physical synchronisation (Kafkalides 1987). During the sessions the R relives his/her traumatic experience that is, the process that Freud considered being the basic prerequisite for the success of psychoanalytic sessions⁹.

For the avoidance of any doubt, autopsychognosia is not a method of therapy. It is combined emotional and intellectual knowledge, which acquires therapeutic

⁵ Paper presented at the 12th Congress of the International Society of Prenatal and Perinatal Psychology and Medicine, London, 11-15 September 1998. Congress Theme: *Conscious Birth, The experience of a lifetime*. – Published in *Int. J. Prenatal and Perinatal Psychology and Medicine Vol. 11 (1999) No 1, 19-32*

⁶ The word psychedelic (ψυχοδηλωτικό) is derived from the Greek words ψυχή (*psyche=soul*) and the verb δηλώ (*to manifest*). For more details in that field of psychedelic psychotherapy see W.V. Caldwell: *LSD Psychotherapy*, Grove Press, Inc., New York, 1969. Peter Stafford: *Psychedelics Encyclopedia* J. P. Tarcher, Inc. Los Angeles, 1983. Lester Grinspoon, James B. Bakalar: *Psychedelics drugs reconsidered*, Basic Books, Inc., Publishers New York, 1979. Stanislav Grof: *LSD Psychotherapy*, Hunter House 1980. A. Pletscher, D. Ladewig: *50 years of LSD; current status and perspectives of hallucinogens*, The Parthenon Publ. Group, 1994.

⁷ The letter R symbolizes any patient who has undergone autopsychognosia sessions.

⁸ “*The knowledge of the womb, Autopsychognosia with Psychedelic drugs*” was published in Greek by Olkos Publishing House (1980) and in English by Authorhouse, USA (2005). “*The Power of the womb and the subjective truth*” was originally published in Greek (1989) and in English by Triklino House (1998).

⁹ The Freudian term “Abreaction” means the emotional reviving of psychotraumatic experiences by the person being psychoanalyzed. Freud regarded the process of abreaction as being one of the main prerequisites for the success of psychoanalytic sessions. The pharmacodynamic action of small doses of psychedelic drugs during Autopsychognosia sessions can give rise to the emotional and physical synchronization of revived psychotraumatic events. In other words the process of abreaction is ideally achieved with psychedelic drugs as long as the patient does not cut the session short (PW p109). The term “Abreaction” (Abreagieren) was published by Freud and Breuer in 1893 (see Didier Anzieu, *L’auto-analyse de Freud et la découverte de la psychanalyse*, Presse Universitaires de France, Tome I, 1975, p. 122.

value only if the individual uses it in everyday life entirely on his/her own initiative. However, a person who has not undergone such a process finds it difficult to empathise with its emotional content (Kafkalides, 1980, 1987).

Memory traces.

We have already mentioned that “memory traces” from the recent or distant past are reactivated during an autopsychognosia session. Let us now try to follow the theoretical effort made by Kafkalides to understand the mechanism by which “memory traces” operate.

Any experience on the part of an R consists of a total of various forms of energy (e.g. optical, acoustic, mechanical, electromagnetic, etc) which excite his body. The result is various subjective experiences, which are characterised by senses, feelings, emotions, thoughts, and motor reactions. R then has the ability to recall a specific past experience, through the operation of the memory.

The process, which results in the function of the memory, is unknown. But even without any experimental proof, we can accept that each particular experience (i.e. total conditions-stimuli which constitutes the experience in question) leaves specific traces of memory which are retained and preserved in a latent state in R’s body.

These “memory traces” may be reactivated either through a recurrence of the stimuli which produced them in the first place or by various other internal or external stimuli. When this happens, the experience produced by the original conditions-stimuli is revived because the whole process of the original excitation is repeated. Example: psychedelic drugs, for instance, may reactivate the “memory traces” of R’s fetal experiences

According to autopsychognosia there are:

- “memory traces” of experiences after expulsion-birth
- “memory traces” of experiences of expulsion-birth.
- “memory traces” of experiences of intra-uterine life.
- “memory traces” of experiences from lives of one’s ancestors on the zoological scale.
- “memory traces” of experiences from the initial phases of the creation of matter-mass-energy after Zero Hour.
- “memory traces” of the creation of matter-mass-energy from the *Anarchon* i.e. that which has no beginning. (Kafkalides, 1987,1989).

Experiences of intra-uterine life and expulsion-birth.

During their sessions, most of the Rs expressed subjective states such as the revival of prenatal and perinatal experiences which were classified into two major categories

(A) Rejecting experiences (rejecting womb = the subjective feeling of the fetus during its embryonic life and/or during its expulsion-birth that the womb rejects It.) which are caused by:

- Emotional rejection of the existence (presence) and/or sex of the fetus on the part of the woman in whose womb it was growing.

- Emotional disturbances of the pregnant woman unrelated to acceptance or rejection of the fetus e.g. disastrous events in the external environment which upset the pregnant woman, such as the death of a loved one, financial disasters, wartime conditions, rape, etc.

(B) Accepting experiences (accepting womb = the fetus' subjective feeling that the womb, i.e. its external environment, welcomes it, either periodically or continually) which are caused by the emotional acceptance of the existence/presence and sex of the fetus on the part of the woman within whose womb it was developing.

Besides their intra-uterine experiences many Rs also relived their expulsion-birth. According to the quality of their intra-uterine experiences the fetuses were classified into two major categories: (a) "Unwanted" and (b) "Welcome". The Unwanted fetuses feel that their tiny mass is surrounded and dominated by a colossal superpower which bombards them with messages-stimuli which threatened their existence and/or their sex with death. This threat creates in the fetuses primitive terror. The Unwanted characterised the bombarding messages-stimuli as rejecting womb messages-stimuli and described the following kinds:

- Rejecting messages-stimuli of the existence of the fetus.
- Rejecting messages-stimuli of the sex of the fetus.
- Periodically rejecting messages-stimuli.
- Rejecting womb messages-stimuli which are inherited from ancestors in the form of 'memory traces' which may be reactivated.

The above kinds of rejecting stimuli determine the following sub-categories of the Unwanted: (a) the Existentially Unwanted, (b) the Unwanted because of their Sex, (c) the Periodically Unwanted, (d) the Hereditarily Unwanted.

Recapitulation of the autopsychognosia experiences of intra-uterine life and expulsion-birth clearly shows that both the Unwanted and the Welcome fetuses were subjected to womb rejection because even the "accepting womb" ultimately rejects the fetus during the procedure of expulsion - birth. It is for this reason that all the cases that underwent autopsychognosia have been classified as rejected (R). The meaning of the term "rejecting womb" includes the intra-uterine rejection and the rejection of expulsion-birth. ((Kafkalides 1980)

Serenity and fear.

We have to underline here that the accepting experiences of the Rs where accompanied by feeling of bliss and serenity. On the contrary, the intra-uterine rejection of the fetus by the womb-mother created in the fetus terrible fear (primitive terror).

Other factors, which cause primitive terror to the Rs, are expulsion-birth, reactivation of rejecting "memory traces" inherited from ancestors, sexual activity, which reactivates intrauterine rejecting "memory traces". The latter happens because, according to the findings, on an unconscious level, sex symbolises the return to the womb ¹⁰. Sexual activity may possibly reactivate rejecting or accepting "memory

¹⁰The wish to return to the "safe womb" is unconscious and intense, for the external environment is mortally dangerous. The emotional revival of the "welcome" (male or female) person-fetus' intra-uterine life is accompanied by a feeling of ineffable serenity and harmony. Frightful anxiety and terror accompany the emotional revival of the "unwanted" (male or female) person-fetus' intra-uterine life. But the wish to return to the "rejecting womb" continues on an unconscious level and in daily life, for

traces” of the intrauterine experiences. If accepting “memory traces” are reactivated, the sexual act is accompanied by a feeling of cosmic union. If rejecting intrauterine “memory traces” are reactivated, the sexual act is problematic because it tends to reactivate the unconscious fear of the rejecting womb¹¹

The concept of the “rejecting womb / primitive terror” constitutes the core of autopsychognosia studies. According to Dr Kafkalides a large proportion of mental disturbances is the result of fear producing stimuli.

Let us now see, how according to autopsychognosia, the whole procedure of R’s “activation” by stimuli develops.

R’s Activation by stimuli.

“Activation”, according to the theory, is the process, which takes place within the internal environment of the person R from the moment its equilibrium is disturbed by a stimulus¹² until equilibrium is “restored” through the “most appropriate” movement/behaviour. The process of “activation” is characterised, among other things¹³ by the endeavour to recognise the biological significance of stimuli, which excite the nervous system. On the various stimuli, which act upon R, some favour his existential identity/self-preservation while others oppose it. Unconsciously, and sometimes also consciously R considers the former “accepting” stimuli and the latter “rejecting stimuli”. The accepting stimuli give rise to a feeling of fearlessness, harmony, security, reconciliation, joy and love. The rejecting stimuli are in conflict with the self- preservation/existential identity and/or sex of the R, which cause in him unconscious and/or conscious fear. That is why they are also called fear-producing messages-stimuli¹⁴.

From a general point of view, there are conditions-stimuli, which are usually rejecting/fear producing or accepting for all people. For example an earthquake is a mechanical stimulus which is rejecting/fear producing for all of us. But from a specific point of view there are stimuli, which have an exclusive personal rejecting/fear producing or accepting quality. That is, a stimulus, which is rejecting for one particular person may not have the same quality for another. Also a stimulus, which is accepting for one person, may be rejecting for another¹⁵. Whether the

the rejecting intra-uterine environment is relatively “saver” than the external environment which finally kills the R. (see [PW p.63](#))

¹¹The “memory traces” of the rejecting womb which are retained by the fetal nervous system of an R are intertwined with the “memory traces” of primitive fear-terror (see [KW§32](#), [KW§38](#) *Symbolism of sex* and [KW§41](#) *Womb substitutes*.)

¹² An internal environment may be “activated” at a given moment solely by internal stimuli. Hallucinations, for example, result from the excitation of neurons by internal stimuli (see [KW§94](#))

¹³ The process of “activation” is characterized as well by symptoms and phenomena (see [KW §§95-99](#))

¹⁴ The various conditions of the external environment consist of the sum of stimuli of sundry quality and intensity. These combined stimuli have a certain symbolism for the internal environment and constitute messages for it. For example, the conditions of expulsion-birth are composed of the sum of mechanical, acoustic, optic and other stimuli which excite the fetus/new-born's nervous system. The fetus/new-born's existential identity feels these combined stimuli as messages from the external environment

¹⁵ Studying reactions to stimuli from the specific point of view, one arrives at the conclusion that any stimulus whatsoever under certain conditions can be rejecting/fear-producing or accepting on a

stimuli are rejecting or accepting for a particular R is exclusively dependent on the subjective judgement of the person in question, and not on the judgement of any observer.

The intensity of a rejecting or accepting stimulus depends on internal and external factors which characterise the specific R, predisposing him/her to react to stimuli in a manner, which is absolutely particular. According to autopsychognosia the most basic internal factors are individual heredity and individual constitution. The latter is moulded, among other things, by the “memory traces” of R’s fetal life and expulsion - birth. (Kafkalides 1980)

Fear and mental disturbance.

According to Dr Kafkalides the manner in which the R will react to any rejecting or fear-producing stimulus is seen to be mental disturbance. We have to underline here that mental disturbance (disturbance of the psychic functions – emotions, thoughts, memory, imagination, existential identity, sex identity and so on) is the term which includes the concept of mental illness.

Mental disturbance is a way of reacting by which Rs deal with the fear generated in them by fear-producing conditions. According to the theory, the objective purpose of mental disturbance is to avoid reliving primitive terror of the rejecting womb.

During autopsychognosia sessions the Rs felt and described different degrees of fear, different qualities of fear that are classified as follow:

Specific fear: This fear occurs after expulsion-birth. It has specific causes, which R is aware of.

Anxiety: This agonising fear is accompanied by a vague threat to R’s existence. Its cause is unconscious.

Primitive terror: the agonising fear caused either by intrauterine rejection or by expulsion-birth and the first contact with the chaotic environment.¹⁶

In *The Knowledge of the Womb*, is mentioned that irrespective of the quality and intensity of an R’s excitation by rejecting/fear producing conditions, the entire process is characteristic of mental disturbance. So the question arises: Does every rejecting, fear- producing stimulus cause the same type of mental disturbance?

Depending on the quality of the fear, we have a different type of mental illness, i.e. a different clinical picture of mental disturbance. More particularly and according to Kafkalides: When rejecting stimuli are specific, they cause outgoing aggression or flight and the entire process is characterised by the clinical term

personal level. Example: Being offered a cigarette with a coloured filter-tip created fear in one of Dr Kafkalides’ patients which he found it difficult to hide from those present and even though he was a smoker (he smoked only cigarettes with a white tip), he would refuse such a cigarette. How had the cigarette with the coloured tip become a rejecting/fear-producing stimulus: At the age of 14, he had visited his uncle who was a bachelor. At one point, the uncle offered him a cigarette with a coloured tip and then obliged him to perform fellatio. The act terrified him. The cigarette with the coloured tip became a phallic symbol, rejecting for his sex and fear-producing. Autopsychognosia sessions revealed homosexual tendencies caused by the intra-uterine rejection of his male sex. (PW p.81).

¹⁶ KW §35, 120

“nervous tension”.¹⁷ In the event that aggression or flight does not neutralise the rejecting stimuli, then the latter “go underground” since, on an unconscious level, they reactivate “memory traces” from previous fears caused in the past by other rejecting stimuli. Thus fear takes the form of anxiety since the cause of it is unknown and obscure on a conscious level. Then an effort is made to neutralise the anxiety through various neurotic symptoms and phenomena. If this effort also fails, the anxiety tends to reactivate the “memory traces” of primitive fear i.e. the fear created in the fetus by the rejecting womb.

The effort to avoid reactivating the primitive fear leads to the appearance of psychotic symptoms and phenomena ¹⁸

In the final analysis, according to Kafkalides, mental disturbance, whatever clinical pictures it presents, is nothing but defence against fear (PWp70). So then Dr Ronald David Laing ¹⁹ was right to argue that psychiatrists should not try to interrupt a schizophrenia trip? Dr Kafkalides answer is the following: “How does a schizophrenia trip begin? According to autopsychognosia, a schizophrenic trip begins when the R tries to avoid reactivation of the primitive fear (terror), that is; the feeling of primitive fear is so excruciating that R prefers insanity. In other words, schizophrenia is a sanctuary against primitive terror. According to this logic, one should not hinder the development of schizophrenia. But the fact is that Dr Laing, with his tactics, was not successful in treating his schizophrenic patients either. “And I wonder”, continues Kafkalides, “by what means it would be possible to avoid the development of schizophrenia? An ideal treatment would be to erase the “memory traces” of primitive terror. But this is not possible because we do not know how they are produced. The only thing we can do is to try to avoid as much as possible the reactivation of these memory traces.”

Thoughts on fear.

For Kafkalides fear constitutes the primary motive not only for morbid but also generally for the ordinary behaviour of the Rs. It was thus inevitable that its conclusions would be based exclusively on subjective experiences, on subjective

¹⁷ It should be pointed out that the term “nervous tension” denotes a specific clinical picture of mental disturbance, which is not mentioned in traditional psychiatric literature (see KW §119)

¹⁸ Mental disturbances or mental illnesses: They are classified into two major groups (see KW§115). In the first group are the mental disturbances caused by toxic or organic damages to the nervous system. It includes organic and toxic psychoses of traditional psychiatry, temporal lobe epilepsies, mental retardation, etc. The second group includes the numerous mental disturbances, which are not accompanied by toxic or organic damage to the nervous system or any other systems. To this group belong the neuroses and psychoses (apart from organic and toxic psychoses) of traditional psychiatry. The cause of these mental disturbances is the excitation of the nervous system by fear-producing stimuli. It should be noted that, according to the degree of sensitivity (which is personal for each R), the neuropsychic disturbance of the “compact system of rejection” may possibly present one or more symptoms and phenomena on the clinical scale beginning from the simplest nervous tension and ending in the most complex form of psychosis. Of course the degree of sensitivity of the system in question depends on personal factors, e.g. on constitutional factors, on the frequency and intensity of fear-producing, rejecting stimuli which excite the nervous system, etc. (PW p.116).

¹⁹ R.D. Laing, *British Psychiatrist* (1927-1989). He believed that mental illness was an attempt by the person to spontaneously cure themselves of the maddening situations in which they had to live, and as such it was a natural healing process.

conclusions and subjective reactions on the part of the Rs in question, since creating the objective criteria of fear is not feasible.

A definition of fear given by Kafkalides is the following: Fear is the subjective feeling generated in a living system when its existence (i.e. its existential identity) is directly or indirectly threatened by dangerous conditions- stimuli²⁰ acting upon it.

According to the above definition we can conclude that fear is caused by material stimuli. Kafkalides position on that matter differs. In his paper presented at the seventh Panhellenic Congress of Neurology and Psychiatry held in November 1975 in Athens, he supported that fear is not a supernatural phenomenon, but rather the result of the functioning of the nervous system. The hypothesis that fear results from the functioning of a specific neuron circuit (in the diencephalon and rhinencephalon) should be proven experimentally. Taking this hypothesis as an axiom, we accept that the human nervous system is equipped with a neuron-fear circuit. And Kafkalides concludes by saying that this circuit can function during birth and fetal life. He believed that the cases that underwent Autopsychognosia sessions constitute experimental clinical data, which should be studied without bias on a larger scale and that until his findings are proven right or wrong, women and men should be informed before becoming parents that their children's mental health may possibly depend to a large degree on whether the mother welcomes the embryo in her womb from the very first moment without wishing a priori for it to be of a specific gender.²¹

Later though, and during the last year of his life, I posed him the following question: "According to the definition you have given, fear is caused by material stimuli, i.e. fear is a material phenomenon. By what material process is fear perceived?" I quote his answer: "Your question is specifically concerned with an extremely significant issue: What is life? Because, of course I don't have to remind you that it is not the dead person but the living person who is afraid. Consequently the reply to your question presupposes very clearly a comprehensive reply to the question: What are the differences in the human body from the functional and anatomical point of view, before and after death? Unfortunately, doctors, biologists, biophysicists and biochemists are unable to reply not only to the question of what life is, but also to other questions such as What is the material process of awareness of existential identity, associative thought, memory, imagination, feelings (emotions of fear, anger, joy, sorrow, etc.). So that I am not accused of being preoccupied solely with the weaknesses of Cartesian methodology, I would refer you to certain bioneurophysiological experiments, which support the view that the stimulus of certain cells in the brain (the limbic system) generates fear. It is known that only the vertebrates are equipped with a limbic system. However there are clear indications that invertebrates which do not have a limbic system are equipped with the ability to feel fear. And I wonder: perhaps fear is the result of another process not comprehensible to the human mind? And perhaps the process of being afraid takes place on a microcosmic level"?

Regardless of the above "open questions" on the material process of fear and our possibility to be aware of it, Kafkalides thesis, as we have already seen, is that

²⁰ Dangerous stimuli are those that are marshaled against the existential identity and those that reject it, which is why they are called "rejecting stimuli". The latter, since they generate fear on both the unconscious and conscious level, are also called "fear producing" so the concept of rejecting stimuli and fear – producing stimuli are equivalent.

²¹ PW p.22

fear producing “conditions-stimuli” are the main motives of unhealthy behaviour. He believed in the experiences, realisations and conclusions of the Rs²². He accepted their truth. A great rationalist himself, he was obliged to criticise Cartesian methodology and its principle of absolute rejection of subjectivity.²³

Man is not born a “tabula rasa”, a tablet, which bears no actual writing, as Aristotle believed²⁴, and many others until now. On the contrary, when a person is born, he retains within his memory, traces of the intrauterine experiences of expulsion birth. He also inherits memory traces of the ancestors’ experiences. These memory traces are personal and play a decisive role in shaping his personality. Each human being has his own truth and Protagoras²⁵ amazing maxim *το τε δοκουν εκάστω τούτο και είναι*, which freely translated means: “Whatever each person believes is also the truth”, lays the foundations of autopsychognosia.

It is worthwhile to examine in detail the stages which Kafkalides went through, and the “blindness” he was obliged to get rid of during his 27 years of research. Step by step from the early 1960’s²⁶ where he viewed the description of his patients with great scepticism and doubt to the concept of the “accepting womb” in 1966²⁷ and later to the concept of the “rejecting womb” in the early 1970’s²⁸. He writes: “I must confess that in 1966 and for quite some time I had felt quite certain that during fetal life everyone experiences the perfect serenity provided by the “safe” intra-uterine environment. This certainty had become an absolute conviction, as I myself had relived the ineffable harmony of my own intra-uterine acceptance during a Session with 80µg of intramuscular Delyside Sandoz. Thus, in each new case of psychic disturbance I saw only the pattern: intra-uterine safety - the trauma of expulsion-birth - desire to return to the safe womb, either through sexual activity or any substitute for sexual activity. It is easy to understand that I had more or less unconsciously imposed this pattern on each new case... until one fine morning there was a new upheaval... which showed me that I, all by myself, had put the blinders

²² see: Pharmacodynamic activity of small doses of ketamine hydrochloride (Parke-Davis) on the psychic sphere, PW p.92.

²³ For the difference between the fundamental principles of autopsychognosia and cartesian methodology see PW p.38

²⁴ Aristotle, On the Soul, 3.4.430, a1. See also John Locke,: “white paper, void of all characters, without any ideas», Essay Concerning Human Understanding.

²⁵ Ancient Greek sophist (485 – 415 BC). He proclaimed the thesis that “Man is the measure of all things”. He wrote, amongst other works, two main treatises: (I) Truth (Αλήθεια ή Καταβάλλοντες) (II) Antilogiae or contrary arguments (Αντιλογίαι). We interpret the word «sophist» (σοφιστής) in the pre-socratic sense of the term which meant, «wise» (σοφός) and not in the pejorative sense which had come about in Socratic circles. (see Lexicon of presocratic philosophy, Academy of Athens research center for Greek philosophy, Athens 1988 as well as A history of Greek literature by Albin Lesky, Thomas Y Crowell Company, New York 1966)

²⁶ A. Kafkalides, Application thérapeutique de la diéthylamide de l' acide d-lysergique (Delyside ou LSD-25) sur les psychonévroses, Annales médico-psychologiques, Paris, t.2, 121^e année, 1963, n^o 2, pp.191- 200.

²⁷ A. Kafkalides, “A case of homosexuality Treated with LSD-25”, Paper presented at the IV World International Congress of Psychiatry, Madrid 1966 (Exerpta Medica,1966), Intra-uterine security: The cause of the Oedipus and Electra Complexes in two cases treated with LSD25 (paper presented at the International Congress of Psychotherapy, Wiesbaden 1967- see The international journal of prenatal and perinatal Psychology and Medicine, V.8, No4,p.427-431, December 1996)

²⁸ A. Kafkalides, “Causes of Sexual conflicts - effects on behaviour”. Open communication at the VII Panhellenic Congress of Neurologists and Psychiatrists, Athens 1975

back on ... That day during a Session, a twenty-year-old girl told me, in a voice filled with anxiety and fear: "I feel that I'm in the womb ... I'm afraid ... I'm terribly afraid..." And in a most unprofessional way I replied "But how can you be in the safe womb and feel afraid?" Her answer was an angry one: "And how can you know that I was safe in the womb?" ... This came as a real shock to me. It was the hardest but most beneficial lesson, and taught me how easily I had been reaching absolute conclusions, although I knew that the concept of the absolute does not hold in medicine. Along with this hard lesson came new and significant knowledge: that of the "rejecting womb", the terrible experience of the unwanted in the womb. Thus the pattern based on the safe and tranquil womb was supplemented: the womb may be welcoming or rejecting."²⁹

In one of our discussions I asked Dr Kafkalides to explain the mechanism by which according to the conclusions of certain of his patients, the fetus feels his rejection by the womb mother. His reply was the following: "The fetus rejected by the womb – mother feels like a chained and gagged prisoner who is subjected to horrible torture but is powerless to resist his tormentors. The immobilised fetus in the womb cannot react. What's more, its neurons and muscles are minimally developed.³⁰ At most some isolated kicks or hand movement are its response to the terrible and painful rejective stimuli it is bombarded with and which inevitably accumulate within it. The rejecting intra-uterine environment is the true hell in which the fetus lives defenceless. The time will come, however, when the weak fetus will leave this hell, will grow up and become a person with normally developed neurons and muscles. How will this person-fetus react each time the "memory traces" of accumulated rejective stimuli are reactivated on an unconscious level? Certainly every R will react in his own personal way, which cannot be predicted. We shall just mention, writes Kafkalides, the reaction of certain rejected Rs who identify with their rejective wombs and torment those around them as the womb tormented them, or project the womb onto their environment and attack it with the same fury as that with which the womb had attacked them. Under such conditions, isn't it natural for a person to behave like a hooligan inside and outside the football stadium or become a torturer for the secret police or a dictator who will declare civil, local or world war?"³¹

According to Kafkalides aggressive behaviour (aggressiveness) is directly or indirectly related to the rejecting womb/ fear. The fiercer the attack, the greater the unconscious fear.

Compact system of rejection.

The experiences and realisations of the 126 individual cases that underwent autopsychognosia sessions convinced him that there is a basic human problem, which is the need to feel protection, affection and love from one's environment. The

²⁹ PW p.36-37

³⁰ (see KW §100)

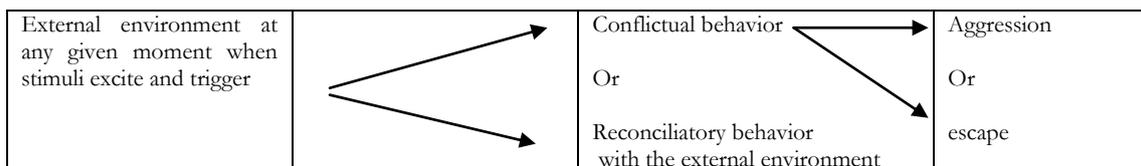
³¹ PW p.53

problem is turned into a human drama because the environment is usually rejective or is felt by the R as such.³²

R is rejected many times, i.e. by members of his family, friends, colleagues, acquaintances, strangers and society. The memories of all these rejections are preserved and mingle with one another on an unconscious level. According to the theory the rejecting-psychotraumatic and fear-producing conditions,³³ which excite R's nervous system during his fetal life, his expulsion birth and after birth, become associated and form what Kafkalides calls a "compact system of rejection". This system is easily excited by any stimulus from every day life considered by the R to be rejection-producing, that is, R's unconscious decides whether or not the stimulus is rejection-producing and activates his behaviour accordingly.

The same thing precisely happens with accepting stimuli, i.e. they become combined on an unconscious level and constitute a "compact system of acceptance" which is excited by any stimulus which has an accepting quality.³⁴ Here we must note that the unconscious is not the same in all Rs, since each has been moulded by personal experience. Thus if a stimulus excites two different Rs simultaneously, even R1 and R2, it is most probable that different subjective emotions and behaviour will be caused. And if we suppose that the stimulus causes the same emotions in the two Rs, they will not be of the same intensity. In other words, the individual factor plays the decisive role in both cases.

A major question Kafkalides posed to himself during his research was the following: What is the main feature of human behaviour and what motivates it? At some stage in his study of everyday human activity, through the prism of autopsychognosia sessions, it became clear that this basic characteristic is either conflict or reconciliation with the external environment. Conflict includes (a) aggression against the environment and (b) escape or distancing one's self from the environment.



³² Some "unwanted" Rs realized that although the environment was accepted, they, through their behaviour, obliged their family, friends, lovers, colleagues, etc. to reject them. Acceptance for them was something unknown, which did not seem related to their existence. In PW p.43, Kafkalides writes: "The mutual misunderstandings and accusations between parents and children that they don't love each other are endless. Without going into detail, I'll just mention the conclusion from the autopsychognosia of a man 30 years old who had relieved intra-uterine rejection very intensely: My mother and father should have felt their love for me when I was in the womb. Whatever they do now to show that they love me leaves me not just indifferent but makes me feel they are acting"

³³ Basic rejecting stimuli are: During fetal life: the womb-mother's rejection of the fetus existence and/or sex. During expulsion-birth: the process of expulsion birth may be one of rejection. After expulsion birth: Abuse of the child by the mother or father. The over-protective-castrating behaviour of the mother or father towards the child. The demands of the social code also alienate R as they impose the will on him. Other rejecting stimuli of the external environment. (KW§51)

³⁴ (PW p.11)

In the final analysis Kafkalides' thesis is that human emotions and behaviour are influenced either directly or indirectly by the feelings of rejection and/or acceptance existing on the unconscious level. He believed that knowledge of one's own self through Autopsychognosia could give man the chance to control the former and reinforce the latter. This is after all the aim of autopsychognosia.

"Knowledge"

Socrates supported that knowledge of one's own self is the prerequisite of a good life.³⁵ The great ironists' paradox that no one is consciously bad (*ουδείς εκων κακός*), was his philosophical hope that "self knowledge" could lead to a change in human behaviour. The Socratic/Platonic gnosiological journey, such as Plato conceived it, is based on "memory" (*μνήμη*) and reminiscence (*ανάμνησις*). Knowledge (*γνώση*) = reminiscence (*ανάμνηση*). Plato's whole theory of knowledge is based on that equation.

Twenty-five centuries later Freud introduced the concept of the unconscious. The common point of the two methodologies is that both are based on the function of the memory and they both underline the importance of the emotional element of knowledge in their quest for truth. The myth of the cave in Plato's Republic is a typical example of emotional gnosiological procedure.³⁶ Freud, on the other hand, insists on the emotional reviving of past experiences.

By the middle of the 20th century, Dr Albert Hofmann discovered d-lysergic acid diethylamide, which triggers the emotional reactivation of the memory. LSD³⁷, Psilocybine and other psychedelics do indeed, as the Swiss humanist asserts, constitute "cracks" in the edifice of materialistic rationality. On the other hand, the use of psychedelics by Dr Kafkalides as an adjuvant psychotherapeutic means for almost three decades of research shaped his believe that: "the matter of which the human body is composed preserves the memory of its origin and evolution. The reactivation of this memory by psychedelics transports a person back through the limitless past, creating in him levels of consciousness corresponding to various stages in the evolution of matter". Psychedelic drugs properly and scientifically used expands ordinary consciousness. The capacity for self-observation, introspection and self-criticism is heightened to an amazing degree and may lead to a certain "knowledge" of the human unconscious".

Kafkalides entitle his treatise: The Knowledge of the Womb. What is the source of this "knowledge"? What is "subjective", what is "objective" in the whole process of autopsychognosia?

The source of "knowledge" was his patients (the Rs) who in their sessions relived the experience of their prenatal and perinatal conditions. It is worth noting that the revival of any period of the past is a "subjective truth" for the individual experiencing it, which cannot be felt by any observer. During the autopsychognosia process, the subject is the embryo-person and the object is his environment: the

³⁵ Plato , First Alcibides

³⁶ Plato, Republic, 514a-521b

³⁷ A.Hofmann. (1979). *LSD-Mein Sorgenkind*. Stuttgart: Klett-Cotta. Translated by Jonathan Ott (1980). *LSD-My problem child*. New York: McGraw-Hill; (1985).

various material entities, which surround him, starting from the womb as the first environment, which ultimately, take on the "absolute" sense of the external environment. The subject is the subjective identity. The subjective existential identity studies itself then, studies the internal environment. The object of knowledge is the self, at which point one begins to understand the functioning of one's own self.

In his introduction of "The knowledge of the womb" Dr Kafkalides writes: "The field of experimental neuropsychiatry, which opens up through the scientific use of psychedelic drugs in special research centers, is as vast as an ocean. This book is but a drop in that ocean". What I tried to do with the present "reading" of some of the concepts of the autopsychognosia theory is a drop in that drop. I would like to quote though the words of Dr Ludwig Janus, of Heidelberg, from his preface to the English edition of Kafkalides treatise: "Kafkalides findings challenge those involved to enter into fundamental discussion and probably revision of central psychoanalytical assumptions. It is my impression that in the present day and age the results of Kafkalides' research are more likely to find acceptance than they were at the time he carried out his studies. There is now a whole host of findings in prenatal and perinatal psychology and medicine³⁸ that supports his results"

³⁸ Ludwig Janus(1991). *The enduring effects of prenatal experience – Echoes from the womb*, Jason Aronson Inc. 1997

Knowledge as an emotional and intellectual realization of the unconscious.

*Gnosiology, Psychedelic Drugs and Prenatal experiences.*³⁹

The direct emotional experience of reality is a momentous event, which shakes the very foundations of one's worldview. Physicists, at the beginning of this century, felt much the same way when the foundations of their worldview were shaken by the new experience of the atomic reality. Psychiatrists, Psychologists and other researchers in the field of prenatal investigations with psychedelic substances experienced a similar shock. The new findings in this field, necessitated profound changes of concepts like truth, reality, unconscious, consciousness, cause and effect, emotions, intellect, quality, quantity etc... In our present communication, we will try to develop those concepts in the framework of Dr Athanassios Kafkalides' Autopsychognosia. In fact, Autopsychognosia i.e. deep sessions with psychedelic drugs, is above all, a combined emotional and intellectual knowledge about the content of the unconscious.

It is worthwhile to go back in to time and see the way ancient Greek philosophers perceived knowledge. Aristotle confronted and studied the organism's psychological forces from a broad biological perspective. All the functions of an organism, such as nutrition, appetite, sensation, movement, perception and knowledge take place for the survival and the salvation of the organism within the complex and hostile external environment (*σώζεσθαι εαυτόν*).⁴⁰ Plato, on the other hand, defined knowledge as anamnesis (*reminiscence, recollection*).⁴¹ The conclusion in his dialogue *Meno* applies to the nature of knowledge, which is an act of recollection of something perceived before this life.⁴² Plato's and Aristotle's stands on knowledge are complementary. Without the functioning of memory, how would it be possible for the organism to survive? Knowledge, thus, is amongst other, a mnemonic process, which serves self-preservation and the existential identity of the human being.

It is extremely important to underline here the fact that, in ancient Greek philosophy, knowledge was perceived as the combination of sensation and intellect. Let's add to this concept the emotional element, which springs up from sensation and intellect and transcends them⁴³. An old dictum supports that In order to "know", one must feel. In ancient Greek philosophy there is no such thing as pure

³⁹ Lecture given at the 13th Congress of the International Society of prenatal and Perinatal Psychology and Medicine (ISPPM) in Cagliari, Sardinia, Italy on June 24, 2000 and published in *Neuro Endocrinology Letters* Vol 21 , No 4, 2000

⁴⁰ In that sense, we can assume that Aristotle was a supporter of the theory of functionalism (i.e. the view that behaviour and mental phenomena can be explained as an organism's strategies for adapting to its biological or social environment.

⁴¹ The *Meno* had already announced that knowledge is acquired, not as information conveyed from one mind to another by teaching, but by recollection in this life of realities an truths seen and known by the soul before its incarnation (before birth), *F.M.Cornford, Plato's Theory of Knowledge*, Routledge 1979.

⁴² Paul Friendlander, *Plato*, Princeton University press, 1969.

⁴³ We remind here that all ancient Greek knowledge verbs were perception verbs: *idein, eidenai, noein* (*εἶδεν, εἰδέναι, νοεῖν*) The Platonic usage for "knowledge" was centred on perceptual verbs. Thus in "*I know that I don't know*" the cognitive verb is *idein*. Lyons (1963) analysed Plato's usage of knowledge verbs, concluding that "*eidenai*" includes both "*gignoskein*" and "*epistasthai*".

Intellectualismus. Intellect is a barrier which must be thrust aside in order to perceive the being of things.

However, from the earliest philosophical speculations to the present day, emotion has been often seen as interfering with rationality, as a remnant of our pre-sapient inheritance. Bertrand Russell holds : “The emotions are what makes life interesting, and what makes us feel important. From this point of view, they are the most valuable element in human existence. But when , as in philosophy, we are trying to understand the world, they appear rather as a hindrance⁴⁴. That is why, the term “gnosiology” ,(theory of knowledge or epistemology) is confounded with the term “logic”. The latter is often used in a broad sense, to cover the whole field. This confusion doesn’t happen by chance, since the quest for “objective” knowledge must not be confounded with emotions because emotions lend subjectivity to judgement.

Thus, on the way to knowledge, the emotional element is rejected. Psychoanalysis , of course, gives great importance to emotions from the very early writings of Breuer and Freud⁴⁵. Psychoanalysis, combines therapy (which is the result of applying the acquired knowledge) with the reliving of emotion , which was linked to the recalled event. (abreaction). Autopsychognosia on the other hand, considers the emotional revival of past experiences provoked by psychedelic substances, a sine qua non condition for acquiring more direct and clearer knowledge. In other words, what Autopsychognosia with psychedelic drugs is aiming at is a deeper intercommunication link and, if possible, an increase of the interconnections between the neocortex and the limbic system. This is achieved to a certain extent , through the emotional-intellectual realization of the unconscious⁴⁶. In contrast to plain intellectual realisation (which leave the subject indifferent from an emotional point of view), autopsychognosia uses the term emotional - intellectual realization and attempts to give some interpretations to the concepts of the “unconscious” and the “conscious” (consciousness). Certain “partial” definitions , at the theoretical level, are the following. We mention them with great reserve, because the term “define” means “limit” while the above mentioned concepts can not be limited.

The Unconscious comprises memory traces that the various stimuli which have acted upon the nervous system during its evolution have left upon the neurons and the human cells. We have memory traces of experiences after expulsion birth, of experiences of expulsion birth, of intrauterine life, memory traces of experiences from the lives of one’s ancestors on the zoological scale. To these we can add memory traces “beyond the boundaries of the womb” i.e memory traces of experiences from the initial phases of the creation of matter-mass-energy after Zero Hour. All these memory traces constitute the unconscious. The Consciousness : The subjective understanding, on an emotional and intellectual level, of the content of the unconscious. Thus, we can give one more “partial” definition of knowledge : knowledge is the emotional-intellectual realization of the unconscious.

This process however, is a personal endless and continuous quest because the unconscious is infinite. Autopsychognosia, so to speak, is a process of Aletheia (= Truth). We use the word “Aletheia” in the linguistic sense given by Heidegger. Aletheia = a (prevalative prefix) + lethe (oblivion) = non oblivion, unconcealment⁴⁷

⁴⁴ Bertrand Russell, *An outline of philosophy*, George Allen & Unwin Ltd, 1951.

⁴⁵ J. Laplanche et J.-B.Pontalis, *Vocabulaire de la Psychanalyse*, Presse Universitaire de France, 1967.

⁴⁶ Athanassios Kafkalides, *Autopsychognosia*, Odyseus Publishing House, 1989

⁴⁷ Martin Heidegger, *Qu’est – ce que la metaphysique?*, Editions Nathan, 1985

(the unconscious becomes conscious). In this process we do not consider emotions as a hindrance to knowledge but as an essential attribute to it.

The findings of prenatal researches led, amongst other things, to the following conclusions: The fear of rejection and the serenity of acceptance – specially the intrauterine rejection or acceptance of the fetus by the mother- shape man's mental health, his capability of perception and knowledge, and his emotional-intellectual motives of behaviour⁴⁸ If the above conclusions are valid, we are facing a severe gnosiological overthrow of Aristotle's and Lock's conception regarding the soul before birth as a white paper void of all characters.

The problem we are facing with prenatal experiences is that the revival of any period of the past is a subjective state for the individual experiencing it; this cannot be perceived by any observer. The individual, for example, who feels that he/she has returned to the womb, is referring to a situation which is real for him (her)alone and which is due to his/her nervous system retaining the "memory traces" of stimuli which had acted upon it during fetal life. When these memory traces are reactivated by psychedelic substances (or in some other way⁴⁹ i.e. concentration, meditation, hyperventilation etc..) the conditions of fetal life are relived. The psychedelic experience which leads to the revival of the near and distant past as well as to states of altered consciousness, occurs within a different space – time continuum than the observer's. Scientists, however, insist on substantiating the most important attributes of knowledge, i.e. necessity and universal validity. If the western scientist cannot quantitatively prove the "truth" of the above propositions, he is obliged to discredit their content.

However, to be able to envisage propositions such as the aforementioned, one must undergo a change in his traditional belief concerning the "objectivity" of truth. So we ask ourselves: do the prenatal experiences and realizations, such as described under autopsychognosia sessions with psychedelic substances, correspond to "truth"? But what is it for something to be true or false? Intuitively truth is a relation – between the thing that is true, and the thing that makes it so. But both terms of the relation are in dispute, as is the relation itself. Philosophers differ as to whether the truth bearer is a sentence, a proposition, a thought, a statement, a belief, or some other entity, whether linguistic or mental. They differ too as to what truth consists in. Some speak of correspondence – but with what? Others replace correspondence with some other relation: coherence, for example. Others still reject the whole idea of truth as a relation, regarding it instead as an intrinsic property of whatever possesses it. There are even those who argue that truth is neither a property nor a relation, and that the concept is merely redundant⁵⁰. What we see here is a total subjective state of things. There are as many definitions of "truth" as philosophers. We cannot actually define with absolute objectivity such concepts as truth, knowledge, reality.

⁴⁸ Athanassios Kafkalides, *The knowledge of the womb, Autopsychognosia with psychedelic drugs*, Triklino House, 1995 (originally published in Greek in 1980 by Olkos, Athens)

⁴⁹ Ludwig Janus, *The enduring effects of prenatal experience – echoes from the womb-*, Jason Aronson Inc., 1997 (Originally published in German in 1991) – see results of various psychotherapeutic methods in this field

⁵⁰ Roger Scruton, *Modern philosophy*, Arrow Books, 1997

If, however, we ask the subjects who relived and described their prenatal and transcendental experiences, during sessions, whether those were real and true, they would answer by the affirmative. For them, what they have experienced was the truth, “their truth” and the acquired knowledge “their knowledge”. So, knowledge as an emotional-intellectual realization of the unconscious is a subjective process.

In 1966, at the International congress of Psychiatry in Madrid, Dr Athanassios Kafkalides presented his first case who had relived his intrauterine life. In the 4th session with LSD-25 he regressed to the womb and fully re-experienced his birth and the very earliest days of his life ⁵¹. When some of his colleagues reacted by saying that this was a hallucination and a fantasy unrelated to reality, Kafkalides answered as a pure pragmatist: Proof that the patient's feelings and recollections while under LSD correspond to reality, is his cure; a radical change of character, behavior and mental productive work took place after LSD treatment, so how could hallucinations possibly heal? But this was a pragmatist's view ⁵². Nevertheless this feeble argument was the first step which led Kafkalides to stand away from the Cartesian methodology without rejecting its deductive – inductive technique. This turning point in his methodological approach has to be envisaged within the wider differentiation which took place in the framework of modern western thought.

During the first decades of the 20th century, the physicists Bohr, Heisenberg and Pauli were obliged, due to the latest data in the subatomic world, to change their methodological conception. In the 1942 manuscript ⁵³, Heisenberg makes a stand against the vulgar distinction “subjective reality”-“objective reality”. In order to understand the 20th century physics, he believes that the Cartesian dualism between *res cogitans* and *res extensa* must be abandoned ⁵⁴.

European languages have two words to designate reality, the etymology of which is different; the first one is “reality” (from latin, *res* = thing) and the second one is “effectiveness” (*agere* = to do). In German, those two words are reproduced by the words *Realitat* and *Wirklichkeit*. The more abstract concept which derives from *agere* or *wirken* is closer to the one used in science. For Heisenberg, reality is an active experience. Subjectivity thus plays an important role in the whole process of knowledge. Many philosophers of this era, in particular, those who knew and conversed with Heisenberg, such as Husserl, Heidegger and Cassirer insist on the necessity to object to the Cartesian division, “subject-object”. In the following years, the above mentioned physicist's ideas had an important influence on many other thinkers such as Fritjof Kapra and Paul Feyerabend ⁵⁵. The latter through his major work “Against Method”, criticized Rationalism's exaggerations.

The world is not only macrocosmic, solid and objective but also microcosmic, different and subjective. The deeper we go into inanimate and animate matter the

⁵¹ Athanassios Kafkalides, *A Case of homosexuality treated with LSD-25 [Proceedings of the IV World Congress of Psychiatry, Madrid 1966]*

⁵² Pragmatism can be briefly described as the theory stating that a proposition is true, if holding it to be so, is practically successful or advantageous.

⁵³ Werner Heisenberg, *Philosophie, le manuscript de 1942, Editions Seuil, 1998* (τίτλος πρωτοτύπου : *Ordnung der Wirklichkeit, first published by R. Piper GmbH&KG, Munich, 1989*)

⁵⁴ In atomic physics the scientist cannot play the role of a detached objective observer, but becomes involved in the world he observes to the extent that he influences the properties of the observed objects. The world is not “sitting out there” with the observer safely separated from it. *Fritjof Capra, The Tao of physics, Shambhala, Boston, 2000* (first published in 1975), *The turning point, Simon & Schuster, New York 1981*

⁵⁵ Paul K. Feyerabend, *Against method, 1975*

more difficult is for reason to function within its traditional frame. The world of the becoming gets closer and closer to an Heraclitian concept while the Anaximandrian concept of the being (the “Απειρον” , the infinite substratum which is “beside the elements”, not identifiable with any one of them), accepted by Heisenberg,⁵⁶ remains inaccessible to human brain. The principles of Autopsychognosia which follows must be considered within the above gnosiotheoretical context :

- Acceptance of the principle of cause and effect, but also the Ancient Greek prediction that seeking the first cause of the nature of material entities leads to a *regressum ad infinitum* that is, it leads human intelligence to an impasse.
- The claim that the subject and its external environment are very closely related to one another and that they constitute an integral existing whole. The subject belongs to both worlds at the same time, because for itself it is its subjective world, and for all the rest of the subjects (secondary entities) it is a part, however small it may be, of their objective world. This dual character precludes the absolute separation between objective and subjective reality for every observer. In other words, objective reality exists but its meaning is limited and not absolute.
- Acceptance and respect of the subject and the individual nature of its psychic world on an conscious level, that is acceptance (of the concept) that the subjective world of each human being is completely personal.
- The claim that the human mind has a limited capacity to perceive and thus is able to interpret some but not all natural phenomena with mathematical formulas and quantitative measurements⁵⁷ .

At this point, we must underline that following the LSD discovery, in 1943, by Dr Albert Hoffman, serious research was undertaken in the psychotherapeutic field with the use of psychedelic substances. There is a direct relation between the use of psychedelic substances and the revival of prenatal experiences and realizations. It's not due to pure chance that great prenatal and perinatal findings came to light through the works of scientists who used such substances, in minute doses, as an adjuvant psychotherapeutic mean. Allow me to mention amongst others Kafkalides⁵⁸, Grof's⁵⁹ and Lake's clinical results⁶⁰. It's striking to realize that , in the same period of time, in three different countries, the patients of the above mentioned psychiatrists , relived the same experiences and reached more or less the same conclusions and realizations which constitute the basis of the theoretical work of the above mentioned scientists.

⁵⁶ Werner Heisenberg, *Physique et philosophie*, Albin Michel, 1971- *The Anaximandrian Apeiron as an infinite αρχή (Απειρον) is “that which is beside the elements”, not identifiable with any one of them.* (see G.S Kirk & J.E.Raven, *The Presocratic Philosophers*, Cambridge ,1957)

⁵⁷ Athanassios Kafkalides, *The power of the womb and the subjective truth*, Triklino House, 1998 (originally published in Greek in 1987, by Free press, Athens)

⁵⁸ Athanassios Kafkalides, *Causes of Sexual Conflicts - Effects on Behaviour*, communique at the VII Panhellenic Congress of Psychiatry, Athens, 1975

⁵⁹ Stanislav Grof, *Realms of the human unconscious*, The Viking press, New York, 1975 – *LSD Psychotherapy*, Hunter House, 1980.

⁶⁰ Simon H. House, *Primal Integration Therapy-School of Lake* , *The International Journal of prenatal and perinatal psychology and medicine*, Volume 11, No 4, December 1999

The general opinion concerning psychedelics is that they are hallucination producing drugs. But what does hallucination mean? Cartesian psychiatry states that "a hallucination is a vivid sensory impression occurring without external stimulus". The Greek word for "hallucination" is "pseudoaesthesia" (ψευδαίσθησις) from "pseudo" (false) and "aesthesia" (perception), an etymology which leaves the scholar of traditional thought with no doubt that a "pseudoaesthesia" is something false, unreal and morbid and that "pseudoaesthesiogenic" drugs - as psychedelic drugs are known in Greek - cause false and morbid experiences. But just how unsuccessful the term "hallucination" is can be shown by the following example: If at this very moment, here in Cagliari, I recall the details of an adventure I had in Athens a year ago and feel I am reliving it vividly, then according to the aforementioned definition I am suffering from hallucinations, since extremely vivid sensory impressions were created in my mind without external stimulus. If we try to understand how I could recall details of my adventure in Athens, we shall have to accept that those details left memory traces which were reactivated, resulting in my reliving my experience without my actually being in Athens. Something similar to this occurs in my mind when during a Session with psychedelic drugs I relive intra-uterine or any other experiences. In giving this example, we are not suggesting that morbid hallucinations do not exist; We simply want to show that the term "hallucination" is an erroneous one requiring clarification. We believe that the "pseudo" (false) element in "pseudoaestheses" (hallucinations) caused by the latter regard only the observer. For the individual, his subjective hallucinatory state is real and we are obliged to respect this.⁶¹

Max Plank, in his lecture ,on November 1941, given at the Scientific Society Kaiser Wilhelm, in Berlin stated the following : "A new scientific truth can't establish itself by the mere fact of being accepted by its opponents who claim to have been convinced and enlightened but, furthermore, by the fact that, in the course of time, its opponents die and the new generation grows familiar ,from the beginning with truth" ⁶². Williams James, on the other hand, in one of his Bostonian lectures, in 1906, poses the question very clearly ,by saying : "First, a new theory is attacked as absurd; then it is admitted to be true, but obvious and insignificant; finally it is seen to be so important that its adversaries claim that they, themselves, discovered it." ⁶³ We think that the above propositions applies also to the prenatal findings and it doesn't surprise us that prenatal theories still remain marginal in a world , where the principle of tabula rasa prevails and the subjective-emotional state of the individual is considered as a hindrance to knowledge.

⁶¹ Athanassios Kafkalides, *The Power of the Womb and the subjective truth...*

⁶² Max Planck, *Sinn und Grenzen der exakten Wissenschaft*, Kindler Verlag GmbH, Munchen, 1971

⁶³ William James, *Pragmatism*, Dover publications, inc. New York , 1995

In relation to the aforementioned I would like to quote a passage from Paul Feyerabend's major work "Against Method", where he asserts that: "The idea that science can, and should, be run according to fixed and universal rules, is both unrealistic and pernicious. It is unrealistic, for it takes too simple a view of the talents of man and of the circumstances which encourage, or cause, their development. And it is pernicious, for the attempt to enforce the rules is bound to increase our professional qualifications at the expense of our humanity. In addition, the idea is detrimental to science, for it neglects the complex physical and historical conditions which influence scientific change. It makes our science less adaptable and more dogmatic: every methodological rule is associated with cosmological assumptions, so that using the rule we take it for granted that the assumptions are correct. Naïve falsificationism takes it for granted that the laws of nature are manifested and not hidden beneath disturbances of considerable magnitude. Empiricism takes it for granted that sense experience is a better mirror for the world than pure thought. Praise of argument takes it for granted that the artifices of Reason give better results than the unchecked play of our emotions. Such assumptions may be perfectly plausible and even true. Still, one should occasionally put them to a test. Putting them to a test means that we stop using the methodology associated with them, start doing science in a different way and see what happens".

We believe that in the future to come what we presently characterize as prenatal research, will become "*la voie royale*" of a new ontology. But great gnosiological changes were never simple and easy. So, allow me, by concluding to mention Plato's words in his Republic: "*Great deeds are always precarious*", to which I will add Heidegger's words: "*great deeds always take place in the middle of a storm.*"

Prenatal environment and postnatal life in S. Grof's , F. Lake's and A. Kafkalides' work.⁶⁴

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

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

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

Frank Lake served as a missionary doctor in Bengal and later as Superintendent of the Christian Medical College in Madras, India, where he specialized in parasitology (1950). Later he returned to England and retrained to become a Psychiatrist (1958).

⁶⁴ Paper presented at the XIV International Congress of the Society for Prenatal and Perinatal Psychology and Medicine, Sydney , Australia 1-4 November 2001. It was published in The International Journal of ISPPM, V 14, No 1 / 2, 2002

Frank Lake used LSD between 1954 and 1970. His introduction to LSD therapy was with Dr Ronald Sandison, a pioneer in using Lysergic acid as an adjunct to psychotherapy. Sandison was the director of Powick Mental Hospital, one of the oldest and most respected LSD clinics in the world⁶⁵. At the end of the 1960's Lake stopped using the drug which was banned and started using Reichian and Bioenergetic techniques. His findings of the LSD era are described in his "Clinical Theology" and summarized in an article in the Journal of Psychosomatic Research, entitled: *Treating psychosomatic disorders relating to Birth trauma* (Peters 1989). The latest developments of his thoughts concerning prenatal environment and postnatal life are to be found in his book *Tight Corners in Pastoral Counseling*.

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

Stanislav Grof.

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

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

Through his psychedelic and holotropic research Grof discovered that emotionally relevant memories are not stored in the human unconscious as a mosaic of isolated imprints, but in the form of complex dynamic constellations and coined for them the name COEX systems (systems of condensed experience). A COEX system "consists

⁶⁵ Sandison was trained in analysis with a Jungian analyst. He arrived at Powick Hospital in 1951. In 1952 he visited the pharmacological laboratories of Sandoz in Basel, Switzerland and heard all about the ongoing research with LSD. He came across a short paper by Anthony Busch and Warren Johnson entitled "LSD-25 as an aid to psychotherapy" published in 1950. This paper was a stimulus to Sandison to start working with LSD in Powick Hospital. His clinical impressions convinced him that 1.- LSD when used as an adjunct to skilled psychotherapy, is of the greatest value in the obsessional and anxiety groups accompanied by mental tension 2.- The substance it should only be used by experienced psychotherapists. (see *Psychodelia Britannica, hallucinogenic drugs in Britain*, Turnaround, 1997)

of emotionally charged memories from different periods of our life that resemble each other in the quality of emotion or physical sensation that they share... Each COEX has a basic theme that permeates all its layers and represents their common denominator". Finally Grof realized that the roots of those mnemonic constellations go much deeper and beyond the biographical level and that the unconscious of an individual can contain several COEX systems. He writes: "Each of the COEX constellations seems to be superimposed over and anchored in a particular aspect of the trauma of birth. In addition a typical COEX system reaches even further and has its deepest roots in various forms of transpersonal phenomena". COEXs contain not only painful and traumatic memories but also memories of positive and pleasant situations (Grof 2000).

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

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

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

Frank Lake (1914-1982).

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

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

However in the late 1970's his approach has changed. He admits that the assumption that the nine months of fetal development in the womb were free of significant

incident was a serious mistake. This assumption of prenatal bliss collapsed after 4 years of research (1978-1982) and the records of 1200 cases. He writes: "Increasingly over recent years we have been invaded by evidence that the fetus in the mother's womb is picking up all sorts of messages about itself.....In the nine months growing in the womb there may be unimaginable sufferings and catastrophes"... (Lake in Maret 1997). The transmarginal stress which was felt, expressed and described by many of his patients, was nearer in time to conception than to birth. Lake asserts that "... It is here, in the first three months or so in the womb, that we have encountered the origins of the main personality disorders and the psychosomatic stress conditions". The intra-uterine life of the fetus now becomes for him of a vital importance. Intra-uterine rejection could provoke such pain that "the fetus longs, not for life, but for death... the rejected fetus turns against itself, willing its own destruction and death" (Lake in Maret 1997) .

Lake is persuaded that the relation between the pregnant mother and the fetus within her could range from absolute acceptance to horrendous and cataclysmic rejection. He never denied the importance of the trauma of birth as such but he believed that the problem which affects man in his/her later life resides more in the prenatal than in the perinatal level. Powerfully impressive experiences from the mother and her inner and outer world reach the fetus, defining its relation to the intrauterine reality in ways that persist into adult life. He asserts that all the common entities of psychiatric practice, hysterical, depressive, phobic, obsessional, schizoid, paranoid, have their clearly discernible roots in the first trimester of intra-uterine life. The "womb distressed" person, Lake writes, "complains as if it remembered the bad time it had been through. It reacts to the world around it as if it were still in the bad place, still having to feel its keenest woe. It reacts defensively as if the attack were still going on" (Lake in Maret 1997) .

Athanassios Kafkalides (1919-1987)

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

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

to return to the womb remains even if the womb is rejecting. (A Kafkalides 1975, 1980/1995,1998).

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

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

To the question: why the return to the womb is an imperative need for both sexes, Kafkalides in his last lecture in 1984, given at the University of New South Wales, Sydney,⁶⁶ summarized his answer as following: 1. The womb is the first external environment. 2. The womb is the first acquaintance with life. 3. The womb provides immortality through the offspring. 4. The womb provides safety for the accepted. 5.- The womb is the safest refuge for the rejected; the womb is relatively safe because it is the only thing he/she knows and in reviving it -in sex or in any other rejecting situation- he feels he exists. Also, the rejected always hopes deep in his heart that the rejecting uterus will somehow miraculously become accepting.

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The chaotic intra-uterine terror felt by some of the 17 cases during autopsychognosia sessions was caused by the emotional disturbances of the woman in whose womb they were developing. What were these emotional disturbances? First, the pregnant woman's emotional rejection of the sex of the fetus. Second, the pregnant woman's emotional rejection of the fetal presence. Third, the fear, anxiety or terror of the pregnant woman caused by factors unrelated to the fetus within her. Chaotic terror was also felt by some of the 17 individuals during the revival of their expulsion-birth and their first contact with the deadly dangerous chaos of the universe. After expulsion-birth, any stimulus, which contained even the slightest element of rejection, could reactivate the "memory traces" of the rejecting womb and chaotic terror. The mechanism of the development of mental disturbance is based on this process (Kafkalides A, 1975,1980, 1983, 2005).

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

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

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

Kafkalides asserts that the rejective quality of the womb/super-power *in toto* and the intrauterine (or expulsion/birth) primitive terror felt by his patients constitute the main cause of mental disorder. According to Kafkalides a neuronal process which plays a most important role in the way the nervous system is activated by stimuli is this: Every rejecting stimulus tends to make unconscious primitive terror conscious. But because conscious primitive terror proved to be an unbearable symptom, man's existential identity tries to hinder or equilibrate the process mentioned with all the means at its disposal. Among these means are the various clinical pictures of mental disturbance: nervous tension⁶⁷ or neurotic symptoms and phenomena or psychoticlike/psychotic symptoms and phenomena (Kafkalides 1975, 1980, 2005)

What became clear to us during our comparative study is that when the researcher/psychotherapist accepts and respects above all the "subjective reality" of his patients i.e. the individual nature of their psychic world (trying to intervene as little as possible with his own interpretations or imposing explanatory models whatsoever) then he gets closer to the "being" of things and becomes more "objective" in his scientific judgment. As far as this fundamental change in methodology is not embraced by the mainstream scientific community, the prenatal findings will continue to be considered as "unscientific" and the work of the above

⁶⁷ A specific clinical picture of mental disturbance which is not mentioned in traditional psychiatric texts

psychiatrists as an investigation from a pure hypothesis, a method which practices systematically what the elenchus forbids on principle: argument from an unasserted premise.

A case of intrauterine over-acceptance and the meaning of rejection⁶⁸

Athanassios Kafkalides' Treatise *The Knowledge of the Womb*, informs us that between the years 1960 and 1972, seventeen cases (10 females and 7 males) who underwent autopsychognosia sessions - i.e. psychotherapeutic sessions with LSD-25 (Sandoz), Psilocybine (Sandoz) and Ketamine Hydrochloride (Park – Davis) - have relived subjective states which they characterized as the revival of experiences from their intrauterine life and expulsion birth. According to the quality of their intra-uterine experience (rejection or acceptance) the fetuses were classified into two major categories: (a) Unwanted and (b) Welcome.

The case we present today was chosen from Kafkalides' unpublished archives. We shall name it R18 (R symbolizes any patient who has undergone Autopsychognosia sessions). R18 underwent 14 sessions with Ketamine hydrochloride (Parke - Davis) in the years 1983 - 1984.

Kafkalides himself has mentioned R18 in the course of a discussion we had upon the basic methodological principles of Autopsychognosia, one of which is the following: Each R is an individual case and is studied independent of diagnostic and psychotherapeutic models.

My question to him than was the following: In treating every R as a special case, were you perhaps expecting him to reveal something new, something like a new category of experiences which the Rs that have undergone sessions to date have not as yet described?

His answer was the following: During the past 25 years⁶⁹, I have been impressed by the fact that every new autopsychognosia session presents some new element which had not arisen in previous ones. This new element is always significant and sometimes momentous. For example, the first momentous element was the discovery of the accepting womb. The second was the discovery of the rejecting womb. The third was the discovery that the womb can be alternately accepting and rejecting. A fourth momentous element was revealed during a recent autopsychognosia session. The R in question (R18) relived an amazing intra-uterine over-acceptance by the womb-mother, which wanted to keep him there indefinitely, because his presence in her womb created ineffable bliss. The effects of this over-acceptance on the patient's personality were highly damaging and could have been devastating, if he had not, through our sessions, become aware of what caused him to appear and behave as though he suffered from mental retardation (Kafkalides 1989/1999).

I now shall read you excerpts from the report written by R18 (young man, 20 years old. Second year of Ethnology at University, South of France. Father: Greek. Mother: of Austrian origin) in the year 1984:

Psychological state before the sessions: When the moment of having sexual act, approaches, my hands sweat enormously, my heart beat increases tremendously and I feel that I am choking because of lack of oxygen. Those symptoms appear with

⁶⁸ Paper presented at the 16th International Congress of ISPPM, Heidelberg 2-5 June 2005

⁶⁹ 1960-1985

women who correspond to my ideal: With tall blond girls having a lot of personality, dynamism, and who are responsible and feminine. This kind of women really attracts me. When the moment to go to bed with them approaches, I am possessed by horror. I also have fantasies of homosexual content. But when I am thinking of an aroused penis, I am terrified. I managed to overcome my fear and I had, during ten days, an homosexual relation. I felt though very lonely. I never felt tenderness and I never had an orgasm. That's why I tried again to go with women. I finally reached the conclusion (after my homosexual experience) that real completion could only be reached with a woman. Although I usually reject women who want me. That's why I decided to undergo autopsychognosia sessions.

The three first sessions.

Lot's of resistance. Unclear symbols. Main characteristics: I am in a black and endless chaos. Fundamental element: women are for me unreachable, they are absolutely strong and I am totally weak.

4th session.

My body feels trapped in Middle Age armor. But my head is free. They screw the armor onto me. Then I see a coarse shaved head which puts a mask onto me. Then suddenly I am riding a horse. My legs swelling and want to get rid of the ironed armor. I didn't want it, I want to get rid of it. Then I see a lake and I gallop towards it. My hand is grabbing the sword because the lake gets threatening. Suddenly I am in front of the lake, alone; I abandon my horse while a current sucks up my skin which becomes part of the lake. After having got rid of the iron cast, I feel myself motionless in the huge lake.

5th session.

Suddenly a huge box appears trying to devour me. I don't want to get into it. I am afraid to be trapped. I am inside the vagina of a dear friend of mine. I see red and yellow lights as if I was in a palace. My friend tells me to go on. Tables set up for sexual orgies, that's what I find in this palace. Then a throne appears and thousand of steps leading to it. As I climb up, I look down the steps and see these poor guys behaving like beasts(drinking, fucking and eating).I go towards the divine. On the throne is sitting my friend. Her hair, her eyes are serene, but her intensity arouses me. I want strength, because it helps me to go on freer and stronger.

6th session.

For 20 minutes I find myself in an infinite chaos surrounded by darkness. My heart is beating quickly. I am totally stiff and my head is trapped by a choking net. My fingers have long nails and my hand is trying to rip the net. But I am afraid of this net which confines me. I am in agony and breathe heavily. I want to go away.

I enter into darkness. Although I am out of the net, I have got chains on my legs which pull me down. I scream out of fright. I walk through a maze where people are burning in fire. A force has sucked me up. It's as if I am in a huge cave and I can't go away. I scream.

My head is going to explode. My veins also. My hands shake. I feel that my hands are connected to electrodes. Flames are coming out of the net, around my head. And blood is running in the cave. Blood everywhere. This force has power over my body, I must go, if I fall into the flames, I am lost.

I am terrified of fire. I fall onto the fire. I start burning , slowly, slowly , my breast , my testicles are burning. Then I become a torch and I start melting. I am a carbonized skeleton.

7th session.

The place where I am is surrounded by nets fitted with razor blades. I am stuck in there. I breathe slowly but with difficulty. Then a force blows into me. Anxiously, I scream. Although I got rid of the net, wires and razor blades are cutting into my hands. I feel tense.

But I resist and don't answer. I refuse to live those moments.

Then a blond prince appears and in my sexual fantasy, I become his slave, I have the passive part. He puts me chains, and after reaching orgasm, furious, he abandons me alone, because I couldn't reach orgasm. I tell him " I made an error to look for something with you, I didn't want to ejaculate, because you made me unhappy"

8th session.

Great stress , dyspnea for 30 minutes. I am surrounded by icebergs , there is no way out. I have been forgotten there , I can't go away. I scream to hell ,hysterical, I call in vain. Then , between the iceberg, two female thighs. I want them like a mad man, but they crush me ,they want to swallow me, they dry me out . Then I spit and start vomiting endlessly.

9th session.

In this session women appear again as a threat. I find myself in a wonderful exotic garden. Various strange plants want to suck me up and destroy me. On the leaves, I can see the beautiful eyes of pretty women and girl friends of mine. I am so stressed and covered with sweat.

10th session.

The place I am in is full of stress, sweat and preoccupation. I see a fire getting bigger and bigger as I approach. It calls me: "Come to me, I'll burn you" I throw myself into it, it is as red as blood and all my girlfriends are in there. The blood becomes a female vagina, and I plunge into it and get lost. This vagina is something great and domineering. The vagina's lips open and a red sea wants to absorb me. I am afraid. Then I hear somebody crying, there is only pain and unhappiness in there. Then women's voices call me and tell me : "accompany us to unhappiness "

Then I decide to go. In front of the vagina of a very good friend of mine, I feel that electrified power stops me. I refuse to go in. Her vagina is chaos, a burning fire telling me to come and get burned" Then she grabs a huge fork and throws it onto my head. Tons of blood come out, I can't stand it, I am swimming in oceans of blood , I have tremendous pain.

11th session.

During this session I relive clearly intrauterine situations, first I meet my mother and penetrate all naked into her womb. In front of me I can see an immense red sea made of blood and pain. I take the fetus position. I feel my mother's hand caressing me in such a protective way that she makes a hole in my bones. She says: "How nice to have you inside me. I love you, I love you. You'll stay there, you won't go out, life is worth living only in this womb". But I want to leave this belly. It burns

me, kills everything around me. My right hand is suddenly very strong, it must come out of this belly otherwise it will die too. Then, I start vomiting for 15 minutes.

The 11th session allowed me to interpret those women equals catastrophe. The sentence “There you’ll stay because only in this womb, life is worth living”, and the agony to save my right hand, made me understand that his huge intrauterine love was pure catastrophe. If I kept on staying in this womb, I would be totally destroyed.

12th session.

It has a purely sexual content. I am with a friend of mine, but then after a while I can’t go on. The womb procures me some peace, but the fire is there destroying everything. Then the nets are falling around me and the chains immobilize me. It’s awful. The 12th session makes me realize consciously what the sexual act means for me. Return and reliving the above mentioned state of things. Women giving me a lot of love are pure destruction and the contact with their body through sexual act lead me to not being able to enjoy the little calm I feel at the beginning. A few weeks after the 12th session, I had my first important love affair. I was happy, in love, and I finally managed to accept the female body and to ejaculate in it.

R18 constitutes a paradox. How is it possible for a loved, over-accepted and wanted by the mother fetus to feel all that a rejected feels? This contradiction though vanishes if the whole question is seen from a different angle i.e. if we take under consideration the aforementioned principle of autopsychognosia and if we analyze the meaning of the terms “rejected”, “unwanted”, “welcome” within the context of this theory.

The term “rejected” in autopsychognosia has a specific meaning and is interwoven with the term “rejecting womb”. “Rejected” is the R who has an unconscious and/or conscious feeling that he was rejected by the womb as a fetus and or a fetus-newborn.

“Rejecting womb” is the subjective feeling of the fetus during its embryonic life and/or during its expulsion/birth that the womb (i.e. its external environment in stricto sensu) rejects it. The term “rejected” does not presuppose always the conscious rejection of the fetus by the mother. The mother can accept its presence but for other reasons, unrelated to the fetus within her, provoke in him/her, through her emotional disturbances, the feeling of rejection. In Kafkalides’ treatise we read that these disturbances may be caused by friction resulting from incompatibility with the husband, mother in – law or other persons; The husbands imposition of the sexual act as in the case R10, and R12 the pregnant woman's hunger, as in the case of R6’s mother, where the state of hunger of the mother was felt by the fetus as a rejection. Another example is the case R4. His mother during her pregnancy had severe conflicts with her husband and those around her, which caused her nervous tension and hysterical fits. R4 felt the stimuli which shook him during his fetal life as the womb's rejection of his existential identity/self-preservation (despite the fact that his mother had welcomed his presence within her womb).

All the 17 cases mentioned in Kafkalides’ treatise, felt the process of expulsion-birth as a deliberate rejection of their existential identity/self-preservation by the womb-mother. The “unwanted” is the individual who is excited by rejecting

womb messages-stimuli during his fetal life.⁷⁰ The “welcome” is the individual who is stimulated by accepting womb messages-stimuli during his fetal life.

From what we have exposed above we come to the conclusion that the feeling of being rejected is a subjective feeling and it is not always related to the intention of the mother. The meaning of the term “*rejected*” is broader than the meaning of the term “*unwanted*”. The rejected is not always unwanted.

In what category, amongst those above mentioned does R18 belong ? From his report it is clear that he belongs to the rejected category. But he does not fit to any of the subcategories mentioned above. A new subcategory must be than created: “*Rejected due to intrauterine over-acceptance*”.

Up to 1984 and within the context of Autopsychognosia clinical research, R18 has been the only and unique case of its kind. But Kafkalides was certain that if experimental clinical research continues using the same methodology on new cases, we will be hearing not only about other such cases of intra-uterine over-acceptance but also about sui generis experiences which have never before been mentioned in the literature.

Twenty years after the report was written, R18 accepted to meet me and discuss his experiences. Amongst other extremely interesting things about the sessions, the possibility to apply the knowledge he acquired in his everyday life, and the limits of this effort, he told me what love meant to him. I quote his words: “Love as I feel it, destroys. But without love I cannot create any kind of relationship. I am in conflict, with all I have realized during the encounter with myself through the sessions. In order to create a relationship I have to forget what I have realized. Otherwise there is no solution”.

The prenatal studies, which has been going on for the last 50 years, have shown us that serene and undisturbed intrauterine conditions, constitute the prerequisite to a healthy psychological and physical life. In its preventive endeavor to create such conditions, prenatal psychology, underlines the fact that the fetus (unborn child) must be wanted and loved by the mother. This is indeed a truthful proposition. R18 however, shows us, that even love has its measure. The way love and acceptance is expressed by the mother towards her fetus and child has its measures. The case of R18 reminds us of Heraclitus’ ipsissima verba : *The sun will not transgress his measures. If he does, the Furies, minister of justice, will find him out* (D. 94, M.52). The metrum, the measure, was always and will always be the fundamental Quest in life.

⁷⁰ The kinds of rejecting stimuli determine the following sub-categories of the Unwanted: (a) the Existentially Unwanted, (b) the Unwanted because of their Sex, (c) the Periodically Unwanted, (d) the Hereditarily Unwanted. (§ 25)

Prenatal experience and sexual activity in autopsychognosia with psychedelic drugs.⁷¹

The relation between sex and prenatal experiences was analyzed by 17 cases who underwent deep psychotherapy Sessions with psychedelic drugs. Their reports are embodied in Athanassios Kafkalides MD treatise *The Knowledge of the Womb – Autopsychognosia with Psychedelic drugs*.

The administration of 30 – 100 mcg of chemically pure d-lysergic acid diethylamide (LSD-25) provokes the revival of past experiences and expands ordinary consciousness in a amazing degree. Characteristic and very striking is the emotional and physical “synchronization” which accompanies the revival of childhood, infancy and fetal life. The person feels that his body has assumed the dimensions it had at the time of the revived event and he relives the emotions of that period.

More specifically, the above mentioned cases, relieved intra-uterine acceptance and/or rejection of their existence and/or their sex by the womb-mother. According to the quality of their intrauterine experience (rejecting womb - accepting womb), they were classified by Kafkalides in two major categories: (a) Unwanted and (b) Welcome. ⁷²

The cases also stressed that during their intra-uterine life, whether they were accepted or rejected by the womb-mother, the latter was the first external environment to communicate messages-stimuli to them as well as the first acquaintance with life. Inevitably then, they became fixated to the womb which constituted a permanent base or reference both for the Unwanted and the Welcome.

It is worth underlining here, that both the Unwanted and the Welcome fetuses were subjected to womb rejection i.e. they had an unconscious and/or conscious feeling that they were rejected by the womb as fetuses and/or fetuses – newborn. That is why the letter **R** (Rejected) in Kafkalides’ texts stands for all patients who underwent autopsychognosia sessions.

A realization common to all 17 cases was that sexual orgasm with a womb substitute symbolizes a return to the womb. For the Welcome, the womb was the first safe environment. For the Unwanted it was relatively safe - as safe, that is, as the rejecting intra-uterine environment could be considered. Thus, apart from the pleasure it may give R, orgasm also offers him the 'best obtainable security'.

The cases R1, R3, R4, R12 and R13 feel the need to perpetuate themselves. This need springs from their existential identity/self-preservation and can be realized only through the birth of descendants. Through sex, then, these individuals ensure not only security but immortality as well. However there are exceptions to the human need for immortality. The case R8 expressed her desire for immortality in a very special way. She said : “9/10ths of my male descendants should be exterminated and the remaining one used only for the perpetuation of the female sex”. For R10 self-

⁷¹ Paper presented at the World Congress “Prenatal child and Society. Role of Prenatal Psychology in Obstetrics, Neonatology, Psychotherapy, Psychology & Sociology”, Moscow, 2007, May 20-24. See Akademia Publications, Mockba, 2007

⁷² According to the rejecting womb messages - stimuli the Unwanted were classified into four sub-categories of the Unwanted: (a) The Existentially Unwanted, (b) The Unwanted because of their sex, (c) The Periodically Unwanted and (d) The Hereditary Unwanted. (KW §25)

perpetuation is unthinkable. For R11 the thought of being pregnant horrifies her as she feels that the fetus within her will be hideous (Kafkalides 1980/2005).

But how does a man return to the womb through sex? During ejaculation, some of his cells (spermatozoa) "return" to the symbolic womb of the substitute. As one case said: "In sex, I take the path of my expulsion-birth, but in reverse. In so doing, I return to the secure womb". How does a woman return to the womb through sex? Two female cases explain their "return" to the womb through sexual activity which resulted in pregnancy, as follows: During their pregnancy, they identified simultaneously with their mother and with the fetus within them. In other words, they were the fetus in their mother's womb. For these women, orgasm is a temporary state similar to the conditions of pregnancy; during orgasm, the same double identification as in pregnancy occurs. Other women who had never been pregnant felt that orgasm directly reactivated the conditions of their intra-uterine life.

If the womb substitute in sex reactivates the accepting womb, then the result is serenity. If, however, the womb substitute reactivates the rejecting womb, then sexual problems arise: highly unpleasant and painful emotional-sensorial experiences during coitus which intensify as orgasm approaches and result in the inhibition of orgasm and severe anxiety; orgasm without pleasure; depression following orgasm; premature ejaculation; homosexuality; masturbation; sadomasochistic activities; activities involving fetishes; obsessional acts, and so on (Kafkalides 1983)

An important question arises here: Does disorders in the sexual function affect mental health? Autopsychognosia has revealed that disorders in sexual function have an immediate, morbid effect on mental health since they are accompanied or caused by fear-producing, rejecting stimuli. This morbid effect is caused by the disturbance of the three emotional factors which have been interwoven with sexual function and which lend it a symbolic character. Also, they make it a basic need in life.

The first emotional factor: As shown by autopsychognosia, the sex act is not simply a bodily function but is also linked with indelible emotional memory traces from intra-uterine life and expulsion-birth. That is, it is linked with the memory traces of an ineffable serenity or with the memory traces of an agonizing hell which were imprinted on the embryo's cells by the accepting or rejecting womb.

It is worth noting that during the sex act, the accepting or rejecting memory traces are reactivated on an unconscious level, resulting in a most vivid reliving of the emotional experience of acceptance or rejection. At this point, it should be understood that the R relives only the fear-producing action of the rejecting stimuli or the serenity-producing action of the accepting stimuli and not their source. The intellectual-emotional process of the mother-womb which welcomes or rejects the fetus R becomes perceptible by the R only through autopsychognosia sessions. Thus it is not difficult to understand how an unwanted R feels when his sexual activity is accompanied by the feeling that he is in hell.

The second emotional factor: Autopsychognosia has shown that however strong the R may be in terms of muscular strength or material goods (wealth, etc.), he will never succeed in overcoming the insecurity caused on an unconscious level by the mortally dangerous external environment. Thus the R spends his life looking for utopia: his return to the 'safe' womb. In the R's daily life, the only direct way to satisfy this utopian desire is sexual activity with a womb substitute which, however, will always be a substitute and never his "own" real womb. Thus the womb substitute will unavoidably become dull and familiar and cease to attract the R's interest. And the R will keep looking for utopia, searching anxiously for a new womb substitute.

We have to underline here that there are Rs who, in order to avoid reliving the hell of the rejecting womb which is reactivated through sex, replace their sexual activity with activity in other fields, such as professional, humanitarian, artistic, religious, etc.

The third emotional factor is created by the need for self-preservation and by R's desire for immortality, which is satisfied by the sex act that produces a child (Kafkalides 1987/1998). We must underline here that the nature of R's relations with the womb substitute is determined by the quality of his relations with the womb. R's relations with the womb substitute are a complex process characterized by identifications, projections, efforts to create conditions of complete womb acceptance, efforts to create conditions of womb rejections and so on.

Kafkalides' psychotherapeutic and theoretical work help us, amongst others, to envisage, from a completely new explanatory angle the following :

- Freud's conviction-certainty that neuroses are in general disturbances of the sexual function
- The Freudian pansexualism
- Freud's stance concerning the memory of intrauterine life which , in his own words, constitutes "the most delicate question in the whole domain of psychoanalysis".
- The early psychoanalytical theories of Otto Rank and Sandor Ferenczi concerning the trauma of birth and the return to the womb which have been "buried" along with that of the sexual etiology of neuroses.

The realizations of the 17 cases was the result on one hand, of the use in minute doses as an adjuvant psychotherapeutic means of d-lysergic acid diethylamide (and other psychedelic substances) and on the other hand, of the autopsychognosia methodology.

Unfortunately, as a reaction to the mass drug use in the western world, psychedelic substances were unanimously declared drugs without any medicinal benefit and their use was generally banned worldwide. This was a measure which brought any scientific research in this field to a complete standstill.

However, at the International Symposium "LSD – Problem Child and Wonder Drug," which was held in Basel, in January 2006, on the occasion of the 100th Birthday of Albert Hofmann (the renown scientist who synthesized LSD and Psilocybine at the Sandoz Laboratories) and to which I had the opportunity to attend, Kafkalides' book was presented and discussed amongst others. At the end of the symposium an appeal was released by Media Foundation, and the Swiss Medical Society for Psycholytic Therapy calling upon the appropriate responsible authorities to do everything in their power to enable the continuation of scientific research of *d-lysergic acid diethylamide (LSD-25)* and related psychoactive substances, as well as their medicinal and therapeutic use. We hope that this appeal, in the years to come, will apply for the benefit of millions of people suffering from depression and other mental disturbances.

In conclusion I have to underline that the first study using LSD on human subjects since prohibition blocked all such scientific research in the 1970s has already

started at the University of California.⁷³ We would like as well to express our deep satisfaction that Kafkalides' book is now available in Russian thanks to the personal interest of Dr Grigori Brekhman who supervised the editorial work of the Russian translation and thanks to Mr Tashaev who published the book.

⁷³ see <http://www.maps.org/> Multidisciplinary Association for Psychedelic Studies (MAPS) is a 501 non-profit research and educational organization that develops medical, legal, and cultural contexts for people to benefit from the careful uses of psychedelics and marijuana.

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