

Dr. Kafkalides's Autopsychognosia: The Influence of Prenatal and Perinatal Experiences on the Development of Personality and Mental Disorders

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Abstract

During the LSD-induced autopsychognosia sessions the subjects re-lives intra-uterine life. The womb is the first external environment to communicate to the fetus accepting or rejecting messages of his/her existence and/or his/her sex. When there is emotional womb acceptance of the fetus's existence and sex, he/she experiences a feeling of perfect serenity (welcome fetus). When there is emotional womb rejection the fetus feels a deadly threat which arouses in him/her primitive terror (unwanted fetus).

In his search for security the subject uses a womb substitutes persons, situations, activities, objects, animals and so on. The nature of his/her relations with them is determined by the quality of his/her relation with the womb. The womb was his/her first acquaintance with life, and is has therefore become, unconsciously, a base of reference in everyday life.

Kafkalides believes that conscious or unconscious fear is one of the most basic emotional-intellectual motives of behaviour which influences directly or indirectly the person's everyday activity. He also assumes that the subject's idiosyncratic reactions to the rejecting stimuli influence and determine his/her personality, his/her behaviour and his/her interpersonal relationships.

Zusammenfassung

Während der LSD-induzierten Autopsychognosia-Sitzungen erlebt die Untersuchungsperson Eindrücke aus ihrem intrauterinen Leben.

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Der Mutterleib ist die erste äußere Umgebung, in der der Föt annehmende oder zurückweisende Botschaften seiner Existenz oder seines Geschlechtes erfährt. Wenn eine emotionale Annahme und Bejahung des Fötus in seiner Existenz und seinem Geschlecht besteht, dann erlebt er das Gefühl einer völligen Heiterkeit (willkommener Föt). Wenn jedoch eine gefühlsmäßige Ablehnung gegeben ist, dann fühlt der Föt sich tödlich bedroht, was in ihm einen Zustand von primitivem Terror hervorruft (unerwünschter Föt).

In der Suche nach Sicherheit werden Personen, Situationen, Aktivitäten, Gegenstände, Tiere und so weiter als Ersatz für den Mutterleib genommen. Die Natur der Beziehung zu diesen Substituten ist durch die Qualität der Mutterleibsbeziehung bestimmt. Der Mutterleib stellt die erste Bekanntschaft mit dem Leben her und er wird deshalb, unbewußt, zur Orientierungsbasis im Alltagsleben.

Kafkalides glaubt, daß bewußte oder unbewußte Angst eine unserer elementarsten emotional-intellektuellen Motive für das Verhalten ist, das direkt oder indirekt das Alltagsverhalten bestimmt. Er nimmt ebenso an, daß die überempfindlichen Reaktionen auf zurückweisende Reize die Persönlichkeit, das Verhalten und die Beziehung bestimmen.

Brief Review of Psychotherapeutic Research with Psychedelic Drugs

The word *psychedelic* is derived from the Greek word *psyche* (soul) and *delo* (to manifest). Kafkalides defines a psychedelic drug as a drug whose intake by human body may bring about the manifestation or exteriorization of the unconscious. During psychedelic sessions the subject (S) revives past events with strong emotional and physical synchronization. There is also a remarkable enhancement of self-observation, introspection and insight.

The psychotherapeutic use of psychedelic drugs such as d-lysergic acid diethylamide (LSD-25), psilocin, psilocybin, mescaline and others began in 1950. The researchers in this field pursued different theoretical objectives and used different theoretical frameworks, methodologies and settings. As Grof (1980) points out, the kind of unconscious material and the therapeutic outcome of psychedelic sessions is a function of these and some other factors.

In psycholytic therapy (e.g. Sandison, Spencer, Whitelaw), a modified psychoanalytically oriented psychotherapy with psychedelic drugs, the S is encouraged to use the sessions for a dynamic understanding of his/her emotional problems. In contrast, psychedelic therapy (e.g. Hoffer, Osmond, Hubbard) focusses mainly on the transcendental and transpersonal level. Traumatic personal experiences are deemphasized or ignored. Grof, a leading LSD researcher and therapist, developed a therapeutic approach which is a synthesis of psycholytic and psychedelic therapy. Consequently, the S has both psychodynamic and transcendental experiences. Furthermore, he/she relives experiences of his/her expulsion-birth, which Grof considers as significant determinants of personality development and psychopathology.

Kafkalides's Autopsychognosia

Athanasios Kafkalides, a Greek neuro-psychiatrist, began his clinical work and research with psychedelic drugs in 1960. He developed an approach which differs considerably from the other approaches in this field, both in methodology and in the theory underlying it. Consequently there are differences in the kind of the unconscious material brought up and the therapeutic process.

During the sessions, the process of *autopsychognosia* takes place. This word is derived from the Greek words *eutos* (self), *psyche* (soul), and *gnosis* (knowledge). The aim of autopsychognosia is to help S. to get to know himself and his environment.

During autopsychognosia sessions the S revives vividly and with strong emotional and physical synchronization his/her intra-uterine life, his/her expulsion-birth, various postnatal experiences, and experiences of ancestors on the zoological scale. He/she may also revive conditions of matter beyond the bounds of the womb (transcendental experience).

Kafkalides assumes that the subjective experiences and emotions of past events leave memory traces, in a latent state, within the cells of the nervous system. The matter of the human body also preserves the memory traces of its origin and evolution. The basic pharmacodynamic activity of the psychedelic drug on the psychic sphere is the reactivation of these memory traces which leads to the vivid revival of the past. Autopsychognosia, then, is a neuronal process.

Autopsychognosia is also a subjective process. The revival of any past experience, such as life in the womb, is a subjective reality for the S. An observer may call this subjective state irrational, a hallucination or an adverse psychological reaction. For the individual experiencing it, however, this subjective state and his/her interpretations and conclusions about his/her behaviour is a subjective truth.

For Kafkalides, a basic principle of autopsychognosia sessions is the avoidance of programming, directing the session or offering interpretations. The S is able to make his/her own emotional-intellectual realisations about the content of his/her unconscious and the motives of his/her behaviour, as long as he expresses every thought, emotion and image he/she has during the session. The therapist is there to offer emotional support and encouragement, especially when resistance is present.

The existence of resistance means that the S is afraid to relive the painful traumatic experiences. The S is informed about resistance and its causes during the preparation period. Only when the S relives both emotionally and bodily the traumatic events, there can be a better understanding of himself and a reduction in the intensity of mental disturbance in everyday life.

A number of ten sessions with one to four weeks intervals is agreed upon. If the person wishes to get into deeper levels of unconscious more sessions can be arranged.

LSD sessions last about six to eight hours, whereas ketamine sessions last about two to three hours. Kafkalides used LSD from 1960–1970 (doses 30–100 μ g), psilocybine from 1970–1972 (doses 3–9 mg) and ketamine from 1972–1985 (doses 0,8–1,5 mg per kilo body weight).

Prenatal and Perinatal Experiences and the Development of Personality and Mental Disturbance

During autopsychognosia sessions the S revives intra-uterine life. The womb is the first external environment to communicate to the fetus accepting or rejecting messages of his/her existence and/or his/her sex. When there is emotional womb acceptance of the fetus's existence and sex, he/she experiences a feeling of perfect serenity (welcome fetus). When there is emotional womb rejection the fetus feels a deadly threat which arouses in him/her *primitive terror* (unwanted fetus). The womb is felt as rejecting for one or more of the following reasons: The mother had not wanted the fetus within her womb, the mother had wanted a child of the opposite sex to what the fetus was, the mother during the pregnancy had emotional problems unrelated to the fetus. Some fetuses also receive womb rejecting messages inherited from ancestors.

The quality and degree of womb acceptance and/or rejection varies from one person to another. The strength of the memory traces in the person's nervous system is possibly due to unknown biochemical factors.

Most S, including the welcome, also relive their expulsion-birth and their first contact with what they feel is the infinite chaos of the universe. They feel the process of expulsions as a deliberate rejection of their existence by the womb mother, and they experience primitive terror.

The S realises that in his/her everyday life he/she has the subconscious need to return to the "safe" womb (as "safe" as the rejecting womb can be for the unwanted). Sexual activity and orgasm with a womb substitute symbolises the practical means of returning to the womb. During sexual activity and orgasm, memory traces of intra-uterine life and expulsion-birth are reactivated. If accepting memory traces are reactivated, the person experiences sexual gratification and serenity. If, however, rejecting memory traces are reactivated, primitive terror tends to be reactivated too, and sexual problems arise. The S realises that his/her sexual problems have repercussions on many of his everyday activities such as moral, religious, political and others.

In his search for security S uses a womb substitutes persons, situations, activities, objects, animals and so on. The nature of his/her relations with them is determined by the quality of his/her relation with the womb. The womb was his/her first acquaintance with life, and is has therefore become, unconsciously, a base of reference in everyday life. Using the mechanisms of projection and identification, he/she creates in his/her relation with the womb substitute conditions of womb acceptance, or conditions of womb rejections and so on.

The autopsychognosia sessions show that the rejecting stimuli which excite the individual's nervous system during his/her intra-uterine, his/her expulsion-birth, and after birth, combine together and form a *compact system of rejection*. This system of rejection may be excited after birth by any stimulus which the individual subjectively perceives as rejecting. Every rejecting stimulus tends to make conscious the unconscious primitive terror. As a result, the person becomes behaviourally active (physically, emotionally, intellectually and so on) to hinder this process. Kafkalides believes that conscious or unconscious fear is one of the most basic emotional-intellectual motives of behaviour which influences directly

or indirectly the person's everyday activity. He also assumes that S's idiosyncratic reactions to the rejecting stimuli influence and determine his/her personality, his/her behaviour and his/her interpersonal relationships.

When the nervous system is excited by rejecting stimuli, there is a disturbance in the individual's psychic functions such as emotions, thoughts, existential and sexual identity and so on. This is called *mental disturbance*. The knowledge gained through autopsychognosia, led Kafkalides to develop a cohesive theoretical explanation of mental disturbance. He also uses a simpler classification of mental disorders because, as he explains, his S presented periodic fluctuations both in the quality and the intensity of their symptoms and phenomena and it was difficult to make a permanent diagnosis according to the traditional classification of mental disorders. He distinguishes the organic from the non-organic mental disturbance. In the latter he includes the clinical pictures of:

- (1) Nervous tension (not mentioned in the traditional psychiatric texts).
- (2) Anxiety with the various neurotic symptoms and phenomena, and
- (3) Psychotic-like and psychotic symptoms and phenomena

He assumes that the basic cause of the clinical picture of mental disturbance is fear, which escalates every time the quality of the rejecting stimuli changes.

If a rejecting stimulus is specific, it causes conscious or unconscious fear which may lead to defensive attack of the stimulus or defensive flight from the situation in order to equilibrate it (nervous tension). If the attack or flight does not equilibrate the rejecting stimulus, if the S is unable to attack or flee, or if his/her attack or flight is accompanied by guilt, the the rejecting stimuli reactivate, on an unconscious level, memory traces of other past rejecting stimuli. As a result the original specific fear expands, and if there is no womb substitute to neutralize the rejecting stimulus, the person experiences anxiety. Anxiety is a fear characterised by an agonising, vague threat to S's existence. The agony and vagueness is due to the anxiety-producing stimuli which tend to reactivate the rejecting womb/primitive terror. In order to equilibrate the anxiety-producing stimuli and to prevent them from reactivating the primitive terror the S may develop neurotic symptoms and phenomena such as obsessional acts or ideas, phobias and so on. Thus, the S attempts, unconsciously and sometimes consciously, to equilibrate the rejecting stimuli with a more symbolic kind of attack or flight.

If neurotic behaviour fails to equilibrate the anxiety-producing stimuli, then they reactive the rejecting womb/primitive terror. The rejecting stimulus does not symbolize the rejecting womb, it becomes for S the rejecting womb. The person employs different tactics to equilibrate the reactivation of the unbearable primitive terror. These are the psychotic-like (temporary) and psychotic (permanent) symptoms and phenomena such as depression, mania, paranoia, hallucinations, and others.

An Evaluation of Kafkalides's Approach

Kafkalides's approach is an important contribution to psychiatry, psychology and psychotherapy. The knowledge gained through autopsychognosia throws new

light on the development of personality, human motivation, sexual behaviour, sexual problems and mental disturbance. This new knowledge also questions some of the existing theoretical views, such as that personality development begins after birth.

Kafkalides's approach, with its acceptance and respect to subjectivity and the emotional aspect of knowledge, also raises important scientific and philosophical questions about subjectivity versus objectivity in the study of human behaviour and in psychotherapy, the nature and sources of knowledge about the self and the world, and some other issues. His work can be a stimulus for further research and exploration in order to acquire, as he would probably say, a small part of the infinite knowledge stored within ourselves.

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