

Fear, Rejection and Aggressiveness in Autopsychognosia with Psychedelic Drugs

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Abstract: Fear in relation to rejection and aggressiveness within the context of Athanasios Kafkalides' theory of Autopsychognosia (deep psychotherapy with psychedelic drugs). Nature endowed all living (animate) systems with the capacity for fear in order to protect them from the dangers of the external environment. Without fear all living systems would have disappeared. However, a basic etiological factor in human behaviour is the inherent fear of the mortally dangerous external environment. In addition to this factor, there are various fear-producing experiences, which leave memory traces on the human body, (e.g. those of intra-uterine rejection, of expulsion-birth, and others). Fear creates: on the one hand a constant, subjective emotional need for protection, affection, love and acceptance by the external environment – on the other (as a rule, with few exceptions): aggressive – rejective behaviour of the isolated individual to his fellow humans and/or towards society as a whole.

Zusammenfassung: *Furcht, Zurückweisung und Aggressivität in der Autopsychognosia mit psychoaktiven Substanzen.* Diese Untersuchung beschreibt das Konzept der Furcht in bezug auf Zurückweisung und Aggressivität innerhalb des Kontextes des Konzeptes der Autopsychognosia (tiefe psychotherapeutische Selbsterfahrung durch psychoaktive Substanzen) von Athanassios Kafkalides. Die Natur stattete alle lebenden Organismen mit der Fähigkeit zur Furcht aus, um sie vor den Gefahren der äußeren Umwelt zu schützen. Ohne die Fähigkeit zur Furcht würden alle lebenden Organismen aus der Welt verschwun-

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den sein. Ein grundlegender Zug jedoch im menschlichen Verhalten ist die Angst vor dem Tode unter gefährlichen äußeren Bedingungen. Zusätzlich zu diesem Faktor gibt es eine Reihe von furchtauslösenden Erfahrungen, die tiefe Erinnerungsspuren auch im Körpergedächtnis hinterlassen (z. B. diejenigen von intrauterinen Zurückweisungen, einer Ausstoßungserfahrung bei der Geburt u. a.). Furcht führt auf der einen Seite zu einem konstanten, subjektiven, gefühlsmäßigen Bedürfnis nach Schutz, Zuwendung, Liebe und Akzeptiertsein durch die Umgebung und auf der anderen Seite (als Regel mit wenigen Ausnahmen) zu aggressiv zurückweisendem Verhalten, in der sich vereinzelt fühlenden Person ihren Mitmenschen gegenüber und/oder der Gesellschaft als ganzer gegenüber.

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Autopsychognosia with Psychedelic Drugs

The word *autopsychognosia* is the term used by the Greek psychiatrist Dr. Athanasios Kafkalides (1919–1987), to describe a deep psychotherapy session with psychedelic drugs¹. The term is derived from the Greek words: *εαυτός* (self), *ψυχή* (psyche), *γνώση* (knowledge).

The experiences and realisations of the 126 cases or Rs², 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).³

Autopsychognosia is a neuronal process which gives rise to emotional-intellectual realisations about the content of the unconscious and the motives of behaviour. 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 (PW p. 85) It is also a very complex memory process during which experiences can be relived with very strong emotional and physical synchronisation (PW p. 95). 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 sessions⁴.

For the avoidance of any doubt, autopsychognosia is not a method of therapy. It is combined emotional and intellectual knowledge, which acquires therapeutic value only if the individual uses it in everyday life entirely on his/her own initiative (KW §60, KW §58, PW p. 53). However, a person who has not undergone such a process finds it difficult to empathise with its emotional content.

“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.

Abbreviations:

KW: “The Knowledge of the Womb. Autopsychognosia with Psychedelic Drugs” (1980, 1995)

PW: “The Power of the womb and the subjective truth” (1989, 1998)

R: Any patient who has undergone autopsychognosia sessions

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 foetal 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).⁵

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 foetus 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 foetus 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 foetus 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 foetus' 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 foetus 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 foetuses were classified into two major categories: (a) “Unwanted” and (b) “Welcome”.

The Unwanted foetuses 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 foetuses primitive terror (KW §35, 36).

The Unwanted characterised the bombarding messages-stimuli as rejecting womb messages-stimuli and described the following kinds:

- a) Rejecting messages-stimuli of the existence of the foetus.
- b) Rejecting messages-stimuli of the sex of the foetus.
- c) Periodically rejecting messages-stimuli.
- d) A fourth kind of rejecting womb messages-stimuli are those which are inherited from ancestors in the form of ‘memory traces’ which may be reactivated (KW §85).

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 foetuses were subjected to womb rejection because even the “accepting womb” ultimately rejects the foetus 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. (KW §32)

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 foetus by the womb-mother created in the foetus 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 womb⁶. Sexual activity may possibly reactivate rejecting or accepting “memory 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 womb⁷.

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 stimulus⁸ until equilibrium is “restored” through the “most appropriate” movement/behaviour. The process of “activation” is characterised, among other things⁹ 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”. (KW §96) The accepting stimuli gives 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-stimuli¹⁰.

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 another¹¹. Whether the 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. (PW p. 71)

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 foetal life and expulsion-birth. (KW §§105–108)

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 (KW §119).

- Anxiety: This agonising fear is accompanied by a vague threat to R's existence. Its cause is unconscious (KW §120).
- Primitive terror: the agonising fear caused either by intrauterine rejection or by expulsion-birth and the first contact with the chaotic environment. (KW §35).

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 "nervous tension".¹²
- 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 foetus by the rejecting womb.
- The effort to avoid reactivating the primitive fear leads to the appearance of psychotic symptoms and phenomena.¹³

In the final analysis, according to Kafkalides, mental disturbance, whatever clinical pictures it presents, is nothing but defence against fear. (PW p. 70)

So then Dr. Ronald David Laing¹⁴ 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 con-

clusions 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-stimuli¹⁵ 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 foetal 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. (PW p. 22)

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 fear producing "conditions-stimuli" are the main motives of unhealthy behaviour.

He believed in the experiences, realisations and conclusions of the Rs¹⁶. He accepted their truth. A great rationalist himself, he was obliged to criticise Cartesian methodology and its principle of absolute rejection of subjectivity¹⁷.

Man is not born a “*tabula rasa*”, a tablet, which bears no actual writing, as Aristotle believed¹⁸, 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 Protagoras¹⁹ amazing maxim *το τε δοκοῦσθι ἐκάστω τούτο και εἶναι*, 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 Dr 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’s²⁰ where he viewed the description of his patients with great scepticism and doubt to the concept of the “accepting womb” in 1966²¹ and later to the concept of the “rejecting womb” in the early 1970’s²². He writes:

“I must confess that in 1966 and for quite some time I had felt quite certain that during foetal 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 80 mcg 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 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.” (PW p. 36)

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 foetus feels his rejection by the womb mother. His reply was the following:

“The foetus 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 foetus in the womb cannot react. What’s more, its neurons and muscles are minimally developed (see KW §100). 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 foetus lives defenceless. The time will come, however, when the weak foetus will leave this hell, will grow up and become a person with normally developed neurons and muscles. How will this person-foetus 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?” (PW p. 53)

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

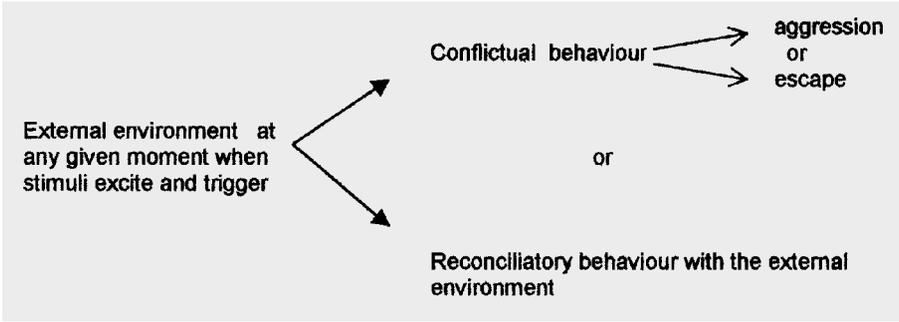
The experiences and realisations of the 126 individual cases that underwent autopsychognosia sessions convinced him that there is a basic human problem, which is the need to feel protection, affection and love from one’s environment. The problem is turned into a human drama because the environment is usually rejective or is felt by the R as such.²³

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*,²⁴ which excite R’s nervous system during his foetal 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. (PW p. 11)

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 Dr. 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. The general pattern is as follows:

In the final analysis Dr. 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.²⁵ 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.²⁶ 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. LSD²⁷, 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 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 medicine²⁸ that supports his results.”

Notes

¹ The word *psychedelic* (*ψυχοδελωτικό*) is derived from the Greek words *ψυχή* (psyche = soul) and the verb *δηλώ* (to manifest). See chapter I of KW (§§1–17): What one may feel under LSD-25 or Psilocybine. See as well PW p. 92–102. For more details in that field 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: *Psychedelic drugs reconsidered*, Basic Books, Inc., 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.

² Any patient who has undergone autopsychognosia sessions

³ *The Knowledge of the Womb*. Autopsychognosia with Psychedelic Drugs was published in Greek by Olkos Publishing House (1980) and in English by Triklino House (1995). *The Power of the womb and the subjective truth* was originally published in Greek (1989) and in English by Triklino House (1998).

⁴ 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 p. 109). 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.

⁵ PW p. 115

⁶ The 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-foetus’ 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-foetus’ intra-uterine life. But the wish to return to the “rejecting womb” continues on an unconscious level and in daily life, for the rejecting intra-uterine environment is relatively “saver” than the external environment which finally kills the R. (see PW p. 63)

⁷ The “memory traces” of the rejecting womb which are retained by the foetal 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’.)

⁸ 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)

⁹ The process of “activation” is characterized as well by symptoms and phenomena (see KW §§95–99)

¹⁰ 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 foetus/new-born’s nervous system. The foetus/new-born’s existential identity feels these combined stimuli as messages from the external environment.

¹¹ 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 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)

¹² 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).

¹³ 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)

¹⁴ 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.

¹⁵ 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

¹⁶ see: Pharmacodynamic activity of small doses of ketamine hydrochloride (Parke-Davis) on the psychic sphere. (PW p. 92)

¹⁷ For the difference between the fundamental principles of autopsychognosia and cartesian methodology (see PW p. 38).

¹⁸ 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*.

¹⁹ 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).

²⁰ 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, 121e année, 1963, no. 2, pp. 191–200.

²¹ 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 Int. J. of Prenatal and Perinatal Psychology and Medicine* 8(4): 427–431).

²² A. Kafkalides, *Causes of Sexual conflicts – effects on behaviour*. Open communication at the VII Panhellenic Congress of Neurologists and Psychiatrists, Athens 1975.

²³ 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”.

²⁴ Basic rejecting stimuli are: During foetal life: the womb-mother’s rejection of the foetus 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)

²⁵ Plato, *First Alcibides*

²⁶ Plato, *Republic*, 514a–521b

²⁷ A Hofmann (1979) *LSD – Mein Sorgenkind*. Klett-Cotta, Stuttgart. (English: *LSD – My problem child*. McGraw-Hill, New York, 1985).

²⁸ L Janus (1991) *The enduring effects of prenatal experience – Echoes from the womb*. Jason Aronson Inc. 1997