

Psychedelic Birth: Bodies, Boundaries, and the Perception of Pain in the 1970s

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On 6 March 1973, Antonio, a thirty-two-year-old psychiatrist attempted to describe the unfathomable pain he had just experienced.¹ “Out of nowhere the most intense pain imaginable started penetrating my hands like a lazer beam or a nail,” he wrote. He could feel the “terrible, agonizing weight” of the nail tearing into his flesh. The intense pain in turn triggered earlier memories of pain. The first was the severing of his umbilical cord at birth; the second, his circumcision as a medical student. And then, another pain started, one even more torturous. The skin at the edge of his fingernails started peeling off, little by little. The only thing that kept him from collapsing, ironically, was the sheer intensity of the pain; it did not allow room for anything else. “It felt as if I was suffering the pain of all mankind,” he reflected.²

Antonio’s experience would not be surprising to literary scholar Elaine Scarry, who argued in 1985 that during intense moments of pain, the “contents of consciousness” are “obliterated.”³ In *The Body in Pain*, she posits a direct connection between levels of pain and an individual’s sense of self. “It is the intense pain that destroys a person’s self and world, a destruction experienced spatially as either the contraction of the universe down to the immediate vicinity of the body or as the body swelling to fill the entire universe,” she explains.⁴ Pain forces the individual to

completely dissociate from the corporeal body, something that Scarry and other academics perceived to be a traumatic experience.

Another story of altered consciousness, however, challenges the notion that such dissociation was inherently traumatic. On August 2, 1973, after hours of pain, a young hippie by the name of Ellen found herself transformed. It began with music, as she asked her husband Phil to play the piano, thinking it might help soothe her. “While I am not an actual piano player,” Phil recalled, “some quiet music did seem to have a calming influence.”⁵ And Ellen began to release the intense pain. “Once it started happening,” she wrote, “I forgot all about that other stuff and experienced a whole other level of consciousness that seemed eternal and timeless.” She later remembered that “the sense of relief and relaxation made it seem like I was melting. I remember my mouth hanging open, drooling, and feeling very warm and psychedelic and light-headed. Laying there, I felt One with everyone in the Universe.”⁶

Within months of each other, Antonio and Ellen perceived intense experiences of pain in very different ways. Both appeared to be in altered states of consciousness, either *because* of their pain, or *in spite of* their pain. What was happening, and why?

In order to explore the significance of their experiences, we have to put them in historical context. Antonio had swallowed 400 micrograms of LSD as part of a professional study and training program at the Maryland Psychiatric Research Institute, one of approximately 116 clinical LSD studies funded by the National Institute of Mental Health in the U.S.⁷ In this particular study, conducted at the

Spring Grove State Hospital between 1970 and 1975, 108 mental health professionals volunteered to take between one and three high level doses of LSD and record their short and long-term reactions to the drug. The average age of the volunteers was between 39 and 41, and two-thirds of them were either M.D.s or Ph.D.s. Eighty-six of the subjects were male; only twenty-two were female – a result of the decision among the psychedelic research staff to exclude women of childbearing age “in the remote possibility that there may be some danger.”⁸ This decision may have been a response to LSD studies conducted in the late 1960s on pregnant rats and hamsters to test for fetal abnormalities.⁹ A 1968 report delivered at the Federation of American Societies for Experimental Biology suggested that LSD’s effects “can be passed down through generations” but emphasized that the data could not be applied to humans.”¹⁰ Like many scientists engaged in psychedelic research in the late 1960s, however, they didn’t want to take any unnecessary risks. As LSD became a recreational drug of the counterculture, scientists rightly suspected that their research was in jeopardy and proceeded with caution.

Thus the MPRI professional study focused predominantly on men, though this gender imbalance was not discussed in the findings. The results were positive though somewhat inconclusive as to long-term effects. Two-thirds of the subjects experienced psychedelic “peak” experiences. Antonio was one of them. His was an imagined pain, induced by a drug that altered his state of consciousness on that memorable March day.

Ellen, on the other hand, had not taken any drugs during her August episode. Nine months pregnant, her pain stemmed from contractions she experienced while

in labor. Though she felt “very warm and psychedelic and lightheaded,” her journey into an altered state provided her with a natural sense of pain relief. She was one of seven hundred hippies who lived in buses, tents, and a few houses on a thousand acres of property just outside of Summertown, Tennessee, in an intentional community known as “The Farm.” By 1973, The Farm was already well known, and a remarkable fifteen thousand visitors traipsed through the property that year alone, some to gawk, others seeking food, shelter, or a place to give birth. Due to the presence of self-trained midwives and a belief in the spiritual and transformative nature of birth (when done outside of the hospital), childbirth on The Farm became its own kind of psychedelic experience.¹¹

Other than their altered states of consciousness, Antonio’s and Ellen’s experiences appear to share nothing in common. Antonio was part of a predominantly male scientific study conducted in a laboratory setting, while Ellen was one of a growing number of women seeking an alternative to hospital birth. Together, however, their stories suggest something deeper about the quest to infuse two professions--psychiatry and midwifery --with greater spiritual meaning at a time of great social upheaval.¹² LSD researchers and hippie homebirth midwives, marginalized by both the mainstream and later historians, pushed the boundaries between science and spiritualism, between pain and pleasure.

GENDER AND PAIN

Yet there was something fundamentally different in the way Antonio and Ellen experienced and interpreted pain, even in an altered state of consciousness. Cultural assumptions about gender help to explain this difference. Studies suggest

that women both experience and tend to report more pain than men. Yet they are “more likely to be less well treated.”¹³ This was a greater problem in the 1960s, when gender differences were even more pronounced. Prior to the women’s health movement and the feminist demand for agency and validity in the doctor’s office, the subjectivity of experienced pain seemed to support the assumption that women were indeed the weaker sex. If women were more fragile and emotional, then of course it was “all in their head.”¹⁴ Without the presence of objective biological indicators of pain—the only type of evidence valued in modern medicine—then subjective, experiential reports were irrelevant.

But by the early 1970s, some scholars began to challenge this medical model, and the presumed distinction between body and mind.¹⁵ As sociologist Gillian Bendalow argues, there was “a need to broaden out the definition of pain from the Cartesian proposition which inevitably acts to divorce mental from physical states and tends to attribute single symptoms to single causes.”¹⁶ Opponents to the Cartesian model suggested that psychological, cultural, and emotional factors, could and did alter pain perception. Sociologist Irving Zola— no stranger to feminism, as he was married to noted women’s health activist Judy Norsigian—argued that pain was “as much a cultural construct as a scientific one.”¹⁷ Anesthesiologist and medical ethicist Henry K. Beecher introduced the notion of a placebo effect, observing that under certain circumstances, placebos could effectively relieve pain.¹⁸ As a result, historian Keith Wailoo notes, pain theory moved “deliberately, relentlessly, toward appreciating the power of the subjective, the mind, psychology, and perception in pain and its control.”¹⁹

The implications of this shift were enormous. Experiencing pain—whether through the intense contractions of labor or the potentially perilous journey of the psychedelic trip—took on new meaning and value. Pain could be transformative; a process, a spiritual journey, a path toward enlightenment. Yet not all pain was created equal; some voices continued to speak louder than others.

As the authors of the Introduction of this special issue note, childbirth became a key focal point in the debate of pain. It was clearly gendered; only women give birth. But natural childbirth advocates, even before the 1970s, stressed the extent to which pain stemmed less from the biology of birth and more from fear. One of the first advocates was Dr. Grantly Dick-Read, who published his first book, *Natural Childbirth*, in 1933. In that and his later 1944 publication, *Childbirth Without Fear*, he posited that pain in childbirth was not physiological, but was instead rooted in fear. The solution was not anesthesia but preparation and education. Over 95 per cent of women, he argued, are capable of experiencing childbirth without unbearable pain.²⁰

SET AND SETTING

The most effective way to reduce pain in childbirth without anesthesia was to control the environment in which labor took place. Creating a setting to reassure laboring women that they were safe and getting them in a relaxed mindset would therefore minimize pain. Childbirth could be painless, even without the use of drugs.

A testament to the unusual parallels between psychedelics and childbirth, the “set and setting” principle emerged not from birth reformers, but from LSD

research. It was introduced by Timothy Leary in the early 1960s to explain what made the psychedelic drugs different from other types of medicine. The actual effect of psychedelic drugs such as LSD depended on two things, Leary explained. First, it was contingent upon the set of the person having the experience – “his personality, preparation, intention and expectation.” Second, it relied on the setting – physical, social, and cultural (where the experience took place, with whom, and in what type of environment).²¹ An individual’s perception of pain and pleasure, and the ability to experience spiritual transformation and altered consciousness, was entirely contingent upon set and setting, according to psychedelic researchers.²²

Thus, if we return to the stories of Antonio and Ellen, we can begin to see the extent to which each believed that they had chosen a mechanism toward spiritual enlightenment through pain. While the vehicle towards transformation differed, the process was surprisingly similar. And they were not alone. Through their stories, and those of other hippie homebirthers (primarily female) and psychedelic psychiatrists (primarily male), we are able to track how two different types of alternative practitioners sought to reshape and redefine their professions. Three themes are apparent in these stories: the fluidity of boundaries, out-of-body experiences, and cosmic unity. They appear in two very different contexts: a hippie commune and a psychiatric hospital.

THE FARM AND SPIRITUAL MIDWIFERY

While The Farm was located in Tennessee, its founders were firmly grounded in California’s counterculture. Most were followers of Stephen Gaskin, who had

been teaching creative writing and semantics at San Francisco State College in the 1960s. By the end of the decade, he began offering a course through the Experimental College called “Monday Night Class,” a series of lectures covering everything from meditation to discussions about politics, religion, and psychedelics. The course reflected the experimentation and syncretism of the countercultural 1960s. “When we first got the class together we were like a research instrument, and we read everything we could on religion, magic, superstition, ecology, extrasensory perception, fairy tales, collective unconscious, folkways, and math and physics,” Gaskin recalled. “And we began finding things out as we went along about the nature of the mind.”²³ By 1969, this class had grown to several thousand people, many of whom began to see Gaskin as their spiritual teacher. “The idea was to compare notes with other trippers about tripping and the whole psychic and psychedelic world,” wrote Gaskin, by then heavily caught up in the San Francisco countercultural scene.

Psychiatric research on LSD and other psychoactive substances had been on the increase over the past decade, as scientific studies suggested their therapeutic potential.²⁴ Gaskin and his Monday Night followers also believed in the therapeutic potential of psychedelics, but in a different context. According to Gaskin, psychedelics served as a catalyst to expand human consciousness and attain greater spiritual awareness. Thus, drugs (initially LSD, but then natural substances peyote and psilocybin) were a regular part of Monday night class, as well as Sunday Morning Services (standing meditations) held before sunrise in Sutro Park. According to one follower, “Sunday Service was considered an ideal place to trip—a

peaceful oasis in time, where the energy was dependably high, the vibes good, and of course, there was Stephen—tripping guide extraordinaire.”²⁵

In 1970, Gaskin was invited to deliver a series of lectures at schools and churches across the country, and over two hundred of his followers decided to join him in school buses for this so-called “Astral Continental Congress,” a call for a spiritual and social revolution. The Caravan, as it came to be called, generated more and more media attention as its collection of school buses wound their way through forty-two states spreading the inchoate messages of peace, spiritual, and social revolution to students and churchgoers.

Perhaps the most remarkable aspect of the Caravan was the eleven births that took place on buses en route. The first birth happened in a parking lot at Northwestern University, while Stephen was lecturing inside an auditorium. By the end of the trip, a core group of women, under the leadership of Ina May Gaskin, had become the designated midwives, teaching themselves along the way.

At the end of the tour, Gaskin and his followers decided to purchase land in Tennessee and create a commune on a thousand acres. Once settled, Ina May Gaskin and a few other women established a more formal practice of midwifery, consulting the local doctor who regularly delivered the nearby Amish babies at home. As the population grew (up to 1500 in 1982, with about 14,000 visitors per year), so did the number of births. Over 2500 babies have been born on The Farm by these midwives, whose favorable statistics (including a 1.8% cesarean section rate) have caught the attention of consumers and birth practitioners around the world.²⁶

Many more births have been affected by Ina May's home birthing philosophy than those born on The Farm, however. Her book, *Spiritual Midwifery*, a guide to birthing for consumers and birth practitioners published on The Farm, has sold over half a million copies, has been translated into six languages, and is still in print. Ellen's story was one of over seventy birth stories in the book that introduced ordinary readers to the concept of out-of-hospital birth. From the very first edition of the book in 1975 to its most recent printing in 2004, these stories have inspired many readers to rethink how and where their children should be born.

In contrast to the standard descriptions of the agony of childbirth, birth stories published in *Spiritual Midwifery* were more likely to focus on the ecstasy. They also utilized the same hippie vocabulary used to describe drug experiences. "I laid down on the bed and began to rush and everything got psychedelic," described Mary of her labor on The Farm. "I began having beautiful, rushing contractions that started low, built up to a peak, and then left me floating about two feet off the bed," she continued. As her contractions intensified, they became more pleasurable. "It felt like I was making love to the rushes and I could wiggle my body and push into them and it was really fine." Whether or not Mary's experience accurately represented a typical birth on The Farm, it became the standard to aim for, and was highlighted in the book as "a good description of how to handle the energy of the rushes of childbirth."²⁷ It was an intensely physical and emotional experience, and thereby an opportunity for spiritual growth. With the right psychic tools, Farm hippies believed, energy could be channeled into pleasure rather than pain.

Repeated references to psychedelic states during labor underscored the connections--whether literal or metaphorical—that Farm birthers perceived between the two. “I felt higher than I ever had in my life. It was such a heavy spiritual experience, and so much fun. In between rushes I’d laugh at how telepathic it was,” wrote midwife Carol Nelson²⁸ In the proper setting, physical boundaries between the self/body and the external world could melt away. “I was somewhere on the astral plane, feeling all the forces of the Universe, it felt like, pounding my body,” another wrote of her labor, adding that “I flashed on wild stallions, thunder and lightning, and the ocean. I felt like my brain and upper body were separate from the rest of me, and were looking down on the action.”²⁹

Many stories featured in *Spiritual Midwifery* made references to communal out-of-body experiences that appeared to provide pain relief. “Mary Louise came over and put her attention totally to me. She and I swapped bodies,” wrote Sheila. “It was far out. I felt myself leave and enter Mary Louise’s and she came over and did a few contractions for me,” she continued, believing that this process renewed her strength. It also transported her to another dimension. Then she added:

“I found myself in a beautiful place with a green field and a house. It was a place I’d never seen before. I could still tell my body was contracting, but I was detached from it. I told Mary Louise what happened and she said she’d been doing that contraction and had been able to feel it all.”³⁰

Recent studies point to evidence that validates out-of-body experiences (OBEs) as a “known and recognizable phenomenon” rather than illusory. Interestingly, current scholars attribute the existence of out-of-body experiences

during childbirth as an indication of trauma, rather than as a coping mechanism or an expression of joy. Scholars perceive descriptions of women floating out of their bodies, observing the birth from above, as a form of dissociation or disembodiment, signifying current or past trauma.³¹

This was not what was being described in *Spiritual Midwifery*. In this context, birth was truly a communal experience – not just witnessed by others, but *felt* by others as well. This is part of what made it transformative. “We kept passing the energy between us, and Mary Louise knelt near my legs and Carol and Edward were on either side of me,” wrote another woman in labor. “I’d rush and the energy would move up their spines and they’d arch their backs and straighten as they’d rush.”³² Birth, in this setting, provided a “contact high” for its participants that could guide them all towards greater spiritual awareness. “Maureen’s birth was a very psychedelic experience for Joseph and me,” wrote midwife Mary Louise. “She seemed to be filling us with her consciousness.”³³ Birth provided, in the words of psychologist Abraham Maslow, a *peak experience* – those “powerful moments of clarity, joy, or religious ecstasy” that he wrote about in his influential 1964 volume, *Religions, Values, and Peak Experiences*.³⁴ Maslow described peak experiences as “rare, exciting, oceanic, deeply moving, exhilarating, elevating experiences that generate an advanced form of perceiving reality, and are even mystic and magical in their effect upon the experimenter.”³⁵

Psychedelic birth also strengthened the maternal infant bond, according to its advocates. “I couldn’t believe the strong bond I felt for my new baby and the overwhelming maternal instinct,” wrote one new mother. She described the first

moments with her newborn son as “paradise;” she was “mindblown” by his beauty and her love for him. Her description takes on a decidedly psychedelic tone. “The trees and the early morning light just flashed and reverbed like a strobe-light, and for several days I would have a flashback at every dawn and sunset. I was ecstatic for two weeks,” she wrote.³⁶

Perhaps the most profound aspect of the birth experience described within the pages of *Spiritual Midwifery* was its ability to instill a sense of *cosmic unity*. Psychiatrist Stan Grof described basic characteristics of the cosmic unity experience as

“transcendence of the subject-object dichotomy, exceptionally strong positive affect (peace, tranquility, serenity, bliss), a special feeling of sacredness, transcendence of time and space, experience of pure being, and a richness of insights of cosmic relevance.”³⁷

Though he was referring to the experience of LSD subjects, cosmic unity – or “oceanic ecstasy,” as Grof sometimes called it, was a prevalent descriptor in *Spiritual Midwifery* birth stories. “We were riding the rushes like a surfer rides the waves,” wrote Edward of his wife’s labor. “The energy would swell up and Janet’s eyes would grow deeper until it seemed like I could look through them like peepholes, and see the vastness of the cosmos out beyond her pupils; endless space.”³⁸ Ellen “experienced a whole other level of consciousness that seemed eternal and timeless” during her labor. “Laying there, I felt One with everyone in the Universe,” she wrote.³⁹ Another experienced a sense of cosmic unity after her daughter was born,

writing: “Her eyes opened right away and it looked like the Universe being unfolded before my eyes.”⁴⁰

In the countercultural context, then, childbirth became a community event, a source of spiritual awakening and transcendence, and even a psychedelic experience. It took root in Northern California as a natural extension of Stephen Gaskin’s teachings. As the practice traveled from the hills of San Francisco to the buses on the Caravan and on to Summertown, Tennessee, it gained new meaning and significance. What started as an experiment in alternative birthing became an established profession, a blending of spiritual theories, trial and error, and medical advice.

It was far from mainstream, though media coverage and the publication of *Spiritual Midwifery* did put alternative midwifery on the map. More was needed, however, to counteract the claims that what was happening on The Farm was risky and selfish, privileging the desires of the mother over the safety of the child. To understand how alternative birth continued to gain credence, we need to turn to the emerging theories of psychiatry.

PSYCHEDELIC PSYCHIATRY AT SPRING GROVE STATE HOSPITAL

Stanislav Grof was a medical student working in the psychiatry department at Charles University in Prague when a package arrived one morning in 1956. The box was from Sandoz Pharmaceutical Laboratories in Basel, Switzerland. It was not that unusual for pharmaceutical companies to distribute their drugs in the hopes that researchers would conduct studies on them. What was special about this package was its chemical contents: LSD-25. Sandoz suggested in a letter in the box

that LSD “might be used as a kind of unconventional training tool that would provide psychiatrists, psychologists, students, and nurses the opportunity to spend a few hours in the world of their patients.”⁴¹ Sandoz had begun shipping investigational samples under the trade name Delysid to psychiatrists in 1949 for experimental use, arguing it could be used to treat schizophrenia and anxiety, as well as “to induce model psychoses of short duration in normal subjects, thus facilitating studies on the pathogenesis of mental disease.”⁴²

Grof was intrigued. On November 13, 1956, -- St. Stanislav’s day—he swallowed 150 micrograms of LSD as one of the earliest Czech volunteers for such a study. “What happened to me was enormous, and seemed like the beginning of a new life,” he said later.⁴³ Within a few hours of ingesting the drug, his entire conception about the human psyche and the role of psychoanalysis was turned upside down. “I couldn’t believe how much I learned about my psyche in those few hours,” he recalled. He was “hit by a radiance that seemed comparable to the epicenter of a nuclear explosion.” The explosion “catapulted” him out of his body. “At an inconceivable speed my consciousness expanded to cosmic dimensions”⁴⁴

The timing was fortuitous, for Grof was in the midst of an existential crisis. Like many psychiatrists in Europe and the U.S. in the 1950s, he was inspired by Freudian analysis. Psychoanalytic theory, he believed, offered “seemingly brilliant explanations for a variety of mysterious problems – the symbolism of dreams, neurotic symptoms, the psychopathology of everyday life, insights into religion, sociopolitical movements, art, and many others.”⁴⁵

The problem was the disconnect between theory and practice. The results of psychoanalysis were extremely limited, he believed, and took massive amounts of time and money. “I had great difficulty coming to terms with this situation,” Grof reflected. “To become a psychoanalyst, one had to study medicine. And in medicine, if we really understand a problem, we are usually able to do something pretty dramatic about it.”

He needed evidence. According to psychiatrist Jeffrey Lieberman, past president of the American Psychiatric Association and author of *Shrinks: The Untold Story of Psychiatry*, this has been the Achilles heel of the profession from the start. Did mental illness lie within the mind, or within the brain? “Oncologists can touch rubbery tumors, pulmonologists can peer through a microscope at strings of pneumonia bacteria, and cardiologists have little trouble identifying the yellowish plaques of artery-clotting cholesterol,” he wrote. “Psychiatry, on the other hand, has struggled harder than any other medical specialty to provide tangible evidence that the maladies under its charge even exist,” he continued.⁴⁶ Psychiatry suffered the same challenges that pain did; how was it possible to prove it was real, given its subjectivity and the lack of tangible evidence?

Grof agreed. Over the next fifteen years he would personally conduct over 2,000 psychedelic sessions, at first in Prague, and then at the Maryland Psychiatric Research Institute in Catonsville, MD. His observations convinced him that Freud’s study of human personality was only the tip of the iceberg. LSD had changed everything, demonstrating the inadequacy of the existing theoretical frameworks to

explain human personality. Grof proposed what he called “a new Cartography of the human psyche.”

The key came from that little box. LSD was a different kind of drug. It was not *causing* something, per se. Everyone reacted differently, and the experience could be different every time, for every person. Instead, he argued, LSD was a *catalyst* for psychological processes (an argument also made by Stephen Gaskin). It was not “producing artificial experiences by interacting with the brain. Rather, by increasing the energetic level in the psyche, the pills were bringing into consciousness the contents from the depth of the unconscious.” This offered enormous potential to mental health professionals to develop new therapeutic techniques (such as Gestalt therapy, encounter groups, psychedelic therapy, and what Grof would call “transpersonal experiences”).

Thus, at the same time that Gaskin and his followers were applying psychedelic experiences to new ways of living and birthing in Tennessee, Grof set out to recreate these experiences in a laboratory setting. Though they had similar ideas about the potential of psychedelic drugs, Grof and his colleagues at the Maryland Psychiatric Research Institute went out of their way to appear anything *but* countercultural. LSD trips took place in a controlled environment (a room inside of the hospital), observed by two professionals- a psychiatrist and an assistant. The subject wore an eye mask and listened to music intended to enhance and guide the session, which was then recorded and analyzed. Did LSD help the terminal cancer patient coming to terms with death? The alcoholic who couldn't

stop drinking? The depressed patient contemplating suicide? The answer, Grof and other psychedelic researchers believed, in all of these cases, was yes.

The therapeutic implications of this drug discovery were revolutionary, according to its advocates. One didn't need to be an alcoholic or suicidal or dying from cancer to benefit from psychedelic therapy. Everyone stood to benefit, by achieving a higher state of consciousness (as the hippies aspired), or experiencing "self-actualization" (as psychologist Abraham Maslow promoted). New conferences and publications in the late 1960s laid the foundation for a "new interdisciplinary approach to the study of consciousness."⁴⁷ These ideas solidified into a new form of psychology known as "transpersonal psychology," marked by the introduction of the new *Journal of Transpersonal Psychology* launched by Maslow in 1969.⁴⁸

Making the Invisible Visible: The MPRI study

Simply put, LSD put psychiatry back in the playing field. "If we accept the basic premise, that psychedelic drugs make it possible to study the content and dynamics of the unconscious processes that are difficult to reach with less powerful techniques," Grof proposed at an anthropology conference in 1972, "the heuristic value of these substances becomes immediately obvious." Psychedelic drugs "exteriorize[d] otherwise invisible phenomena and processes," and in the hands of researchers, they carried "unusual potential as research tools for exploration of the human mind." And here, he believed, is how it would save psychiatry: "It does not seem inappropriate to compare their potential significance for psychiatry and psychology to that of the microscope for medicine or the telescope for astronomy."⁴⁹

LSD provided the “tangible evidence” (in the words of Lieberman) that psychiatrists had been lacking since the birth of their profession.

From 1970 to 1975, Grof and his colleagues at the Maryland Psychiatric Research Institute conducted an LSD Professional Study and Training Program. Antonio was one of 86 men out of the 108 participants. Though the gender imbalance was ostensibly to protect women of childbearing age from passing on any possible genetic defects resulting LSD use, it also had implications for the study’s findings, though these remained unarticulated at the time.⁵⁰ As Sarah Shortall argues, the ways in which “gender mediated and differentiated the drug experience” in the 1960 and ‘70s was largely ignored. While both scientists and hippies who believed in the therapeutic benefits of LSD argued that the drug “transcended all human boundaries” such as race and gender (in the words of Allen Ginsberg), there remained a “distinctly white, male, middle-class bias” within both the countercultural discourse and the scientific studies.⁵¹

The experience of the (predominantly male) subjects proved invaluable to Grof for their articulation of the psychedelic experience in a controlled environment (these were, remember, highly educated health professionals who had a vested interest in the mainstreaming of psychedelic drugs for therapeutic intervention). Their colorful descriptions appeared to follow a coherent structure that led Grof to develop a new psychological schematic.

Nearly all subjects experienced a fluidity between their bodies and their environment. “The first thing I noticed,” wrote subject 7, a thirty-nine year-old male, “was a dissolving of some of my body boundaries as I experienced my hands,

when placed on top of one another, melt into each other.”⁵² Subject 6, a twenty-four-year-old male, wrote that “it was like I was slipping through the spaces between cells, the spaces between muscle fiber out into the universe. At one point I remember feeling like a great weight was pressing on my physical body and crushing me and I was leaking out of my body.”⁵³ Subject 15, a thirty-year-old male, remarked that “my body, meanwhile, was moist and felt malleable, as though its boundaries were only arbitrary.”⁵⁴

More dramatic was the description of “peak” experiences under LSD (reported by two-thirds of all subjects). “I pushed and pushed and then it was here,” wrote subject 10, a female. “Clear light all about and pure energy . . . not electrical energy but some other kind of energy . . . energy of which I too was composed.”⁵⁵

Subject 15 wrote,

“I was conscious of being stretched out and feeling elongated suddenly and instantaneously a silent wail came from very deep inside almost below me and rushed through me so strongly, so rapidly, that I became a cylinder but as the anguish poured through it brought with it a tremendous surge of energy that shot me skyward but carried me with it. My anguish became my energy that became my joy.”⁵⁶

In this account, pain was a necessary step towards spiritual transformation. There would be no joy without pain. Emotional pain, in the form of anguish, provided the catalyst in subject 15’s narrative. Believing that pain was an inevitable part of transformation undoubtedly provided assurance and ability to embrace emotional discomfort as both inevitable and positive.

What Grof realized from his own observations and his analysis of these written reports, is the striking similarity between these accounts and those of childbirth. “The general idea came fast – but the details were added over the years,” he explained. “Searching for a simple, logical, and natural conceptualization of this fact, I was struck by the astounding parallels between these patterns and the clinical stages of delivery.” What accounted for the similarities, he wondered? “I gradually realized . . . one common denominator: a significant contribution from the trauma of birth.”⁵⁷

Antonio, subject 18 in the study, provided Grof with a coherent and convincing account of the relationship between birth trauma and peak LSD experiences. He received his first dosage (300 mcg; a fairly large dose) on November 21, 1972. Three months later, he was given an even higher dose of 400 mcg. “I began a very strong definite feeling of being in a birth situation and feeling that in order to go through with it,” he described after his first session. “I could not use myself but that I had to rely on Stan as the midwife. He would help me through this experience of birth,” concluded Antonio.⁵⁸

Stan Grof serving as a *midwife*: This description must have struck Grof as a useful and powerful metaphor. By guiding the subject through the memory of birth trauma in a gentler setting, Grof could help him reintegrate the painful experience and begin to heal.⁵⁹ Grof began to realize that, like a spiritual midwife, he could empower his patient to turn pain and fear into something blissful and meaningful and productive.

Antonio continued to articulate the significance of birth to human development experienced in his psychedelic trip:

“Then I begin to feel my birth as being something important . . . wanting it to be something special, but instead I am perceiving myself being reborn like into a machine or into a space capsule. I feel a coldness about the birth in terms of the mechanical machine quality of it in relationship to glorious noble birth that I would expect.”⁶⁰

This was, of course, the very assessment of birth reformers who labeled hospital birth as cold and mechanical.

Rather than focus only on the experience for the laboring mother, Antonio also underscored the importance for the child. As a mental health provider interested in human behavior, he experienced a revelation regarding the impact of birth and bonding, writing:

“I suddenly felt the tremendous importance for the child to have proper love and maternal care after birth. . . . If the child were to be deprived of proper care, the feeling of loss and despair he might have experienced in the womb at birth would have been reinforced throughout his life. He would grow to feel insecure with feelings of doubt and a sense of deep guilt and unworthiness about himself and he wouldn’t know why.”⁶¹

Ensuring a positive birth experience that enabled an infant to bond with the mother, Antonio suggested, was crucial for human development.

Back to Birth: Grof’s Basic Perinatal Matricies (BPM)

Grof was sold on this notion. "I started seeing that there was this deep perinatal pool of difficult emotions and physical feelings in the human unconscious, which is the source of various forms of psychopathology. . . roots [of disorders] can be traced to the trauma of birth and difficulties of prenatal life," he wrote.⁶² He created a template of four "basic perinatal matrices" related to the development of the fetus and the experience of birth. These four matrices corresponded roughly to the development of the fetus, followed by stages of labor. Each matrix, Grof argued, had an enormous impact on the human psyche. "Thinking in terms of the birth," he explained, "provides new and unique insights into the dynamic architecture of various forms of psychopathology and offers revolutionary therapeutic possibilities."⁶³ However, more was at stake than simply recovery of unconscious traumas in birth. Under the right conditions, he argued, these processes could lead to "orgiastic feelings of cosmic proportions, spiritual liberation and enlightenment" along with "mystical union with the creative principle in the universe."⁶⁴

The similarity in language and descriptions between LSD peak experiences in the laboratory and spiritual birth on The Farm cannot be overlooked. They appear to be describing almost exactly the same thing, despite the gender difference. All the birth stories were told by women, while the psychedelic trips were described predominantly by men. While many of their descriptions of birth trauma stemmed from the perspective of the infant exiting the birth canal, the actual language often also mimicked those of the laboring women. It might seem surprising to see these unexpected entanglements between psychedelic psychiatry and spiritual midwifery.

Yet both groups (psychedelic psychiatrists and spiritual midwives) benefited from this ideological overlap.

For the midwives, Grof's findings added to their belief that an out-of-hospital birth was beneficial to the baby, and not just empowering to the mother. Frequently accused of being irresponsible and selfish by choosing to stay out of the hospital, they welcomed evidence that implied psychological benefits to the baby. They believed that what they were doing was not only spiritual and countercultural but scientific, and they drew upon the theories of scientists – including psychedelic researchers -- to buttress their claims. The end result, in the form of a book such as *Spiritual Midwifery*, was a growing acceptance and mainstreaming of out-of-hospital birth.

For the psychiatrists, the connection between psychedelic “peak experiences” and spiritual birth, including perceptions of pain, further legitimized their claims that psychedelic drugs offered insights into human behavior and consciousness. Like midwives, psychedelic psychiatrists were wary of being labeled as irresponsible or hedonistic. By marketing LSD as a therapeutic research tool that could heal wounds from traumatic birth, they positioned their craft as cutting edge. Both groups – the midwives and the psychedelic researchers – borrowed from each other's belief systems and theories to legitimize their own claims about the significance of awakening the unconscious. By doing so, they expanded the parameters of their professions, suggesting the possibility of new approaches to the psychology of the mind and the psychology of birth.

¹ Not his real name.

² Subject 18, box 1, MSP 170, Maryland Psychiatric Research Center LSD Professional Training Program Study Files, Karnes Archives and Special Collections, Purdue University Libraries, West Lafayette, IN.

³ Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (Oxford University Press, 1985), p. 30

⁴ Scarry, p. 35

⁵ email correspondence with author, December 2, 2017.

⁶ Quoted in Ina May Gaskin *Spiritual Midwifery: Revised Edition* (Summertown: The Book Publishing Company, 1977), p. 137.

⁷ Katherine R. Bonson, "Regulation of human research with LSD in the United States (1949-1987)," *Psychopharmacology* (October 26 2017).

⁸ "Psychedelic Research Staff Meeting," January 27, 1969, page 1, folder 2, box 11, MSP 70, Charles Savage papers, Purdue University Libraries, West Lafayette, Indiana.

⁹ Theodore Barber, *LSD, Marijuana, Yoga, and Hypnosis* (Routledge 2017), p. 50.

¹⁰ "Rats Deformed by LSD Experiments," *The Guardian*, 16 April 1968, clipping in DB26 file, RD Laing papers, University of Glasgow Special Collections. Yet according to Katherine R. Bonson, member of the Controlled Substance Staff, Center for Drug Evaluation and Research at the Food and Drug Administration, "there are no credible data supporting the allegation that LSD alters genetic material." See Bonson, "Regulation of human research with LSD in the United States (1949-1987)," *Psychopharmacology* (October 26 2017).

¹¹ For more on The Farm, see Wendy Kline, "The Little Manual That Started a Revolution: How Hippie Midwifery Became Mainstream," in David Kaiser and W. Patrick McCray, eds., *Groovy Science: Knowledge, Innovation and American Counterculture* (Chicago: The University of Chicago Press, 2016), pp. 172-204.

¹² For more on the quest for greater spiritual meaning and authenticity in the 1970s, see Lucas Richert and Matthew DeCloedt, "Supple bodies healthy minds: yoga, psychedelics and American mental health," *Med. Humanities* Epub, March 30, 2018

¹³ Hoffmann, D. E. and Tarzian, A. J., "The Girl Who Cried Pain: A Bias Against Women in the Treatment of Pain," *Journal of Law, Medicine & Ethics*, Vol. 29, pp. 13-27, 2001. p. 22

¹⁴ See Wendy Kline, *Bodies of Knowledge: Sexuality, Reproduction and Women's Health in the Second Wave* (Chicago: University of Chicago Press, 2010).

¹⁵ Joanna Bourke, *The Story of Pain: From Prayers to Painkillers* (Oxford: Oxford University Press, 2017) p. 300.

¹⁶ Bendelow, G. (1993), Pain Perceptions, Emotions and Gender. *Sociology of Health & Illness*, 15: 273-294, p. 275.

¹⁷ Wailoo, *Pain*, p. 66

¹⁸ see Fabrizio Benedetti, "Beecher as Clinical Investigator: Pain and the Placebo Effect," *Perspectives in Biology and Medicine*, 2016, Vol. 59 (1), p. 37

¹⁹ Wailoo, *Pain*, p. 67.

²⁰ Grantly Dick-Read, *The Natural Childbirth Primer* (New York: Harper and Row, 1955), p. 1. For more on Dick-Read and natural childbirth, see Paula Michaels, *Lamaze: An International History* (Oxford University Press, 2014).

²¹ Ido Hartogsohn, "A Psychedelic Technology: How Set and Setting Shaped the American Psychedelic Experience 1950-1970," in Ben Sessa, editor, *Breaking Convention: Psychedelic Pharmacology for the 21st Century*, 2017, p. 142

²² For more on LSD studies that tracked the importance of set and setting, see Erika Dyck, *Psychedelic Psychiatry: LSD From Clinic to Campus* (Baltimore: Johns Hopkins University Press, 2008), pp. 67-68.

²³ Stephen Gaskin, *The Caravan*, rev. ed. (1972; Summertown, TN: Book Publishing Co., 2007), 127.

²⁴ There is a vast and expanding literature on the history of psychedelic psychiatry. See in particular Erika Dyck, *Psychedelic Psychiatry: LSD from Clinic to Campus* (Johns Hopkins 2008), Matthew Oram, "The Trials of Psychedelic Medicine: LSD Psychotherapy, Clinical Science, and Pharmaceutical Regulation in the United States," PhD diss., University of Sydney, 2014; Douglas Osto, *Altered States: Buddhism and Psychedelic Spirituality in America* (Columbia UP2016)

Nicholas Lagnlitz, *Neuropsychodelia: The Revival of Hallucinogen Research since the Decade of the Brain* (Berkeley: University of California Press, 2012); Don Lattin, *Changing Our Minds: Psychedelic Sacraments and the New Psychotherapy* (New York: Synergetic Press, 2018); Lattin, *The Harvard Psychedelic Club: How Timothy Leary, Ram Dass, Huston Smith, and Andrew Weil Killed the Fifties and Ushered in a New Age for America* (New York: Harper, 2011); Martin A. Leem and Bruce Shlain, *Acid Dreams: The Complete Social History of LSD: The CIA, The Sixties, and Beyond* (New York: Grove Press, 1985); Lucas Richert and Matthew DeCloedt, "Supple bodies healthy minds: yoga, psychedelics and American mental health," *Med. Humanities* Epub, March 30, 2018; Sarah Shortall, "Psychedelic Drugs and the Problem of Experience," *Past and Present* (2014), Supplement 9, pp. 187-206; Michael Pollan, *How to Change Your Mind: What the New Science of Psychedelics Teaches Us about Consciousness, Dying, Addiction, Depression, and Transcendence* (New York: Penguin, 2018).

²⁵ Melvyn Stiriss, *Voluntary Peasants: Labor of Love* (Hot Button Press, Warwick, NY 2012) location 679 (kindle).

²⁶ http://www.thefarmmidwives.org/preliminary_statistics.html. Last viewed May 30, 2013.

²⁷ This edition (original) doesn't have page numbers

²⁸ *Spiritual Midwifery: Revised Edition*, p. 70.

²⁹ *Spiritual Midwifery Revised Edition*, p. 141.

³⁰ *Spiritual Midwifery: Revised Edition*, p. 63

³¹ Lynda Bateman, Catriona Jones, and Julie Jomeen, "A Narrative Synthesis of Women's Out-of-Body Experiences During Childbirth," *Journal of Midwifery and Women's Health*, Vol 62, no. 4, July/August 2017, p 443.

³² *Spiritual Midwifery: Revised Edition* p. 154

³³ *Spiritual Midwifery: Revised Edition* p. 62

³⁴ Walter Truett Anderson, *The Upstart Spring: Esalen and the Human Potential Movement: The First Twenty Years* (iuniverse, 2004), p. 66

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- ³⁵ Abraham Maslow, *Religions, Values, and Peak Experiences*, 1964, p. 245 (check). For more on Maslow, see Nadine Weidman, "Between the Counterculture and the Corporation: Abraham Maslow and Humanistic Psychology in the 1960s," in Kaiser and McCray, eds., *Groovy Science*, pp 109-141.
- ³⁶ *Spiritual Midwifery: Revised Edition* p. 142
- ³⁷ Stan Grof, "Varieties of Transpersonal Experiences: Observations from LSD Psychotherapy," *Journal of Transpersonal Psychology*, Volume IV, No. 1, 1972, p. 51.
- ³⁸ *Spiritual Midwifery: Revised Edition* p. 153
- ³⁹ *Spiritual Midwifery: Revised Edition* p. 133
- ⁴⁰ *Spiritual Midwifery: Revised Edition* p. 77
- ⁴¹ Grof, interview, "The Great Awakening," in Roger Walsh and Charles Grob, eds., *Higher Wisdom: Eminent Elders Explore the Continuing Impact of Psychedelics* (New York: SUNY Press, 2005), p. 122
- ⁴² Quoted in Bronson, "Regulation of human research with LSD in the United States."
- ⁴³ Grof, "The Great Awakening," p. 123
- ⁴⁴ Grof interviewed in Keith Thompson, "Search for the Self," *Yoga Journal*, July/August 1990, p. 57.
- ⁴⁵ Grof, "The Great Awakening," p.120
- ⁴⁶ Jeffrey A. Lieberman, *Shrinks: The Untold Story of Psychiatry* (Back Bay Books, 2016), 106.
- ⁴⁷ Grof, "Varieties of Transpersonal Experiences," *Journal of Transpersonal Psychology*, 1972, p. 47
- ⁴⁸ Martin Halliwell, *Therapeutic Revolutions: Medicine, Psychiatry, and American Culture, 1945-1970* (Rutgers University Press 2014), p. 261
- ⁴⁹ Grof, "Implications of psychedelic research for anthropology: observations from LSD psychotherapy" at conference "Ritual: Reconciliation in Change" July 21-29, 1973, Paper prepared in advance for participants in Burg Wartenstein Symposium No. 59, p. 8, box 1 folder 3, MSP 1, Stanislav Grof papers, Purdue University Libraries, West Lafayette, Indiana. Emphasis added.
- ⁵⁰ For more on the Maryland Psychiatric Research Institute studies, see Matthew Oram, "The Trials of Psychedelic Medicine," PhD diss., Univ. of Sydney.
- ⁵¹ Sarah Shortall, "Psychedelic Drugs and the Problem of Experience," *Past and Present* (2014), Supplement B, 177-206, p. 201. See also Douglas Osto, *Altered States: Buddhism and Psychedelic Spirituality in America* (Columbia UP 2016)
- ⁵² Subject 7, box 1, MSP 170
- ⁵³ Subject 6, box 1, MSP 170
- ⁵⁴ Subject 15, box 1, MSP 170
- ⁵⁵ Subject 10, box 1, MSP 170
- ⁵⁶ Subject 15, box 1, MSP 170
- ⁵⁷ Grof, "The Great Awakening," p. 133
- ⁵⁸ subject 18, box 1, MSP 170
- ⁵⁹ In developing this theory, Grof was undoubtedly influenced by other psychiatrists who had focused on birth trauma, namely Otto Rank, and to some extent Sigmund Freud. Others began to focus on birth and primal therapy in the postwar era/ 1970s, such as Janov, but disagreed about what type of therapeutic effects would be successful.
- ⁶⁰ subject 18, box 1, MSP 170
- ⁶¹ subject 18, box 1, MSP 170

⁶² Grof, "The Great Awakening," p. 133

⁶³ Grof, *The Adventure of Self-Discovery: Dimensions of Consciousness and New Perspectives in Psychotherapy and Inner Exploration* (New York: SUNY press, 1988) , p. 9.

⁶⁴ Grof quoted in Jeffrey Kripal, *Esalen: America and the Religion of No Religion* (Chicago: University of Chicago Press, 2008) p. 258.