# *The Healing Breath*

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**General Editor: Joy Manné, Ph.D.**
**Email: JoyManne@swissonline.ch**

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# ADMIRA –
# A BREATHWORK CASE HISTORY WITH A HANDICAPPED CLIENT

**(light cerebral paralysis, CP)**

**by**

**URS BAUMGARTNER**

## Introduction

This is a case history about a course of breathwork therapy by the writer with Admira, an adolescent with minor cerebral palsy (CP). Therapy began in 1997 when she was a girl of fourteen and continues to the present time. We have done 130 breathwork sessions to date. This year our rhythm has been about one session per month. I consider that it is now time for Admira to progress from the therapeutic relationship between two people, which is the nature of individual sessions, into a self-experience group and am in the process of creating such a group in the area where she lives.

## The Therapist

When I began to work with Admira I had completed a 2 years Rebirthing training, with Erika Stoll in Switzerland. I had done three years of advanced studies, extensively practised self-rebirthing, and was at the point where I intended to start a professional Rebirthing practice. I regularly sought opportunities to exchange experiences with other therapists including supervision and participated in further trainings such as: Loving Relationship Trainings with Sondra Ray, Warm-water Rebirthing Seminars with Binnie A. Dansby, Rebirthing Seminars with Peter and Dana Delong as well as doing regular self-rebirthing sessions: e.g. once a day once over a three month period I used a 45 minute tape of a led rebirthing session by Burkhard Schroeder to explore the long term effects of this kind Rebirthing on me.[1]

In parallel to Rebirthing, I spent several years studying the philosophy of A Course in Miracles, the writings of Thorwald Dethlefsen, and the work of Stanislav Grof who has given rebirthing therapy a good basis.[2]

## I did not meet Admira's mother by mistake!

Admira's mother helped my mother with her housework once a week and I met her once

[1] Atemekstase-Rebirthing, Synthesis Verlag, Postfach 143206, Essen / Deutschland

[2] Stan Grof (1998), *The Cosmic Game: Explorations in the Frontiers of Human Consciousness*, Dublin: Newleaf.

when I was visiting. I had coffee with her and she told me about her disabled child. I asked her about her pregnancy with Admira and about Admira's birth. Both were very difficult. From her account, I concluded that Admira was afraid to come into the world: she did not want to.

When I then said that Admira had a lot of fear, her mother was surprised and asked how I knew this as I was right. Nobody had mentioned Admira's fear before. According to "The Course in Miracles" all emotions are based on the basic emotions of love or fear and through Rebirthing breathwork repressed fears can become conscious and heal.

Without experience with abused children and without having seen or met the child, I offered to breathe with Admira. Her mother accepted my offer.

## The Client

Admira, is a student in a school institute for physically disabled children in Solothurn, Switzerland. I got to know her when she was a girl of 14. She suffers from minor cerebral palsy. There was evidence that she understood numbers up to one hundred as she could count to 100 and calculate a little, could read easy texts and write a little. She was only able to walk with the aid of a stick and had a very marked squint.. Eating was a big problem because her hands shook, and she had to use both of them to hold a cup or glass steady enough to drink from. When she spoke many of the words were inarticulate and remained stuck in her throat, and her head was bent down most of the time. She was hopeless and sunk into herself most of the time she was with us.

## The Rebirthing Breath

The breathwork that I practised with Admira is based on Rebirthing as practised by Leonard Orr in California. This consists of augmented connected breathing: i.e. the in and out breaths are connected without intervals between them and the pace of this of kind of breathing is adjusted to the needs of the client. It is practised lying down and with closed eyes. The actively inhaled in-breath follows a relaxed out-breath, or to put it better, a letting go of the out-breath. Through this breathing method, in a noticeable way, more energy is built up in the body than is required and energy flows through the body. Our body stores and remembers our repressed emotions and thoughts. It contains the memories and thoughts that we are unconscious of, and that have strongly influenced our lives. These emotions and memories can be activated and brought to consciousness through this breathing process. They can make themselves observable through their correspondences in body areas, revealing themselves as blockages or pains or tensions. Through the breath we allow everything to come up: we feel without judging. It is an adventure in self-discovery in areas that are not available to us in our normal state of consciousness. We become conscious of repressed negative memories, integrate them and therefore are no longer influenced by them. That frees and relieves us. We have access to a different, enlarged state of consciousness which Stanislav Grof characterised as *holotropic consciousness.* Insights that I have preserved from this state continue to exist in clear certainty. In such a state we can also feel a love and connectedness to people and to nature

that can hardly be described in words and that spreads further and further through the body with each in-breath. While that happens, we keep our attention on our breath, we let whatever needs to come up, come up, and we let it go away again. We let whatever happens, happen. And then sometimes we are overcome by an inexplicable joyful laughter which is a sure sign that something repressed in the body has been freed and the one to one-and-one-half hour breathwork session can be ended. Not all sessions end in that lovely way.

The Rebirthing breathwork method is a self-experience that is experientially oriented, that opens the way for us to transpersonal spheres of experiences that are almost unknown in our Western culture. Because they are strange to us, we hardly accept them. How can I believe in a healing and transforming process that I have not experienced?

## Breathwork with Admira

As Admira was not able travel to me for sessions, and I'm often in Admira's neighbourhood, I went to her home to give her breathwork sessions which were usually weekly.

The first time I visited the family, Admira was someone with her head always bent down, lost in herself, and apathetic. With her mother's permission, I asked Admira if she would like to breath with me. I gently told her that it seemed to me that she had a lot of fear in her belly and that I could help her with it, and that the breathwork would certainly be good for her. From the beginning our relationship was one of personal trust, and this goes on to this day.

We began our Rebirthing sessions. In the first months the focus of the breathwork was on taking the risk of exploring her rather weak breathing with the aim of increasing its strength a bit. However, after only a few breaths, Admira would forget to do the active breathing. It was also almost impossible for her to close her eyes, a usual practice in this kind of breathwork, during the sessions. She felt that there was something in her body that other people described as fear: that a huge fear was hidden there, and lots and lots of sadness. Sometimes we dared to take six to ten really deep breaths, and when this happened, her face would light up with a radiant smile. I say "we" because the technique I used was to breathe along with her so that my breathing supported her breathing: people tend to breath in a similar rhythm just as they imitate each other's body language in other ways.

### Using the therapist's breathing to support the client's breathing process

One evening I had to admit that, with the best will in the world, Admira was unable to do any rebirthing breathing. So I asked her if she would feel disturbed if I lay down and breathed for myself. After I had gone into my breathing process quite deeply after some time, I heard a hard strong breathing and a light sobbing from Admira. I then got up and guided her softly through her breathing process which mine had initiated. When we talked about this, she shared that she was drawn into her breathing rhythm by my breathing rhythm without any effort on her part. This was one of the many lessons I learned with Admira. (Every therapist can learn from every patient that comes to him how people

heal. From a Course in Miracles.[3])

## Confronting Admira's fear and need for love

Even though Admira experienced joy from time to time in the breathing process, the breathing mainly brought up a lot of sadness which she was unable to express verbally. She knew on an intuitive level that repressed fears will arise from the unconscious through intensive breathing and therefore she unconsciously prevented herself from taking more breath. As she expressed it, "It (her breath) brakes in my throat." Often her expression looked as if she wanted to cry, and when I asked her how she felt, she replied, "I feel fine." Her fear and her sadness were deeply repressed and it took months before she was able to let her tears come. After a year Admira explained to me that she had not known before that she had so much fear. Every Rebirthing session I evaluated to what extent I could encourage her to let her feelings come and to feel them: I did I want to risk retraumatising her through bringing up too much fear – I did not want more to come up than she could integrate. We always have to respect our client's limits.

Sometimes on a Saturday morning I would take her out in order to put what we were learning together into practice in real life. Whenever we went out together and she was unable to do a certain action, I always asked her: "Are you afraid?" When she said yes, we took a look at why she was afraid and what she feared might happen. For example, Admira could not stand up from sitting or lying on the mattress without leaning on a wall. What I did was take both of her hands in mine, and help her to get up. While I supported her in standing upright, I asked her what could happen if I were to let go. Her answer was that she would fall back backwards. "I can't stand upright holding my balance because I'm afraid of falling backwards," she explained. In order that she should learn balance, we did an exercise. I stood in front of her, we held hands and she tried again and again to lean back, going a little further each time. Over a period of time, as she became able to trust me to hold her, and to learn that she could indeed lean backwards, she began to enjoy the experience. It was a completely new experience for her to surrender control and to lean back with confidence. From that point we began to practice with her standing upright unsupported. In the beginning she could only do this for the time it takes to blink an eye, but gradually she could do it for longer. Once Admira was able to trust herself enough to stand in equilibrium, she began to dare to take a few steps forward, and later she had the courage to walk a short distance freely, without her stick.

A therapist once asked us whether I were not excessively preoccupied with Admira's fear, but Admira herself answered "No, no." In her home and in the institute where she lived fear was a taboo subject but for me it was the key to her healing.

Fear was one problem for Admira, and love another. She longed for love which she rejected when she received it. When I held her in my arms for only a short period after the breathing process, she would move away. We talked about this, and as she lent on me again, she said: "Now I do not have fear any more." Receiving love has to be a conscious act too.

[3] *A Course in Miracles*, Arkana, 1985 (1st Ed. 1975)

## The Risk of Therapy

If Admira walked without her stick, she could have fallen and been injured. I discussed this problem with her parents. We were in agreement that life itself, and indeed every new experience contained some risk factors. Her parents gave me their full support. They saw and appreciated the results, but were unable intellectually to contribute to the work. They were grateful and from the beginning trusted the therapy. Admira hurt her legs twice through falling, not through risk-taking but in the course of a normal day at home.

## The philosophy of the Therapist is decisive

During therapy with Admira I became aware how important the philosophy of the therapist is.

Admira's teacher had the view from the beginning that Admira must learn to accept her fate and that I should not give her false hopes. The teacher knew that it was established that Admira had brain damage and that her brain was unable to control some of the muscles used in movement and that no healing was possible. When one *knows* something cannot change, one does not take steps to change it. My question is, "Who gives the brain the information to move the legs or to tense them? I believe that the body gets this information from the spirit and the soul and through the brain the legs move. If I am afraid, I tense up and can't do anything or go any where. If I am in a state of Love, I am relaxed and can manage everything. Handicap begins with unconscious thoughts. Here is an example. Through the cerebral injury, the calf muscles are cramped and that impedes movement. In sleep, these muscles are relaxed. Why does the brain tense theses muscles in daily consciousness and not during sleep which is unconscious? Handicap, therefore, does not only exist in the brain, as the brain the same during the day and in unconscious sleep. During the daytime, fears influence the spirit and, through the brain, this influences the legs and blocks them, because "life is dangerous and it is better not to move." When the fear is removed, the muscles can relax and a lot becomes possible that seems excluded for Admira.

## The Client's process of development

### Freeing the throat

In Rebirthing breathing, every so often Admira's throat would feel constricted which caused her a lot of fear. Long discussions between us were necessary so that she could arrive at a real understanding: i.e. so that she could both understand and feel what was happening, and thus go beyond her fear of breathing.

Through this work released a lot of the tension in her throat. The result of this was that after a year of breathwork she began to talk more because, as she expressed it "my throat has not got brakes on any more" ("es bremst nicht mehr im Hals"). Today Admira talk almost fluently.

I also needed time to understand why she sat up abruptly at the end of each breathing session during a certain period. I had thought that she had had enough of the

active conscious breathing. When, however, we talked about it she said, "There is a thread in there [pointing to her sternum] which contracts and it makes me sitting up." After that, each time this thread contracted, we consciously breathed into the place where this was happening and in this way it loosened itself! This process with the "thread" happened increasingly at the ends of the sessions at that time.

### Physiological improvements

According to my philosophy, our spirit expresses itself in our body: our body is the image of our spirit as well as of its changes. For example, when we started our work, Admira had a strong squint. After one year of breathwork this had improved a lot and today she hardly squints at all. One day I put a drinking glass on the table and asked he if she see one or two glasses, she explained that she used to see two glasses before but now (she squints no more) she sees only one glass and it is very rare that she sees things double. Today she takes a glass of water with one hand in the normal way without spilling.

### Intellectual improvements

Admira's teacher praised her for her improvements in writing and reading. Surprisingly, she had not noticed that Admira was squinting less and less.

### The importance of honest information

Once, at about that time, Admira asked me with concern after she had been to the opthalmologist if her eyes were effected by some sickness. I replied that her eyes were not sick but that she had been strongly cross-eyed before and now she only squinted slightly. I then asked her what her ophthalmologist had said. She replied that he had not said anything.

Admira's question demonstrated the importance for her of an honest conversation in order to avoid the creation of new fears.

## Admira's Assessment Of The Breathwork Therapy

When I recently asked her again why she continued to breathe with me, she answered, "Then I am able to look into myself". We also reflected on what she felt was beautiful and pleasant while doing the breathing and also what she found unpleasant. She experiences the love and joy that she can experience through the breathing as beautiful. The unpleasant side includes the fears that arise again and again from her belly. But these are no longer monsters which have to be repressed immediately, as they were before. Now she knows that the fears belong to her and that I help her to go on working on them.

## External Assessment Of Admira's Progress

Friends of mine who only see Admira from time to time were very surprised that after only a few months Admira began to raise her head more and more and that today she interacts with the world around her in a lively way. Her mother appreciates that she is now ready earlier in the morning and even manages to close small buttons on her own.

It is beautiful to watch how the process of healing memories (fears) and emotions manifests in the healing in the body and in making different behaviour possible which benefits many aspects of Admira's life.

## Concluding Remarks

Without the philosophy of *The Course in Miracles* I would not have started working with disabled children. *The Course* gave me insight on the functioning of the ego and gave me the understanding of these children. In my opinion, breathwork is a very promising therapy for handicapped people.

## Taking it further

If anyone is further interested in breathwork with disabled persons I will be glad to share my experience. I do not claim to have brought about any form of spontaneous healing, but rather that through patience and endurance, breathwork is a method that can change a lot in the spirit, soul and body of disabled children.

## AN ANECDOTE ABOUT ADMIRA[4]

**A short story about my breathwork experience with handicapped children**

A deep breath can achieve a lot and even can create fun!

Once we – Admira, who is handicapped, and her brother and sister and myself – had lots of fun in an indoor Aquapark-type swimming pool. The sisters were very attracted by and fond of the ghostly bob-sleigh which gave them a thrill. The many dark tubs, narrow curves, a steep descent and water curtains exited them greatly. For Admira, however, it proved to be a terrible experience and all her familiar fears reappeared. We discussed the reason for her fear, whether there was any good reason for it, and what could possibly happen if she would try the bob-sleigh with me. Then I sat in the bob-sleigh and tried to analyse my feelings when sliding. After that I convinced Admira to sit into the slide too, in order to analyse her feelings. Admira had many questions and was

[4] This anecdote was published in the Newsletter of the International Breathwork Foundation, February 2000. Information about the IBF can be obtained at www.ibfnetwork.org.

reluctant but at least she agreed to go through this bob-run together with me. Off we went. Before the first bent I cried: “Breathe deeply,” and before the next, and so on before each further obstacle – “Breathe!”

Almost breathless and full of joy Admira asked to have another bob-sleigh run, this time together with her brother. She asked him, “Before each obstacle, remind me to breathe.” Full of enthusiasm, they started off, and through the tub the echo of “Breathe” – “Breathe” – “Breathe” could be heard.

**Urs Baumgartner** was born in 1942. He is married. He studied mechanical Engineer and market research and is an independent marketing and publicity consultant for the machine tool industry. He also gives Rebirthing sessions and teaches self-awareness to adults and to handicapped people.
Address: Urs Baumgartner, Kirchbühl 3, CH-6330 Cham/Switzerland.
Email: Baumgartner.urs@bluewin.ch

**Note**: This is an adaptation of my article ‘Admira – eine Fallgeschichte’ published in ATMAN-Zeitung, Heft 4/1999, pp. 21-24. ATMAN is edited by Wilfried Ehrmann, website www.atman.at.

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# THE NATURAL BREATH:
# TOWARDS FURTHER DIALOGUE BETWEEN WESTERN SOMATIC AND EASTERN SPIRITUAL APPROACHES TO THE BODY AWARENESS OF BREATHING

**by**


## NEIL DOUGLAS-KLOTZ, PH.D.
Institute for Advanced Learning, Edinburgh, Scotland



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The nature of breathing and the potential use of breath experiments or practices has, over the past 70 years, raised a great deal of controversy in the various schools of somatic psychology as well as in various lineages of spiritual training.

The term *somatic* was coined approximately 20 years ago in the field of psychology to avoid the inherent Western dualism that refers to body as separate from anything else, whereas its effects clearly cross boundaries into all areas of human life (Hanna, 1979; Johnson, 1984). The term *soma* points to a unified connection between what the field of psychology usually calls mind, emotions, body awareness and spiritual concerns. In the somatic camp, one can include modalities like Reichian and Neo-Reichian breathwork, Eutony, and Sensory Awareness.

In an equally rigorous fashion, one could define *spirituality* as the field of study that investigates practice, ritual and phenomenological experience in contradistinction to religious belief, theology and organization. Although academia often sees spirituality as a subbranch of religious studies, one could also consider it the primary ground from which "religion" in its Western conception developed. Appropriate to the present topic, the Latin roots of the word *spiritual* derive from the word for breath. In the various spiritual schools, one can include various types of Yogic breathing, Vipassana and Zen meditation and Sufi breathing practices.

This paper does not intend to reconcile the many different approaches and opinions about this subject. It does suggest that the common stereotype in "Western" psychology that all "Eastern" breathing practices are "disembodied" and that all "Western" therapies are "embodied" is largely a language problem. In practice, the differences are more a matter of emphasis than substance. The intent of the contribution here is to re-open a dialogue that has been limited by stereotypical views held on both sides without reference to the actual functions involved.

The paper will survey some of the basic attitudes held by the main somatic psychology pioneers, Elsa Gindler, Wilhelm Reich, Gerda Alexander, and F.M. Alexander, with regards to the relationship of breath awareness to neuroticism, schizophrenia and visionary states of awareness. The paper will further suggest a conversation between these voices and selected ones from the Vipassana Buddhist, Yoga and Sufi traditions.

Each somatic modality or spiritual tradition has, of course, its own mode of discourse

which allows it to interpret effects in different ways. However, on a functional level, each experiment, therapy or practice involves the proprioceptive and/or kinesthetic awareness of breathing in a human body. Once trained, this awareness can lead to commonly observed and described somatic effects, however interpreted. From a social scientific point of view, the human body is the common field of such a self-study. In this regard, useful bridges between the various somatic and spiritual approaches can be found in the following four areas of inquiry central to the discussion:

1) Why is the awareness of breathing important, as defined from either a somatic or spiritual perspective? Are there differences in the way that varying traditions or modalities use the word *breath*?

2) Should one try to influence breathing directly, through a therapeutic intervention or spiritual practice? Is there a functional difference between observing the breath and changing it?

3) Does an effective breathing experiment or practice promote a fuller sense of body awareness and emotional feeling or the cessation of said body awareness and feeling? A related question involves the relative value of full awareness of the breath in all phases of inhalation and exhalation;

4) Does an effective experiment or practice, however defined, lead to the integration of body awareness, breathing and emotional feeling by a healthy "sixth sense" or functional "I" or does it lead to the extinguishing of any sense of an "I"? In this regard, can one distinguish between vision and schizophrenia, in a functional way?

## 1. Goals and Definitions: Why is Breathing Important?

All somatic schools begin with a more or less common sense approach, which equates breathing with one's ability to function in life in a healthy way. This is well expressed by the German pioneer of somatic education, Elsa Gindler, who noted in 1926:

> If we observe successful people, we can often see that they display a wonderful flexibility in reacting, in constantly changing from activity to rest. They have flexible breathing, or functional breathing. This is not easily attainable. Our students repeatedly confirm--with little satisfaction--that they need only think of an activity to feel how they immediately become rigid and impede their innate capacities. One is so used to doing it that it is difficult to abandon this nonsense. (1926, p. 38).

Among all schools and techniques, there is almost universal agreement that inhibited breathing inhibits the person in some way. As we shall see, however, there is disagreement, about how to "abandon this nonsense."

The failure to breathe in a flexible fashion is also targeted by another founder of what is now the somatic field, the German psychotherapist Wilhelm Reich. Reich, an early student of Freud, broke with his mentor over the issue of the importance of the body in therapy. In his pivotal work *Function of the Orgasm* (1948), Reich wrote that holding the breath not only created disharmony in the individual, but also in society at large, which manifested as a failure to respond to natural "vegetative" impulses:

> There is not a single neurotic person who is capable of breathing out deeply and evenly in one breath... (p. 333)
>
> We see a single thread stretching from the childhood practice of holding the breath in order not to have to masturbate, to the muscular block of our patients, to the stiff posturing of militarists, and to the destructive artificial techniques of self-control of entire cultural circles (p. 360).

For Reich, respiration was intimately tied up with the "functional antithesis between periphery and center," that is, the natural impulse of an organism to expand in pleasure and contract in anxiety. He related these two functions to the two poles of autonomic nervous system:

> This [hypothesis] enables us to comprehend the life process, respiration in particular, as a condition of continuous oscillation, in which the organism is continually alternating between parasympathetic expansion (exhalation) and sympathetic contraction (inhalation) (p. 295).

The spiritual practices mentioned above also cite breathing as a means to enlightenment, realization, or full awareness, however defined. In his commentary on the Sutra on the Full Awareness of Breathing, one of the earliest texts on Buddhist breathing practices, the Vietnamese Zen master Thich Nhat Hanh states:

> The sixteen different methods of inhaling and exhaling, in combination with the Four Foundations of Mindfulness, are the essence of the Full Awareness of Breathing Sutra. Breathing is a means of awakening and maintaining full attention in order to look carefully, long and deeply, see the nature of all things, and arrive at liberation (p. 22).

Likewise, various texts in the Yoga tradition affirm that the awareness of breathing is a doorway to enlightenment. One of the oldest of these, the Vijnana Bhairava Sutra, possibly predates the composition of the Vedas (c. 2000-1000 B.C.E) (Singh, 1979). The Vijnana Bhairava sutra takes the form of a dialogue between Shiva and his consort Devi. Devi begins by asking several questions. To these questions, Shiva replies with 112 suggested methods. The entire opening section is cited below:

Devi says: O Shiva, what is your reality? What is this wonder-filled universe? What constitutes seed? Who centers the universal wheel? What is this life beyond form pervading forms? How may we enter it fully, above space and time, names and descriptions? Let my doubts be cleared.
Shiva replies:
1. Radiant one, this experience may dawn between two breaths. After breath comes in (down) and just before turning up (out)--the beneficence (Reps, trans., 1955, p. 161).

Likewise, the 9th century Persian Sufi mystic al-Qushayri cites traditional sayings that

relate the awareness of breathing to the remembrance of divine Unity (*tawÿ•d* ):

They said: "The best act of worship is to count your breaths with Allah, Most Praised and Most High"....Every breath that arrives upon the carpet of need without the guidance of recognition and the sign of *tawÿ•d* is dead, and its master will be called to account for it" (in Sells, 1996, p. 142).

Similarly, the early 20th century Indian Sufi teacher and interpreter, Hazrat Inayat Khan describes how the awareness of breathing can unify the various essences (*la†å<if* ) of the body and link these to the divine. His metaphors unite psychology with cosmology:

> Breath is the very life in beings, and what holds all the particles of the body together is the power of the breath, and when this power becomes less then the will loses its control over the body. As the power of the sun holds all the planets so the power of the breath holds every organ....Breath is a channel through which all the expression of the innermost life can be given. Breath is an electric current that runs between the everlasting life and the mortal frame (Khan, pp. 135, 140).

The differences between the states of health and flexibility mentioned by Gindler and Reich, may not in fact be functionally very different from the seemingly more grandiose goals of the spiritual practitioners. Most somatic schools also make interpretations of the somatic effects of a particular experiment, according to various standards of "health.". These standards are idealized states by which the therapist or educator can evaluate the client or student. The idealized somatic breath with full and natural individuality may not in function be that different from the breath of a person who sees the "nature of all things," in Buddhist terms. What we have so far could be differences attributed to the use of language.

For instance, Thich Nhat Hanh, also phrases the goals for breathing practice in more modest terms:

> Through awareness of breathing, we can be awake in and to the present moment. By being attentive, we have already established "stopping," i.e., concentration of mind. Breathing with full awareness helps our mind stop wandering in confused, never-ending thoughts....
>
> There are people who have no peace or joy and even go insane simply because they cannot stop unnecessary thinking. They are forced to take sedatives to lull themselves to sleep, just to give their thoughts a rest. But even in their dreams, they continue to feel fears, anxieties, and unease. Thinking too much can cause headaches, and your spirit will suffer (Nhat Hanh, 1988, pp. 44, 45).

Likewise, the Australian educator F.M. Alexander (1932), considered the third major founder of the somatic field, equated unhealthy breathing habits with an overly active tendency to think, especially of one's self. During one of his sessions with students in the

1920's he was recorded saying:

That isn't breathing: it's lifting your chest and collapsing....
If I breathe as I understand breathing, I am doing something wrong...
I see at last that if I don't breathe, I *breathe*....

In addition, other seeming differences between the somatic and spiritual schools may center on the way each use the word "breath" itself. Somatic practitioners criticize expressions like "breathing in the heart" or "breathing in the feet" because, from a physiological standpoint neither the heart nor the feet are involved in the exchange of gases that constitute breathing. Nonetheless, somatic practitioners speak of feeling the kinesthetic or proprioceptive awareness of breathing in various parts of the body, that is, the sensation of various tissues and organs as they respond to the action of breathing. The definition "awareness of breathing" makes a direct bridge to most of the terms used by the spiritual practitioners.

In much of the Chinese Taoist literature, the word translated as "breath" is often interchangeable with the word for *chi*, an energetic term. Likewise when breath is described as escaping, other than through the nose or mouth, it usually refers to perspiration (Huang, 1987). Likewise, the Yoga traditions often translate the word *prana* as breath, whereas this term also implies an energetic or proprioceptive relationship to the actual act of breathing. As we shall see, Reich uses the term "orgone" in a similar way to indicate a complex of breathing, energy and pulsation.

In the Middle Eastern traditions, especially those where Hebrew, Aramaic or Arabic texts are concerned, the same word (*ruaÿ*, Hebrew; *ruÿa*, Aramaic; *ruh*, Arabic) can be translated as "breath," "wind," "air" or "spirit" and indicates a connection between soul and divine Unity. A different term in these languages (*nephesh*, Heb.; *naphsha*, Aram.; *nafs*, Arab.) can also be translated as "breath" but implies the personal self or subconscious which has not fully realized its connection with the divine (Douglas-Klotz, 1995).

## 2. Experiments and Practices: To Intervene Directly or Not?

Because mental concepts easily intrude into somatic process, as mentioned by both Thich Nhat Hanh and F.M. Alexander, a number of somatic practitioners have questioned whether one can effectively work directly with the awareness of breathing at all.

Gerda Alexander (1985), the founder of the European somatic therapy Eutony and the teacher of Moshe Feldenkrais, makes a very clear summary of some of the difficulties in working directly with the awareness of breathing.

> Action on breathing is not carried out through direct breathing exercises, but indirectly by releasing those tensions which prevent the fullness of a normal, free, unobstructed respiration. This is obstructed by tensions which may be found in the pelvic musculature, perineum, diaphragm, intercostal muscles, shoulders, neck, hands, feet, the digestive and intestinal apparatus. If these tensions can be eliminated, breathing becomes normal by itself....
> In spite of the great importance we attach to breathing, we avoid men-

> tioning it--especially in the beginning. In a group, when the word breathing is mentioned, the breathing of everyone changes. It becomes voluntary, loses its individual nuances and is then less adapted to the real and constantly changing needs of the person. For the teacher, too, it loses its value as a source of information about the psychosomatic state of the pupil.... (pp. 24-25).

Other somatic therapies do approach breathing directly, but use the term "breathing experiment" in order to convey that there is no one desired result of any intervention.

The spiritual schools mentioned do not hesitate to approach the breath directly, using a "practice" or method which is intended to lead to a desired goal. A practice, such as the one described by Thich Nhat Hanh, intervenes in the student's normal breathing pattern with a series of rhythms or manipulations, such as long and short, refined and rough, or through the right or left nostrils. In the Sufi tradition, the awareness of breath in a particular center or *latifa* of the body may be encouraged, for instance, breathing "in the heart" (Ernst, 1997, p. 107).

By breaking the established rhythm of breathing, and changing the consciousness of the participant through the addition of a devotional or emotional component, the spiritual practice will theoretically lead one to a more natural, full, or flexible breath. Breaking the pattern will lead to a new healthier pattern if one presumes, for instance, that the divine is helping one towards health, or that the body, as an expression of the sacred, knows what its own "natural state" should be.

By contrast, a breathing experiment in the somatic therapy tradition generally takes the form of increased awareness of one's so-called normal breathing wave. The client or student is led through various manipulations, movements or micro-movements to an increased perception of proprioceptive sensations. One simply observes the feeling of breathing without intervening.

One of the primary findings of somatic research over the past 70 years (since Gindler and Reich) has been that proprioceptive awareness--the sensation of the position in space of joints, muscles, tissue and organs on a very minute level--is not autonomic; that is, it can be sensed and influenced by fine-tuning one's awareness.

The most famous story of this in somatic therapy concerns Elsa Gindler, a teacher of *Gymnastik* in Germany in the 1920's. Gindler was diagnosed with fatal tuberculosis in one lung. By fine-tuning her proprioceptive awareness, however, she taught herself to breathe solely in her healthy lung, thereby giving the diseased side a chance to heal. The fact that this was not simply labeled "spontaneous healing" by the medical establishment of the time was due to the fact that Gindler thereafter taught many others the same techniques, and started several schools of somatic therapy that still exist today (Brooks, 1982, p. 229ff).

Gindler's intervention in her own so-called "normal" breathing saved her life. It also seems more similar to certain types of spiritual practice in that it interrupted a condition that she wished to change quickly and dramatically, rather than wait for the slower, more gradual method of simply observing an already established pattern. Again, if we allow Gerda Alexander's observation that even noticing the breath is an intervention, then the difference between "experiment" and "practice" may also fall away. Members of the somatic and spiritual schools could then usefully conduct an inquiry about which type of

intervention best serves particular clients or students.

## 3. Breathing and Control: To Feel the Body or Not?

Reich also intervened in the breath of his patients with patterned breathing techniques that aimed to release their "vegetative" bodily impulses and breathing rhythms. Reich felt that Yoga breathing practices made it more difficult to find a naturally flexible breath, because such practices were sophisticated methods of holding the breath:

> The breathing technique taught by Yoga is the exact opposite of the breathing technique we use to reactivate the vegetative emotional excitations in our patients. The aim of the Yoga breathing is to combat affective impulses; its aim is to obtain peace.... That the Yoga technique was able to spread to Europe and America is ascribable to the fact that the people of these cultures seek a means of gaining control over their natural vegetative impulses and at the same time of eliminating conditions of anxiety. However, they are not that far from an inkling of the orgastic function of life (pp. 358-359).

Writing in the 1940's, Reich was undoubtedly referring to the methods of extended, alternate nostril breathing and controlled holding of the breath practiced by the Patanjali school of Yoga, which were the best known in the West at that time. This school emphasizes holding fixed positions combined with fixed breathing patterns.

These particular techniques, however, are not representative of Eastern breathing science as a whole and differ fundamentally from the oldest texts on yoga like the Vijnana Bhairava Sutra, according to Jaideva Singh (1979). In the Vijnana Bhairava Sutra, says Singh, the goal of the practices given is not "isolation of the Self" from sensation and existence, as in the Patanjali school, but instead "realization of the universe as the expression of...spiritual energy" (p. ix). That is, the object of the practice is not cessation from bodily sensation but exploration and integration of all sensation. This is illustrated by many of the brief practices in the Sutra:

> 2. As breath turns from down to up, and again as breath curves from up to down – through both these turns, *realize*.
> 23. Feel your substance, bones, flesh, blood, saturated with cosmic essence.
> 38. Feel cosmos as translucent ever-living presence.
> 39. With utmost devotion, center on the two junctions of breath and know the *knower*.
> 40. Consider the plenum to be your own *body of bliss*.
> (1955, Reps, trans., pp. 160-174).

Paul Reps, who provided the above translations of the sutra, felt that these practices influenced those of Zen Buddhism and included them in his collection *Zen Flesh, Zen Bones*, co-authored with the Rinzai Zen teacher Nygoen Senzaki (Reps, 1955).

Returning to Gindler's work in 1920's Germany, one sees a remarkable similarity between her early recommendations for a breathing therapy with the primary practice of the Vijnana Bhairava:

> If one wishes to carry breathing all the way to completion, it is necessary to be able to carry through the four phases of breathing: inhalation, pause, exhalation, pause. These pauses and the conscious feeling of them are of the greatest importance. The pause, or rest, after exhalation must not be lifeless. It should never be a matter of holding the breath. On the contrary, it should most closely resemble the pause we experience in music – which is the vital preparation for what is to follow (1926, p. 38).

Interpretation aside, all human beings experience Gindler's four phases of breathing, and both somatic theory and spiritual practice ascribe value to experiencing them more fully.
Gindler's work later influenced many of the major somatic breathing therapies including those of Charlotte Selver and Heinrich Jacoby. In different terms, but with the same functional value, the Vijnana Bhairava Sutra and Gindler propose that the whole person should kept in the field of awareness and sensation: the world or universe is included in the practice or experiment. Attention to the breath can then lead the student deeper into ranges of sensation that habitual breathing patterns have prevented him or her from feeling.
Again, the distinction drawn between feeling and not feeling the "body" and the "world" may hinge on a language problem, the difference between the way various modalities use these words. The contemporary Sufi scholar Seyyed Hossein Nasr alludes to this in his discussion of Sufism's doctrine of Unity (*tawÿ•d* ) and how it relates to the practitioners' experience of the world:

> Sufi doctrine does not assert that God is the world but that the world to the degree that it is real cannot be completely other than God; were it to be so it would become a totally independent reality, a deity of its own, and would destroy the absoluteness and the Oneness that belong to God alone.... (1991, p. 45)

## 4. Integration and the Self: Who is Breathing?

The questions concerning feeling and perception of breathing raise deeper ones, in all of the traditions and modalities surveyed here: Who or what is doing the feeling and perceiving? Does the awareness of breathing help to build a healthy "self," however defined, or does it lead to the dissolution of the "self."
In the somatic field, Reich's analysis of this area is the most thorough and influential. Reich considered the detailed witnessing of small proprioceptive differences essential to his approach with patients. These differences included feelings of tension (called "armoring") in the muscles and connective tissue arranged in rings around the eyes, throat, chest, solar plexus, genitals and pelvic floor. Reich associated this armoring with a patient's subconscious attempts to suppress breathing, sensation and feeling.

In other patients, Reich found the reverse of armoring in these areas--an excessive softness (hypotonia) and lack of feeling. In these cases, Reich felt that patients' awareness of bodily sensations and feelings had become "split" from their sense of identity. In extreme cases, he felt that this splitting of body awareness from identity was the functional definition of schizophrenia.

He noted in an extensive case history of a schizophrenic patient in *Character Analysis* (1949):

> [The] degree of clarity and oneness [of consciousness] depends, to judge from observations in schizophrenic processes, not so much on the strength or intensity of self-perception, as on the more or less complete integration of the innumerable elements of self-perception into one single experience of the SELF [sic]... (p. 442).

> Besides the abilities to see, hear, smell, taste, touch, there existed unmistakably in healthy individuals a sense of organ functions, an orgonotic sense, as it were, which was completely lacking or was disturbed in biopathies. The compulsion neurotic has lost this sixth sense completely. The schizophrenic has displaced this sense and has transformed it into certain patterns of his delusional system, such as "forces," "the devil," "voices," "electrical currents," "worms in the brain or in the intestines," etc. (p. 454).

What the schizophrenic experiences on the level of body awareness, Reich maintained, is not so different from the experience of the inspired poet or mystic:

> The functions which appear in the schizophrenic, if only one learns to read them accurately, are COSMIC FUNCTIONS, that is, functions of the cosmic orgone energy in undisguised form....
> In schizophrenia, as well as in true religion and in true art and science, the awareness of these deep functions is great and overwhelming. The schizophrenic is distinguished from the great artist, scientist or founder of religions in that his organism is not equipped or is too split up to accept and to carry the experience of this identity of functions inside and outside the organism (1949, pp. 442, 448).

Apart from the experience of a great poet or mystic, which he felt was unusual, Reich defined health as the everyday ability of a person to love, work and learn without inhibition or anxiety. The motto with which he prefaced all of his books was "Love, work and knowledge are the wellsprings of our life. They should also govern it."

The splitting of the subconscious personality into multiple fragmented "I's" is also a spiritual problem approached by several branches of Middle Eastern mysticism, including Sufism. Reich's orgonotic "sixth sense" could be seen in relationship to the witnessing or gathering self in Middle Eastern psychology. In Sufi psychology this is called the awareness of "Reality" (*ÿaq•qa* ). In one interpretation of Jewish mystical psychology, the same function is served by the "Sacred Sense" or "Holy Wisdom" (*hokhmah* ) which organizes

the healthy sense of an "I." Without this gathering or witnessing awareness, which is intimately tied up with the body's proprioceptive awareness, the subconscious self (*nafs* in Arabic, *nephesh* in Hebrew) splits into a multiplicity of discordant voices forgetful of the divine Unity. This could be seen as a foundational view of the psyche that underlies the entire range of Middle Eastern mysticism. (Douglas-Klotz, 1995).

If this relative self or "I" has no ultimate existence outside of the ultimate Oneness, it is nonetheless not separate from that Oneness, according to the Sufi view. Nasr notes this in commenting upon a Sufi practitioner's progressive relationship to body awareness:

> Although at the beginning of man's [sic] awareness of the spiritual life he must separate himself from the body considered in its negative and passionate aspect, in the more advanced stages of the Path the aim is to keep oneself within the body and centered in the heart, that is within the body considered in its positive aspect as the 'temple' (*haykal*) of the spirit.... When Rumi writes in his Mathnawi that the adept must invoke in the spiritual retreat until his toes begin to say "Allâh," he means precisely this final integration which includes the body as well as the mind and the soul (1991, p. 50).

Another modern Sufi commentator and scientist, Samuel L. Lewis (Sufi Ahmed Murad Chishti), whose work stemmed from both the Chishti Sufi and Buddhist traditions, makes similar comments to those of Reich and Nasr. In analysing the psychophysical function of various breathing practices, he states that, without an integrating sense of feeling or "heart," held breathing practices can lead to psychological problems and even schizophrenic breaks. Lewis defined "meditation" as "heart-exercise" that leads to a greater ability to sense and feel in an integrated, compassionate fashion. This enlarged "heart" and unified perception of feeling created a greater capacity for the bio-electrical energy available through the awareness of breathing:

> Every breath raises or lowers the electrical state of the body which can be demonstrated and proven scientifically. If this power is increased without augmenting the capacity many times more--which is done by meditation--the same thing will happen and does happen to the human body as occurs to the electrical system--a fuse blows out and you have trouble....
> Capacity is increased by meditation and, in general, by heart action, by maintaining the rhythm of the heart-beat, by feeling the consciousness in the heart, by directing all activity from the center to the circumference and by maintaining unity in feeling, thought and action (pp. 16, 28).

In Lewis' estimation, an effective functional approach would combine awareness of breathing with physical movement and increased awareness of sensation in the heart. This combination would provide the "unity in feeling, thought and action" he recommended in order to not to "burn out the fuses"

Up until the final stages of breathing practice, which emphasize liberation from individuality, Thich Nhat Hanh emphasizes the healthy development of an "I" existing in the pre-

sent moment. He also comments on the ultimately non-dual experience of breath, body and world in his commentary on the Sutra on the Full Awareness of Breathing:

> Breathing and body are one. Breathing and mind are one. Mind and body are one. At the time of observation, mind is not an entity which exists independently, outside of your breathing and your body. The boundary between the subject of observation and the object of observation no longer exists. We observe "the body in the body." (p. 48)

Like Lewis, Nhat Hanh recommends the integration of breathing awareness with everyday life situations:

> Most of our daily activities can be accomplished while following our breath according to the instructions in the sutra. When our work demands special attentiveness in order to avoid confusion or an accident, we can unite Full Awareness of Breathing with the task itself.... In fact, it is not enough to combine awareness of breathing only with tasks which require so much attention. We must also combine Full Awareness of our Breathing with all the movements of our body: "I am breathing in and I am sitting. "I am breathing in and wiping the table." "I am breathing in and smiling at myself." (p. 44).

From the somatic point of view, F.M. Alexander (1932) also advocated an integrated approach that emphasized body awareness, breathing, intention and movement in unison rather than specific corrective attempts to "breathe better" or "move better." He felt this was important due to the human tendency to place "end-gaining" over the awareness of the process itself. That is, one's desire to be more "healthy" or "liberated," for instance, would distract one's attention from the very process by which any progress or realization could be made:

> [W]hen a person has reached a given stage of unsatisfactory use and functioning, his [sic] habit of "end-gaining" will prove to be the impeding factor in all his attempts to profit by any teaching method whatsoever (p. 62).

## 5. Further Conversations and Mutual Inquiries.

From these varied observations, one could begin to synthesize the following common ground for further discussions between somatic and spiritual practitoners regarding functional approaches to breathing experiments and practices:

1) The importance of breath, or breathing awareness, in the modalities and traditions surveyed focuses on flexible breathing as a functional goal, that is, on releasing inhibitions and blocks to "natural" functioning, however the final state of "health," "liberation" or "realization" is conceived.

2) The functional differences between a somatic breathing experiment and a spiritual breathing practice may have less to do with differences in what is actually occurring on a

psychophysical level and more to do with the differing types of students and clients, and their presenting problems, to which various practices/experiments are suited. How do the practices or modalities correspond to the profiles of students or clients who are attracted to them, or who benefit by them? Are the actual interpretations of what is going on, or what goals are projected, secondary to the client's or student's increased awareness of a more flexible or "natural" breath.

3) The seeming differences in strategies and goals between increasing body awareness and ignoring body awareness may again be a language problem. Can these differences be resolved by looking carefully at how each modality or tradition defines "body," "world," "breath" in relation to the actual somatic sensations evoked?

4) Likewise the way that each tradition or modality defines the healthy or spiritual "self" may obscure the general agreement of the various voices that the integration of a healthy sense of "I" is a prerequisite for any somatic or spiritual progress. The adage that you can't lose a self that you never had is apropos here, and may provide the basis for further mutual inquiry.

5) Most of the voices surveyed here recommend the integration of the awareness of breathing with everyday life movement. The following possible inquiries suggest themselves for a joint approach by somatic and spiritual practitioners. If one works solely with a controlled breath over a prolonged period of time, without any attention to body sensation, does perception tend to split off in a schizophrenic fashion, and are certain types of clients or students vulnerable to this? Alternatively, when a change does occur from such an approach, does the habitual use of the body later re-orient the breath to its old pattern, thereby making the somatic or spiritual state temporary? Likewise, does work on muscular tension or structural alignment alone (for instance, through massage or other somatic tissue work) tend to be temporary, because without integrated spiritual-emotional change, the habitual use of the breath re-creates the habitual tension.

6) The most beneficial approach to breathing and breath experiments based on this brief survey would seem to be one in which the goal was not to "breathe better," but to increase self-awareness or self-knowledge. This intention alone might help to release breathing practices or experiments from what F.M. Alexander would call their habitual "end-gaining." For further dialogue, the spiritual and somatic camps might benefit from using the post-modern language of social science action research (Rowan et al., 1981). This questioning approach might help relieve the delusion of an ideal or idealized breathing pattern, because each person's self-study would by definition be unique.

7. In conclusion, the issues around breathing, body awareness and inclusion or exclusion of sensation, open to broader cultural views of nature, in which there may be greater differences between somatic and spiritual schools than any surveyed here. In one of the mystical schools of hermeneutics in Sufism (*ta'w•l* ), for example, the use of a spiritual practice corresponds to an approach to one's own body as an expression of a natural, sacred cosmos. In this view, as Seyyed Hossein Nasr notes, the natural world can be considered a "second Quran," and in one's own body one may read the sacred scripture of nature (1968, p. 95). He contrasts this approach with the prevailing attitude of mainstream Western culture and science which places human beings in conflict with nature and their own bodies.

In other less metaphysical terms, Lao Tze relates the experience of living embedded in a cosmic ecology, in a relationship not based on fear, or its somatic equivalent, holding the

breath:

> The heaven, the earth and I share one breath, but each manages it individually. How could heaven and earth put me to death? (in Huang, p. 12).

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**DR. NEIL DOUGLAS-KLOTZ** is an independent scholar and the author of Prayers of the Cosmos,: Desert Wisdom and the newly released The Hidden Gospel: Decoding the Spiritual Message of the Aramaic Jesus (Quest Books). He is a member of the steering Committee of the Mysticism Group of the American Academy Of Religion and has lectured widely around the world. He is a professional member of the Scientific and Medical Network. He currently lives in Edinburgh, Scotland and co-directs the Institute for Advanced Learning.
**Address**: Dr. Neil Douglas-Klotz, Institute for Advanced Learning, 7 East Champanyie, Edinburgh EH9 3EL, Scotland. Tel. 44-131-466-1506. Email: ndk@abwoon.com.
Website: www.abwoon.com

# REEXPERIENCING PRE- AND PERINATAL IMPRINTS IN NON-ORDINARY STATES OF CONSCIOUSNESS:

## REMARKS ON STAN GROF'S THEORY OF THE PERINATAL MATRICES[1]


## BY

## MARK SEELIG



**Keywords:** non-ordinary states of consciousness, perinatal psychology and medicine, perinatal matrices, Holotropic Breathwork, consciousness studies



**Abstract:** This paper is intended as a survey of the basic theories pertaining to the birth process, as laid out by the psychiatrist, psychotherapist and consciousness researcher Stanislav Grof. After taking a short look at the developments in this century that led to a clearly increasing acceptance of Otto Rank's early insights concerning the 'birth trauma', we will focus on Grof's theory of the 'perinatal matrices', four distinct phases of birth, which he has discovered during the initial years of his now roughly four decades of research. Closely related to this core-theory is the understanding that, beyond the merely biographical level of the human psyche, there are perinatal and transpersonal dimensions of consciousness which profoundly inform our understanding of who we are and strongly influence our general outlook on life as such. Equally as important is Grof's concept of the 'CoEx's', the 'systems of condensed experience'. Holotropic Breathwork, a method to induce non-ordinary states of consciousness, is discussed as a means to access, re-experience, and integrate pre- and perinatal imprints and their effects on the life of the adult. The theoretical and experiential models Grof and his wife Christina have created provide explanatory tools for a host of psychological and medical problems. These tools seem to considerably exceed biographically confined models of the human psyche in their explanatory and healing potential. The paper is concluded with a commented personal account of a birth, and some final thoughts on birth and its relation to scientific epistemology and the current state of our specie's evolution.


This paper is dedicated to my friend Sue Frank, Boston, in love and gratitude.


I thank Ed Willard for his co-facilitation of Holotropic Breathwork workshops in San Francisco.


## 1. A PERSONAL INTRODUCTORY NOTE

I am grateful to have the opportunity to contribute this paper. There are two reasons why I feel honored which I'd like to share with the readers of this journal. One is, that Professor Fedor-Freybergh has responded to some critical remarks of mine in an unusually open and welcoming manner (see Vol. 10 [1]:56-57). This was quite a surprise to me, as I am used to fairly serious reservations in academic and scientific circles, particularly in my country (Germany), when it comes to theories such as Stan Grof's, which are highly innovative and challenging as regards predominant epistemological paradigms. I would therefore like to express my appreciation to Professor Fedor-Freybergh for inviting this paper, and I would also like to mention Dr. Janus, who has been equally supportive concerning the general idea of contributing this survey.

The other reason is the wish to thank my teachers Stan Grof, Tav Sparks, Diane

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Haug and Kylea Taylor. The latter three are on the teaching staff of the Grof Transpersonal Training, and they have been instrumental in demonstrating what it means to combine theory and practice. All three are international teachers, and Sparks and Taylor are themselves the authors of many publications.

Stan Grof is considered by some to be one of the foremost psychologists of this century. His 40 years of research into non-ordinary states of consciousness have left no doubt as regards the scientific validity of the theories which we are about to take a look at. What is most impressive, however, is that Stan Grof - in spite of his international reputation and heavily booked schedule - at the age of 68 still takes the time to be with every individual he trains, and that he is a human being who is accessible, and available for personal concerns. I am grateful for what I was able to learn from him over the past years, and I am grateful for seeing a person who deeply walks his talk.

Although I have been working therapeutically with the breath for quite a number of years now, I consider my experience limited. Especially when it comes to the theory and practice of Holotropic Breathwork and Transpersonal Psychology, there are people who would be very well qualified - in many cases much better than myself - to elaborate on Grof's cartography of the human psyche. Therefore, I would like to refer those readers interested in more detail to the references mentioned in this paper. Complete information pertaining to Holotropic Breathwork, such as literature, workshops etc. is available on the webpage of the Association for Holotropic Breathwork International (http://www.breathwork.com).

I venture to make this contribution here, to introduce the readers of this journal to the basic theories of the perinatal matrices, and to give a survey of key issues relating to the healing potential of non-ordinary states of consciousness. The focus will be on what Stan Grof calls 'Basic Perinatal Matrices' (BPM), a theory that, to my knowledge, has not been explicitly laid out in this periodical.

## 2. HOW DID WE GET HERE? - THE HUMAN PSYCHE AND THE BIRTH PROCESS

The birth process and the stages pertaining to the period from conception to the actual transition to an independent physical existence have over the past decades increasingly come into the focus of attention in several disciplines such as psychology, psychiatry, medicine, consciousness studies, anthropology, indigenous science etc., to name only a few. While there are spiritual traditions such as Buddhism (see Sahlberg, 1998), that have in some way or other always incorporated ideas related to prenatal stages (such as in the Zen-Buddhist Koan 'show me your original face before birth'), it is a very young phenomenon in Western culture and science to consider prenatal and perinatal processes important, let alone instrumental to the formation of a person's character structure.

Quite the contrary: It is still hotly debated in some circles whether it is at all possible for the fetal brain to 'record' imprints during pregnancy in general, during its earlier stages in particular, and even during birth itself. In this context two facts which will be well known by the readers of this journal are quite interesting: The pioneering work of Otto Rank, although published as early as 1924, has for several decades gone almost completely unnoticed. Rank himself was excluded from the Vienna Psychoanalytical Association, in part on grounds of his opinions regarding the impact of birth as related to the

formation of neurotic structures.

But, as Leitner (1997), Janus (1997) and many others have demonstrated convincingly, there has been what could well be called a 'revival' of Rank's theories over the last years. Early psychoanalysis formed a base out of which later developments such as 'Ego- and Self-Psychology' emerged as a branch which was, and largely still is, preoccupied with a model of the human psyche that virtually denies any impacts on consciousness which would originate from realms beyond the merely biographical. In other words: Allegedly, it all starts *after* the birth.

As has been demonstrated quite extensively over the past decades, though, there can hardly be any doubt as to the paramount significance of the general circumstances of the fetus' and its mother's life concerning the later development of the child's and adult's personality. It has been discussed on a highly comprehensive level in this journal that prenatal and perinatal phases can have such a deep impact on a person's character formation that virtually her whole life appears to be governed and shaped by the initial imprints acquired before and during birth.[2]

Likewise, the argument that the fetus doesn't have the brain capacities to 'record' these imprints, has lately been refuted by physicians, neurophysiologists, obstetricians, consciousness researchers etc.[3] It has become rather obvious - not only by way of these findings, but also through the experiences of thousands of people who have experienced Rebirthing, Holotropic Breathwork, and comparable methods of self-exploration – that physical as well as psychological conditions more often than not have important roots in the birth process and the pertinent circumstances.

Another area of research corroborating the above mentioned insights cannot go unmentioned here, although it has become increasingly controversial due to uninformed legislation. I am talking about the use of sacred plants and substances, also called 'entheogens' and 'psychedelics'. This most fascinating field, a comprehensive account of which would require a separate paper, has legally been unduly restricted in most Western countries which, on the one hand, is an understandable reaction on the part of the authorities to the ubiquitous and frequently irreverent use of these agents during the 1960's and '70's. On the other hand, many of these substances now indexed have been shown to provide invaluable help in coming to grips with circumstances and questions arising in psychiatry, psychopathology, thanatology, oncology, gerontology and many other areas committed to the exploration of the frontiers of consciousness.[4]

One of these areas where entheogens and psychedelics have certainly been - and still are under somewhat covert conditions - of immense help is the 'belated psychological integration' of the birth process. Grof's earlier research has brought forth ample insights into this fact (see Grof 1975, 1980). "The Knowledge of the Womb" by Athanassios Kafkalides (1995), available from the publisher of the *International Journal of Prenatal and Perinatal Psychology and Medicine*,[5] is another example of how the semi-synthetic substance LSD can provide access to birth memories and facilitate an integra-

[2] See any paper in *The International Journal of Prenatal and Perinatal Psychology and Medicine*.

[3] Stan Grof, lectures during training period; many papers *in The International Journal of Prenatal and Perinatal Psychology and Medicine*, and the *Pre- and Perinatal Psychology Journal*.

[4] See publications by Stan Grof, Terence McKenna, etc., as well as the work of MAPS (Multidisciplinary Association for Psychedelic Studies.

[5] The International Journal of Prenatal and Perinatal Psychology and Medicine, Vol. 10[3], pp. 323-342.

tion of the birth-trauma.

Grof has coined a rather intriguing and captious phrase which describes our general situation: He says, that we are all born physically, but many of us are not born emotionally. This predicament calls for an effective alleviation, and Grof's research has demonstrated that non-ordinary states of consciousness (non-ordinary states of consciousness) accessed via ancient and new methods and/or plants and substances have a healing potential which goes far beyond any conventional therapeutic approaches.

Holotropic Breathwork, which we are going to take a closer look at in this paper, is one such technique that facilitates non-ordinary states of consciousness. Thousands of people using this method have reported birth experiences, and they have been able to undergo 'belated processing' of their birth, including re-experiencing the physical as well as emotional hardships and pains, but also the joys and ecstasies of being born.

Let us now take a closer look at the general patterns governing what Grof calls an 'expanded cartography of the human unconscious'.

## 3. THE PERINATAL, BIOGRAPHICAL AND TRANSPERSONAL STRATA IN GROF'S THEORY

Basically, Grof differentiates between these three general areas of experience. We will here list these areas, and will then discuss the experiential patterns and states occurring during non-ordinary states of consciousness work in a separate chapter below. The perinatal ('around the birth') is often used as the general term for what would have to be split up further into the prenatal, the perinatal, and the very early postnatal. To be even more precise, and to be able to comprehensively take into account phenomena reported from non-ordinary state research, we could separate the following single steps in chronological order:

a. Conception and/or - in many cultures and for many individuals - even the time before conception and before the physical act, during which the 'spirit' or 'soul' of the child is 'invited'; see the example reported earlier in this journal,[6] in which a certain indigenous tribe has the woman go out by herself and seek 'the song of the child', that is to be conceived only after she has taught this song to the man she is going to have the child with. Obviously, we could also mention here the somewhat more 'mechanistically' oriented 'planning of children' in Western societies, the impact of which on the course of pregnancy and birth is often overlooked.

b. Pregnancy as such, i.e. the nine months before onset of labor. This stage largely makes up what Grof calls 'Basic Perinatal Matrix 1' (BPM1).

c. BPM2, the onset of labor with the cervix still closed but the uterus markedly contracting and exposing the fetus to a totally different situation as compared to all the months before.

d. BPM3, the opening of the cervix while the contraction of the uterus persists, and the struggle through the birth canal begins.

e. BPM4, the full emergence of the fetus from the womb and the 'transition from

[6] *The International Journal of Prenatal and Perinatal Psychology and Medicine*. Vol. 10 [3].

a water existing to an air breathing organism' (Grof).

f. BPM4 blending into the early postnatal, involving the cutting of the umbilical cord and the general primary measures taken right after BPM4, which are extremely varying according to the respective culture, religion, medical circumstances etc.

These steps in themselves – without even elaborating on the potential psychological impact they contain – demonstrate in a fairly obvious manner that the idea of the 'birth-trauma' should be quite irrefutable. Even under the best possible circumstances, birth is an enormously painful and threatening ordeal, rendering the fetus subject and victim to physical pressures and forces which are gigantic in relation to its body and psyche, particularly concerning the skull bones.

Additionally, the change and temporary interruption of oxygen supply further aggravates a situation which has been nothing less than life-threatening for all of us. We will go into details below. From the standpoint of Grof's research, Turner & Turner-Groot's position (1998) appears as very surprising (p. 30: 'unless there is a medical crisis the birth itself is not so traumatic'). Follow-up studies and comparison of former clients could probably shed light on the rather remarkable difference between these two perspectives.

I want to make clear that I am not intending to suggest six stages of the birth in the above differentiation. I am simply trying to take a close look at what Grof has presented. For a synoptic division of the four BPMs, an instructive drawing, and related psychological and pathological states (see Grof 1975, p. 102/103).

As concerns the differentiation between the general perinatal stages and the psychological material originating from the time after birth, Grof frequently points out that the recognition of the birth being such a major impact on our character structure has revolutionized the psychoanalytic, psychiatric, and psychotherapeutic approaches of the first half of this century. It is indeed a fundamental difference if we limit our search for the root causes of psychological problems or psychopathological symptoms to the biography of a person's life after birth, or if we incorporate the perinatal and the transpersonal realms into our understanding of the human psyche and its cartography. Besides Grof and many others, the psychologist David Lukoff has published quite fascinating material on the positive and healing effects of this amplification, reporting about his therapeutic work with a person who had been diagnosed and 'labeled' schizophrenic (Lukoff, 1988, 1996).

The insight into the significance of perinatal imprints takes the roots of psychological problems a step deeper into the human psyche and consciousness. While, for example, classic psychoanalysis would mainly look for Oedipal conflicts when studying sexual difficulties, perinatal theories would include the insight that certain stages of the birth, as will be described below, have powerful sexual connotations which, in some cases, supply explanations of symptoms that cannot be delivered by psychoanalytic approaches.

A further step in amplifying the cartography of human consciousness is the rediscovery and introduction of the transpersonal realm. As its name denotes, the transpersonal generally implies all those areas of experience which seem to lie beyond our usual understanding of who we are. This realm, however, does not consist of psychological material which has been repressed and/or forgotten, and is then reintegrated into the personality. Much rather, transpersonal experiences access those realms of human con-

sciousness which cannot be accommodated by what is often called the Newtonian-Cartesian paradigm, i.e. the linear, causal and mechanistic understanding of the human psyche and nature per se, or by the 'biographical models' of psychology.

Ken Wilber has contributed essential insights concerning the differentiation between genuinely transpersonal states and stages, as opposed to regressive states that appear as, for example, mystical experiences, but are actually signs of deep regression into, and identification with unconscious material. Wilber calls this easily occurring error 'pre/trans-fallacy'. For a concise survey see Walsh (1997); for Wilber's own elaborations, see Wilber (1980, 1995: 205-208 and 230-240, 1997: 160-161 and 182-183). Furthermore, a well delineated account of genuinely transpersonal states and stages can be found in Walsh (1995).

If we now put the three large experiential realms of consciousness together, we have the perinatal, the biographical, and the transpersonal. Imagining a spatial figure, we could visualize the biographical in the middle or core, the perinatal around this core, and the transpersonal around the perinatal. Consciousness or awareness could be anywhere in this graph. The more it is concentrated on the inside, the more identified we are with our image of who we think we are. If we move towards the outside, a period of regression and processing would be followed by transpersonal insights. It must be noted, though, that these experiential processes obviously do not obey the laws of linearity and causality, which means that any person can unexpectedly have genuinely transpersonal experiences in between fully regressive processes.

A final concept essential to Grof's theory must be mentioned before we take a closer look at the states and stages typical of the perinatal matrices. This concept establishes the idea of what Grof calls 'CoEx' systems ('systems of condensed experience'). The CoEx theory is very fascinating because it partly involves Carl Jung's concept of 'synchronicity' (Jung 1991).

A CoEx is a complex of unintegrated psychological material which subconsciously drives us toward completion. This means, that we will unwillingly create situations in our life which potentially allow for processing of the complex. So far, this seems like nothing else but a general neurotic mechanism. The concept of the CoEx, however, has deeper explanatory roots than the common understanding of neurotic structures in as much as it incorporates the perinatal and the transpersonal dimensions.

The essential amplification of etiology arrived at via the CoEx-theory lies in the idea that there is no such thing as one single root trauma to a conflict. Much rather, there is a 'chain' of events in our chronological past as well as in the perinatal and transpersonal realms – a system of experiences, as it were - which predisposes us to behave in a certain way in specific situations. To demonstrate a classic example, occurring frequently in experiential work using Holotropic Breathwork or psychedelic therapy, we can look at the following symptoms, fed by a CoEx: A person experiences severe shortage of breath and asthmatic bouts in emotionally stressful situations. After years of medical treatment with Cortisone etc., she decides to try experiential psychotherapy, e.g. breathwork. Initially, she is likely to experience all the symptoms as before. However, now they are not suppressed, but they are considered to be an expression of the body's and the psyche's attempt at some sort of completion of the process, and at an integration of the 'information' contained in the symptom.

The person moves on into re-experiencing her symptoms with the help of trained facilitators. Soon she is likely to develop images, emotions, memories etc. related to the symptoms. What has frequently been observed around asthmatic problems is the following CoEx, spanning the biographical, the perinatal and the transpersonal dimension: The person experiences a former life which ends by being hanged. During the birth, she is found to have the umbilical cord around her neck. In later life, a stressful and frightening situation can unleash an amount of fear which is unusually strong because it is driven by the underlying CoEx. When the person then works through the catharsis in the healing process, emotionally and intellectually integrates the material, and accepts the challenges that such an approach presents her usual sense of who she is with, then she is likely to considerably alleviate, or in many cases even heal the severity of her symptoms.

We must be aware here though, that the above example has been given for reasons of demonstrating the concept of the CoEx. It is simplified and cannot be generalized. Also, we cannot go into the vast field of paradigm discussions, arguing whether such experiences as reincarnation are scientifically valid or not. We can, however, acknowledge that people report such experiences, profit immensely from consciously processing them, often see their symptoms subsequently being healed or improved, when on the other hand they have, sometimes for years, taken medication with quite severe side effects without being able to get well.

The above described concept of the CoEx will be instrumental in our discussion of the perinatal matrices. Particularly when it comes to the understanding of the broader global analogies of the birth, the CoEx-theory appears to be one of the cornerstones of a model for the psyche and human consciousness which provides unprecedented explanatory power regarding such issues as the human drive toward violence and warfare etc. As has been so excellently laid out in this journal, the link between birth and violence can hardly be overemphasized (see, among others, Verny 1997, Ingalls 1997, Hungar 1997 and Reinert 1997).

Let us now take a closer look at Grof's perinatal matrices and their specific contribution to the overall understanding of prenatal and perinatal psychology and medicine. We will find that his insights are an invaluable asset to the theories discussed in this journal.

## 4. GROF'S THEORY OF THE 'BASIC PERINATAL MATRICES'

A large portion of the credit for re-alerting psychology, medicine, and other areas to the paramount significance of the birth goes to Stanislav Grof. To be fair, we must, of course, mention that people like Leonard Orr, Frederic Leboyer and others previously mentioned have also greatly contributed to the general acceptance of birth as a major factor influencing character development. For roughly four decades now, Grof has shown in numerous publications which have been translated into many languages that there are four very distinct stages occurring during the birth process, each of them forming our personality structure in very specific ways. The fundamental outline of the BPMs can be found in Grof (1975: 95-153); for a short survey see Grof (1980: 100f).

Recently there has been a rather fascinating dispute between Grof and Ken Wilber concerning the exact perinatal steps and their significance. Although we can not go into

the birth-related discussion between the two, we should at least mention their dialogue at this point because it is very instructive concerning Grof's basic theory. Wilber has developed a theory of 'fulcrums', resembling stages of the prenatal and perinatal process. He discusses Grof's approach in detail (see Wilber 1995:584-588, and 1997: 165-185). Additionally, the journal 'ReVision' has carried a three-issue discussion containing portions on birth (see Grof 1996a, 1996b, and Wilber 1996). Without denying these views, we will here focus on Grof's theory only.

Each BPM holds a certain spectrum of experiences, depending on the overall situation during pregnancy. This spectrum will cause directly linkable repercussions in later life. We will see that these reflections not only carry individual significance, but also – as hinted at above – lend themselves to suggest quite conspicuous relations to humanity's contemporary condition as such. This is a steep statement, but we will see that it makes much sense. For detailed discussion see Grof's publications, as well as the work of the European College for the Study of Consciousness (Webpage: http://ecbs.magnet.ch). What, now, is the spectrum of the BPM-experiences? What does living through, and consciously re-experiencing perinatal matrices and the birth entail?

Grof and his wife Christina have inaugurated the 'Grof Transpersonal Training' ('GTT'). The GTT is a therapeutic educational format consisting of theoretical and experiential portions. The latter, called 'Holotropic Breathwork', largely includes a very effective form of using the breath and a particular form of bodywork to facilitate non-ordinary states of consciousness which have been known to help access perinatal, and also transpersonal material. The arising memories of the birth etc. are worked through emotionally, physically and mentally. This highly dynamic affair is supported by several trained facilitators, who not only need the pertinent theoretical and practical knowledge, but also a good portion of ethical awareness (see Taylor, 1995). The process helps alleviate a situation which Grof aptly frames as the above mentioned fact that we have all been born physically, but we have not been born emotionally.

Jim Compton-Schmidt of Fresno, California, a longstanding practitioner of Holotropic Breathwork, poignantly describes:

> Christina and Stan Grof, the developers of holotropic breathwork, believe (as do most transpersonal psychology practitioners) that the birth trauma is the most dangerous trauma most of us will encounter until our death ... the struggle against a closed cervix (for some, for hours), then the struggle down the birth canal where the fetus can become stuck, caught up in the umbilical cord, or the encountering of any number of other life threatening and physically damaging experiences.
>
> Grof projects the possibility that depression (not situational but clinical) might be connected with the almost endless struggle against a closed cervix with continuing massive contractions, temporary loss of blood supply (which is also the loss of air), temporary loss of a way of expelling waste etc. All the hormones that are surging through the mothers system in an attempt to produce the baby are also crossing the placenta and effecting the fetus, producing a hopeless and helpless feeling of being in hell (look at the DSM4 and see if that fits the description of depression).
>
> When you add the introduction of anesthesia to the mix (most of us

> over 40 had some form of anesthesia crossing the placenta and affecting the process, if it anesthetized the mother and crossed the placenta, it anesthetized the fetus), Grof sees the possibility that those of us who struggle for a goal and just about reach it, then just simply give up and drift away, may be effected by this interrupted struggle in the birth canal. The same could also be said about c-section delivery. Add to the mix the possibility that the baby is then removed to a nursery and not reconnected to the mother where bonding might take place and you, according to this thinking, have a set up for the first feelings of abandonment and fear of being alone. (Compton-Schmidt, personal communication[7]).

In light of such experiences, it is very obvious that there are a host of possible disturbances in each matrix, which will eventually result in difficulties during later life. These difficulties largely have their roots in a birth-dependent distortion of certain character traits, often leaving transpersonal experiences inaccessible (we cannot go into the special cases of cesarean birth etc. here, but Grof has observed that these persons also have character structures reated to the four matrices). How, then, can these distortions be related to the four single matrices?

## 5. EFFECTS OF THE BPMS ON PSYCHE, SELF AND CONSCIOUSNESS

The description of the effects of the four matrices on character formation will respectively give examples for: 1. The stage of birth, 2. The fetus' ideal condition, 3. The re-experiencing of the ideal condition in non-ordinary states of consciousness, 4. Examples of possible and/or typical disturbances during the respective stage of birth, 5. The re-living and processing of such disturbances in non-ordinary states of consciousness, 6. The general repercussions of the imprinted experiences in later life, 7. Possible psychopathological symptoms, 8. Pertinent analogies to global issues.

The examples can in no way claim to even partially represent the vast variety of phenomena that have been observed in non-ordinary states of consciousness. The mentioned areas of experience are just classic examples, chosen for the sake of demonstration; it is fairly easy to complement the list importing examples from literature, art, even forms of therapy etc. For a comparative synopsis of psychopathological symptoms, corresponding activities in Freudian erogenous zones, associated memories from postnatal life, and NON-ORDINARY STATES OF CONSCIOUSNESS-phenomenology, see Grof (1975: 102/3).

BPM 1 is roughly considered to be the time from conception to the phase prior to the onset of labor. Ideally, the fetus is well taken care of in this stage, and the corresponding experience is one of being merged with the 'amniotic universe', a totally safe and provided for symbiosis with the mother's organism. In non-ordinary states of consciousness, this experience is often relived in form of mystical states where the Self is united with the All in a blissful transcendence.

[7] November 1997.

If, however, there are disturbances of any nature during BPM 1, these will create an equally profound and obviously problematic imprint on the deep layers of the fetus' Self and consciousness which will later in life play itself out in various forms. One of the most typical and widely spread examples for a disturbance in the 1st matrix would be the mother's excessive consumption of alcohol during pregnancy. The 'amniotic universe' would in this case be severely polluted, sometimes to the extent of threatening the fetus' health or life.

If the child is born, the later grownup frequently develops an addiction to alcohol. Attempts at treating such cases of alcoholism that are rooted in a problematic 1st matrix often leave the addict moving from one relapse to the next because the deeper causes are not uncovered and healed. Tav Sparks, an experienced transpersonal therapist and international lecturer makes clear: "Practitioners of altered-states techniques are discovering that the path toward wholeness involves not only the healing of biographical issues but also the confrontation with the deeper realms of the psyche, the perinatal and transpersonal dimensions that have to be included in an effective therapeutic process" (Sparks, 1987, p.56). Similar data has been collected by Byron Metcalf (1995) in a study on non-ordinary states of consciousness and recovery from alcoholism.

In non-ordinary states of consciousness such persons experience the threat of being poisoned by polluted water and/or air etc. Another classic example are cases of attempted but unsuccessful abortion, on which much research has been done (see, for example Hidas, (1997), Cepicky, (1997), Reinert, (1997) and Blazy, (1997). Psychopathologically, the psyche can in this case develop paranoid schizophrenia, general dissociation of reality, and related conditions which reflect the overall insecurity of the person whether her existence is wanted at all. On a global scale, BPM 1 is - needless to say - obviously related to the pollution of air and water, both fundamental resources - 'the placenta of life', so to say - providing primary prerequisites of human existence and life in general.

BPM 2 is the stage during which labor sets in. The walls of the uterus contract, subjecting the fetus to enormous physical pressures which, if measured and exerted upon the skull or body of a grown person who's skull-structure is considerably harder than the fetus' cranium, would still be sufficient to arouse severe anxiety. Additionally, the cervix is still closed during BPM 2, and so it is quite easy to imagine the imprint on the fetus' experience during this stage. There is 'no way out' in the literal sense, blood vessels are severely constricted and oxygen supply is seriously impeded, so consequently the shortest BPM 2 is 'the best'. Persons who have gone through short second matrices would typically display better capability to endure temporary stretches of physical and/or psychological confinement because they have the deep-seated 'knowledge' that this state will pass. In non-ordinary states of consciousness such persons would ideally wait until this stage is through. However, there is hardly anybody who has reported the 2nd matrix to be positive in any way.

Persons who have experienced a problematic 2nd matrix, such as one of prolonged duration etc. will typically feel extremely threatened in physically and/or psychologically confined situations. Claustrophobia is one of the classic symptoms related to BPM 2, and often those people cannot rid themselves of the initial imprints - and allay the related symptoms in life - unless they consciously relive and process the pertinent

CoEx. Similarly, a problematic 2nd matrix can be responsible for the inability to endure times of stress, and such persons easily collapse when it comes to coping with a dire strait in life. In non-ordinary states of consciousness, the BPM 2 experience is one of being stuck in utter futility, emptiness, meaninglessness, complete contraption etc. Psychopathologically, an unfortunate BPM 2 can, for example, result in suicidal tendencies due to experiencing life as an 'incarceration' (compare the literary work during Existentialism, particularly Kafka and Sartre). The related global perspective is the human compulsion to create confinement in form of nations, borders, proprietary rights, embargoes, etc.

BPM 3 is the stage during which the cervix opens. The uteral contractions increase and the struggle through the birth canal begins. It is a struggle for life and against death. Interestingly, cesarean born persons who have been 'deprived' of this struggle, sometimes display precisely that - a lack of ability to struggle - later in life. Under most circumstances, however, the fetus will work its way through the cervix head first, being exposed to 'all kinds of biological material', forming the corresponding imprints on deep layers of the character structure. In non-ordinary states of consciousness, persons with a 'positive' 3rd matrix are 'the winners in a great struggle'.

Disturbances in the 3rd matrix will in one way or other obstruct the fetus' struggle. This can happen via prolonged labor, use of anesthesia, the mother's difficulties to cope with the physical pain of birth etc. Typical 3rd matrix experiences in non-ordinary states of consciousness are cosmic struggles against overpowering forces, demonic battles, and everything reported in the sacred scriptures of the world relating to such images as hell, the 'Armageddon', the cosmic wars in the Upanishads or in Zoroastrianism, etc.

Persons who have unprocessed problematic imprints from BPM 3 will experience life as a combat zone in which they will 'fight to win' and struggle to 'make it'. Psychopathologically we find all varieties of reflections of the often bloody and pain-prone processes of BPM 3. It is, for example, easily conceivable that serial killers and ritual murderers are driven by deeply unconscious forces which relate to an extremely problematic 3rd matrix. Globally, the 3rd matrix is, of course, reflected in warfare, the continuous struggle of nations to fight for power and influence, the assertion of resource supplies, the compulsion to create mythologies and religions that are fraught with images of hell, blood, intolerable torture etc. Early on, Grof has laid out the basic thoughts on the relationship between war and its perinatal roots (Grof, 1977). Furthermore, the motif of 'spiritual rebirth', essential to most religions, consequently has its deeper significance in the emotional reliving of the birth process and the subsequent enhanced capability to access transpersonal realms.

To give a BPM3-related example of the decisive influence of the underlying model of the psyche regarding the explanation of a phenomenon like violence, I want to comment shortly on a neurophysiological paper in the Journal of Psychoactive Drugs (Amen et alii, 1997): This study links violent behavior to hyperactivity or damage of certain areas iphy' (SPECT) to collect physical evidence of the afflicted cortical areas. While quite fascinating in its explanatory power, this paper is a good example for the limited scope of classic neurophysiological approaches when it comes to explaining the deeper roots of violent behavior: the causes discussed in the paper are strictly biographical, leading the authors to the following conclusion: "When the organism is healthy it has a high degree of control and usually needs an extreme provocation to elicit violent reac-

tions" (317). This statement clearly does not hold up to quite substantial evidence advanced in prenatal, perinatal and non-ordinary states of consciousness-research. The latter fields have demonstrated that a solely biographical model of the psyche cannot account for the profundity of violent drives. The biographical model is excellent when applied within the confines of its explanatory paradigm, but it must be complemented with an expanded model such as the transpersonal in order to fully penetrate to the root causes of the observed phenomena and produce sufficiently complete explanation.

BPM 4, finally, is the stage we are commonly used to calling 'birth', the moment when the baby begins life as an organism independent of the mother. This includes the cutting of the umbilical cord and the transition from – as Grof frequently emphasizes – a water-organism to an air-breathing organism with all the included physical and psychological alterations. Typical non-ordinary states of consciousness-reflections of BPM 4 are images of breaking free after a long and life-threatening battle, the expansion into freedom etc.

The nature of BPM 4 disturbances is strongly dependent on the respective culture and its ways of dealing with birth. In Western societies birth is often more of an ordeal, exposing the newborn to sterile and cold rooms, physical maltreatment such as claps on the buttocks, painful eye drops, removal from the mother etc., provided the circumstances of birth are 'normal'. If they are not, much more aggravating treatment awaits the child. As opposed to Western means, indigenous peoples have a great variety of birth modes which, in spite of lacking medical knowledge and equipment - or possibly *because* of that lack - are often much more conducive to the child's wellbeing and welcoming into the world.

Experiences of BPM 4-disturbances in non-ordinary states of consciousness can frequently have the quality of 'being thrown into life' (Heidegger), much in the Existentialist understanding of fatality. The struggle into freedom turns into a life under obscure threats which will suddenly and unexpectedly strike, rendering the subject victim to the larger forces which are impossible to anticipate, let alone control. One of the corresponding psychopathological features is the manic amplitude between depression and megalomania, the sudden shifts from utter despair to becoming the 'world's savior'. The global reflection of the $4^{th}$ matrix are the 'despairing' and 'megalomaniac' facets of the 'information age', e.g. the power of economic, political, military and informational control, the conquest of interstellar space, the Internet etc., and their counterparts, the powerlessness and control we have subjected ourselves to by attempting to gain such power.

We could conclude as follows: While each BPM has a 'positive' and a 'negative' side, the key factor regarding the human psyche is that we all carry an individual mixture of imprints from these four matrices, informing our view of the world in ways which are precisely that: individual. It is rather obvious that what we think of as 'our' personality, 'our' psyche or consciousness, or even consciousness per se, is a highly relative affair, provided we take into account the fact that it has been decided early on which experiences will be made part of the 'canon' of our personality, and which will remain in the 'apocryphs' of the deeper layers of the psyche. Transpersonal models, of which Grof's theory is an eminent example, basically serve to establish the significance and the empirical evidence that there is a common ground of experience - and consciousness per se - which lies beyond the individual and which can be accessed when the imprints of the

birth matrices are transcended.

Grof considers the belated emotional processing of the birth a quite important ingredient of, and prerequisite for the experience of transpersonal realms. From his model of the psyche it therefore appears advisable to accommodate transpersonal models of the psyche such as his within pre- and perinatal psychology and medicine. One essential factor of the integration of these models is the first-person or experiential nature of such studies. It is quite obvious that such an approach will have enormous consequences for the humanities in general and for psychology and medicine in particular.

## 6. A COMMENTED ACCOUNT OF A BIRTH

Since men are generally more limited in their experiences of birth than women, I have chosen to include into this survey pieces of a personal report of giving birth, in order to demonstrate the possible impacts of certain occurrences during the perinatal process on character formation. The report was given to me for this purpose by the friend who this paper is dedicated to. The birth in question is largely 'normal', but contains several issues that are quite informative from the standpoint of perinatal psychology and medicine, as will be explained in the short comments ('R' designates the portions from the report, 'C' the comments).

From the perspective of perinatal psychology and medicine, I would like to highlight insights which are related to Grof's research and his practical work. The comments, although very critical, are not intended to make statements about particular persons or institutions, nor are they directed at generally dismissing common practices of child delivery. Their intention is to heighten awareness for possible shortcomings of certain ways of proceeding during delivery, and to suggest changes based on the insights of non-ordinary states of consciousness research.

R: The pregnancy was basically comfortable and uneventful, except for a constant nausea which was always worse in the evening than in the morning. For that I was given the drug Bendectin.

*C: Any drug or substance given during pregnancy will influence the 'amniotic universe', and is likely to create deep imprints of uncertainty as to the reliability of life's general resources. The extreme example, which occurs frequently in industrial nations - not in this example here, though - is the mother's ingestion of alcoholic beverages during pregnancy which, at fairly low quantities, will create an imprint of poisoning the amniotic fluid, consequently resulting in the above discussed effects in later life. From the insights of pre- and perinatal psychology and medicine, the administration of drugs and/or substances during pregnancy is a most serious issue, the significance of which – as non-ordinary states of consciousness research shows – is drastically underestimated.*

R: Contractions began on November 3rd 1976. On the afternoon of Thursday the 4th, the doctor examined me, said I had been having "false" contractions that were not dilating the cervix and that I should go home and relax, eat and take a hot bath and they would go away. I should expect to give birth in a week or so.

*C: From this point forward, we should expect the fetus to have entered BPM2. The duration of the second matrix is a salient factor as regards the above described effects on later character formation.*

R: While at the grocery store (on the same day), buying something to cook for dinner, I had my first real contraction. I knew it was one by the difference in the way it felt. We then went to the Beth Israel hospital, one of the best in the area. I was examined,

and it was determined that the labor was real - the contractions were three minutes apart and my cervix was 2 centimeters dilated. By about two a.m. they were 7 minutes apart and I had only dilated another centimeter. Within another few hours the contractions were back to 5 minutes apart, but dilation was not continuing at a regular rate.

*C: The fact that dilation did not occur at a regular rate implies a prolonged transition from BPM2 to BPM3, subjecting the fetus to an extensive amount of uteral pressures.*

R: I was told that the reason why I was experiencing so much back pain was that the baby was "upside down," meaning the back of its head, rather than its face, was against my back. When that happens, labor tends to be longer, there can be more of a strain on the child, and the mother experiences extreme pain as the back of the baby's head presses harder against her spine with each contraction! At some point they reached in and tried to turn him over, but he wouldn't respond to that.

*C: The issue of mutual physical pain, invariably inflicted upon each other by mother and child during the birth process is too vast to be commented upon here. As has been found in non-ordinary states of consciousness research, the deep layers of the human psyche carry enormous imprints resulting from these painful experiences. There are religious and ritual connotations related to these imprints, as well as roots for the profundity of the love/hate-ambiguity human beings can feel in intimate relationships. These and other consequences are amply described in Grof's publications. It is easy to imagine what kind of an imprint could be created by someone reaching into the birth canal and trying to grab or turn the baby.*

R: The baby had pretty much stopped moving, which is common during labor, but it scared me because he had been very active up until that point.

*C: This is a classical example of what happens to the overall agility of the baby during the perinatal process. Given the physical pressures and other possible impacts from the outside, the unborn child is likely to be thrown into a struggle between fighting for life and giving up again and again. When the baby suddenly stops moving, then it is obvious that not only the mother is scared.*

R: It was by then in the vicinity of 4 a.m. and I hadn't slept in nearly 24 hours, and had been in labor for 12. Meanwhile, doctors came and went, examining me and letting me know that the uterus was dilating slowly, staying for a long portion of the night at about 4 centimeters.

*C: This is another hint at a prolonged duration of the transition from BPM2 to BPM3.*

R: They opened an IV-line, which was standard procedure, but then without asking they began to introduce Demerol into it, which I made them stop.

*C: At this point in the perinatal process, any drugs or substances administered will have quite an influence on the baby's ability to cope with the struggle through the birth canal. It is obvious, that sedating or 'numbing' agents given to the mother are likely to impair the baby's power to push forward and to sustain the physical pressures.*

R: By the next day at noon, I had been in labor for 20 hours and was about 6 centimeters dilated. I had been examined by three different doctors and 5 medical students (because one of the doctors was teaching a class!).

*C: The fact of limited privacy is another issue which is seemingly very different from the above discussed. Concerning the imprints on the deeper layers of the baby's consciousness, however, great fluctuation of persons during the perinatal process are likely to create notions of lacking reliability. It would be interesting to investigate problems involving object relations from the perinatal perspective.*

R: The baby was experiencing no distress, but I was exhausted so an epidural anesthetic was recommended. Richie (her husband) and I agreed to that and the needle was inserted in my back and the anesthetic delivered. I accepted, even though I had not planned it that way. Somewhere during that time, they manually broke my water by inserting a hook-like instrument!

*C: As mentioned previously, any drug – and certainly an anestheti – will seriously impair or even debilitate the baby's ability to 'make it through' on its own resources. As has frequently been observed in*

*Holotropic Breathwork, the generation born during the time of regular administration of anesthetics during birth has an extremely high percentage of experiencers feeling that they get stuck in the birth canal, and cannot move out on their own. It often takes quite a number of sessions to work through this feeling of being 'drugged' out of one's own power and to regain control of one's will.*

*The attempt to break the amniotic water is most likely to create an extremely threatening and aggravating imprint on the psyche, rendering the child and later grownup subject to fear of sudden unpredictable forces invading her/his life. In my earlier work with the breath, there has been a person who's mother attempted abortion by inserting a knitting-needle into herself, attempting to break her water. The re-processing of this experience and the accompanying fears that this person had to go through made for a most shocking event. Prior to this work, the person had been diagnosed schizophrenic by mainstream pathological standards.*

R: By 2 p.m. I was fully effaced and dilated and taken to the delivery room (actually an operating room, with bright fluorescent lights and a frightening atmosphere) to push the baby out. The container of water was prepared as I had requested (My friend and her husband had planned for a birth according to the principles of Leboyer; M.S.).

*C: Much has been said in this journal about the effects of the common circumstances and room arrangements during birth. Neon lights, cold and sterile rooms etc., are conditions that will doubtlessly have deep effects on the experience of arrival in this world (BPM4).*

R: Pushing took just over two hours and was more exhausting than I could describe. During that time I was given another dose of epidural which I did not want but didn't know about until it had been given to me.

*C: This administration aggravates the above mentioned influence of drugs on the perinatal process. Furthermore, it is fairly typical of Western medical procedures to override the decision of the delivering mother, turning her into a patient rather than considering birth a sacred event in which the mother should be the one orchestrating everything according to her abilities and decisions, while everyone else in the room should consider themselves servants.*

R: For some reason, when we had gone to child birth class, I thought pushing was this easy thing where everything is open wide and you push once or twice and the baby slides out. Little did I know that pushing was a two-hour ordeal where the baby would begin to slide out, only to slide back in at the end of each contraction. First there was two hours of pushing, during which I think I finally figured out why they called it labor!

*C: This statement sounds funny in retrospect, but Ms. Frank's remark about the word 'labor' is poignant concerning herself, the child, and any mother.*

R: Just before Ron was born, probably minutes before, I was given another dose of epidural.

*C: See above statements on the administration of drugs.*

R: It was then determined that I would be given an episiotomy. I hadn't wanted one, but was told that because the baby's head was back-to-my-back, it needed more room to be born.

*C: This is obviously a decision we cannot directly criticize. It is interesting, however, that persons not completely having struggled through the birth canal on their own, frequently experience difficulties to cope with the necessity to face struggles in later life. Quite often, non-ordinary states of consciousness work such as Holotropic Breathwork will create such person's desire to now face the birth struggle they have been deprived of when they were born. The same is often true for Cesarean born people.*

R: When the baby's head emerged, the umbilical cord was wrapped gently around his neck, so I stopped pushing while the doctor freed it.

*C: The umbilical cord being wrapped around the neck is an issue frequently being re-processed in experiential therapies such as Holotropic Breathwork. The salient factor here is the lack of oxygen supply, which – in the first place – is a general factor by way of physical compression in the birth canal, and is then prolonged and exacerbated by the cord around the neck. The fear of suffocation that is quite often re-experienced in non-ordinary states of consciousness, has a host of effects on a person's adult life, as men-*

*tioned in section 5 of this paper.*

R: We were separated then, he was taken to the nursery and I to a room.

*C: The separation of the newborn from the mother is one of the most critical impacts during BPM4. The severity and emotionally devastating character of such an all too often practiced custom cannot be overemphasized. Having been separated from my mother for 36 hours right after birth, I can say from my personal experience which includes 20 years of self-exploration (Rebirthing, Holotropic Breathwork, Yogic Pranayama, and other methods of deep psychological/therapeutic work) that, among other effects, this separation is one of the essential etiological patterns of a CoEx I have experienced in my intimate relationships with women.*

*Quite contrary to what is expected of an intellectually raised male person in this society, these patterns of emotional and sexual dependency I have felt subjected to in my life have remained rather overpowering for several years, and totally obscure to me until I entered breathwork. Only by emotionally and physically re-experiencing, and then processing and integrating this neonate separation was I able to slowly detach from the patterns of dependency. Today, at the age of 40, I still would not claim to be absolutely uninfluenced by the deep effects of what I would like to call a 'serious form of covert emotional violence and deprivation', for which no single persons, but certainly medical and psychological theories and philosophies can be held responsible.*

R: There was a nurse in there who took a liking to him though, and would sneak him out of the bassinet for bits of time and hold him. I was allowed to bring my breast milk to be fed to him with a bottle, and once a day I think could hold him. Much of the rest of the time I just stood outside the nursery and cried! My body was craving his in a way that is not like anything I've felt before or since, except with him at other times. It's not sexual – it's a deeper need for touch and connection. And all my maternal instincts were kicking in and my hormones were going crazy and I was basically a mental case during that week!!!

*C: These last remarks are particularly moving in their openness and sincerity. As Ms. Frank tells us, the emotional and physical deprivation caused by the early separation of mother and newborn is not only devastating for the child. They are equally crippling and overwhelming for the mother. Taking into account the power that the sex-drive can have over us humans, it is quite a statement when Ms. Frank clearly speaks of an even 'deeper need for touch and connection'.*

*The fact that she started looking at herself as a 'mental case' during that phase only goes to show how little trust in the rightness of our own emotions we have been taught, and how easily we are led into victimizing ourselves in the face of the emotionally and physically depriving circumstances of childbirth in Western societies. From this broader perspective, it is no surprise that these societies would have specific large-scale problems, such as the ones numerously addressed and traced back to child delivery in this journal, e.g. violence etc. Quite the contrary: It is an unbelievable surprise that under the given circumstances the human relationship to nature in Western industrial civilizations is not far more disturbed. This fact speaks for the power of nature to sustain herself, not for the environmental awareness of human beings and their industrial endeavors.*

The latter thoughts lead us to the final part of this paper, in which I would like to discuss some general aspects of pre- and perinatal psychology and medicine, modern consciousness research and experiential approaches, as well as their overall significance for psychotherapy in particular, and academic and scientific study in general.

## 7. CONCLUSIONS - THERAPEUTIC AND ACADEMIC PERSPECTIVES

Some parts of the above discussion have been of rather personal nature. This might seem inappropriate to some readers, taking into account that we have a scientific periodical in our hands. However, given the nature of the overall trajectory of this journal, it might be

argued that precisely that, personal information and experience, are valid tools and objects of scientific inquiry. Certainly, there are particular problems and questions around data gained from experiential work with non-ordinary states of consciousness, and the reported experiences are sometimes so controversial and seemingly adversarial to common scientific epistemology that some of us might conclude not to accommodate them within the world view we here discuss.

However, a field such as pre- and perinatal psychology and medicine is a provocative one in itself, if we acknowledge the fact that the term 'prenatal psychology' is also a statement. In light of these thoughts, I would like to speak out for the general acceptance of first-person approaches to the study of the human psyche and consciousness, approaches that yield experiences on the frontier of human knowing. Only if we dare to step forward into what Grof has so aptly called 'uncharted territories of human consciousness', can we hope to alleviate and solve the challenges we are presented with at this stage of our evolutionary path.

We doubtlessly stand at a threshold as a species. There is no reason why this threshold shouldn't profoundly affect our understanding of science and nature. As the last decades of Quantum-Physics have demonstrated, we are facing nothing less than a paradigm shift, informing us that everything we thought we could 'objectively' observe from a separate distance is in fact interrelated with our physical and psychological existence, thereby being changed by our observations and in turn changing us just the same. To gain valid knowledge we must, therefore, penetrate into the deeper layers of our psyche in order to discover what we are missing in our search for a more comprehensive understanding of human nature, and nature around us. Particularly if we talk about birth, this penetrating inquiry cannot be solely theoretical. It must include the experiential. And it must do so not only in the therapeutic methods we devise. It must also be included into academic curricula to help build a theory that is grounded on the wholeness of combining solid personal experience with theoretical expertise (see Seelig, 1995, 1997, 1998).

Fields such as psychology and medicine have started to learn from these insights. There are increasing and very promising efforts to integrate experiential and holistic methods into therapy and healing services. These efforts are very fortunate developments, as we have to face the fact that we have gone astray and subjected ourselves to ideals which have left us with de-spirited modes of life, left us with an utter craving for meaning, wholeness and spirituality or, in other words, with the question: What are we born for in the first place?

It is no surprise that experiential modes of self-exploration are so utterly attractive for Western people. These techniques provide first-hand, individual experience and knowing, instead of tradited knowledge, i.e. knowledge which is NOT based on personal experience. A method such as Holotropic Breathwork, supported by decades of research, is certainly a quite convincing catalyst when it comes to understanding and integrating the early patterns that have formed our character structure. I do not think that it is saying too much, if we state that such methods have the capacity to change our outlook on ourselves and on the world, because they heal strata within ourselves that cannot be accessed via traditional methods of psychology, psychotherapy and medicine. Furthermore, such approaches transcend what has aptly been called the 'disease model' of psychology, a model which is preoccupied with everything that is or can go 'wrong'. Instead, Holotropic Breathwork and other techniques are ultimately grounded on a 'health-model' of

the human psyche, much as has been laid out by Stan Grof and Abe Maslow, both founders of transpersonal psychology.

Concerning pre- and perinatal psychology and medicine - and specifically concerning circumstances of child delivery - the above discussed shift would mean creating facilities that acknowledge and honor birth as a sacred event, during which the mother is the high priestess, and all those present at birth are servants. As has been discussed in impressive ways in this journal, such an approach would facilitate a change towards less violence, more tolerance, greater sense of meaning, more joy in life, and a true welcoming of those souls which are yet to be born into this world.

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## About the Author

**Mark Seelig** is a Transpersonal Therapist. He studied Psychology, Comparative Religion and Theology at universities in Germany and the US. He is trained in Meditation, Bioenergetic Bodywork, Rebirthing, and Client-Centered Therapy (Rogers). He received his doctorate in the Psychology of Religion. He taught Jungian and Transpersonal Psychology at Frankfurt/Main University in Germany. He is a faculty Mentor at Columbia Pacific University, Novato, California. He took the three year training in Transpersonal Psychology and Holotropic Breathwork with Stanislav Grof and is a Certified Practitioner of Holotropic Breathwork. He has German and English language publications on meditation, transpersonal psychology and psychotherapy. Currently he lectures and gives seminars, and is a breath and body therapist at a psychosomatic clinic in Kassel, Germany. He does group and individual therapy in private practice, shamanic rituals, research and practice of non-ordinary states of consciousness.
**Address**: Mark Seelig, Ph.D., Feldbergring 15, 37249 Neu-Eichenberg, Germany, Phone + Fax: ++49-5504-1956, e-mail: amaresh@compuserve.com.

# WHAT IS NATURAL BREATH?

## BY

## MARGOT BIESTMAN

Yes, what is the natural breath? What does it mean? How can I tell if I have my natural breath? How do I come to know it? Is it the same as deep breathing? How do I change it if it isn't natural? What does it mean that the natural breath heals? Do I direct it to a place where I feel pain? Can I learn to gain control of this breath from a teacher or therapist? Does this work teach me how to release with emotions? If so, how?

I'm excited to hear these questions, as the people I meet seem to have heard more and more about BREATH these days.

My responses come from my experience as a student, certified practitioner, teacher of classes and workshops in my private practice, and as a staff member of the Middendorf Breath Institute of San Francisco, teaching in weekly classes and in the 3 ½ year training programs of The Experience of Breath.[1]

With immediate beneficial effects, this work has gained renown and widespread influence during more than 60 years of exploration and experience in schools throughout Europe, by Professor Ilse Middendorf. Fourteen years ago it was introduced to this country. Ten years ago, Juerg Roffler, a close associate of Professor Middendorf, became founder and director of the Middendorf Breath Institute of San Francisco, where he currently trains practitioners, with a staff of teacher/trainers, and offers workshops and classes all over the world.[2]

The natural breath, learned by experiencing it, is one which comes and goes on its own, a breath that I do not manipulate, disturb, try to control, deepen, or change. It is a breath that I receive with my full presence. It begins to move me, without my doing anything. If I place too much attention or direct my focus too strongly, it is like shining a light too brightly on my breath, and then it becomes elusive, similar to a deer in the forest. If I move too fast with too much direction toward the deer, or try to make friends with it, it will run away.

This is similar to what happens with the breath. If I simply respect my breath in its being however it is for that moment, as I would respect the deer in its being, we can become partners – simply allowing and respecting each one. I can become curious about my

[1] I have used the "I" form to respond, however, this "I" includes not only my own experience but also those of students and teachers, over many years. Though there are similar responses over time, each person finds his or her personal meaning from this work.

[2] Visit The Middendorf Breath Institute of San Francisco Website, www.breathexperience.com.

breath.

How do I begin?

This work is about self-responsibility. Right from the beginning I take responsibility for my decision to move from an unconscious state of being into consciousness. This means that I become aware of the movement of my breath.

To support this awareness, I note how I am sitting – on a stool with a flat wooden top. I sense my feet on the floor, parallel to one another, hips width apart. I note my sitting bones, and how I sit on the stool. The sitting bones are like little feet at the base of my torso and I walk on them until I am at the edge of the stool, so I have full access to my legs and feet – and my breath. If the stool feels hard to me, I ask myself if my sitting bones can be supported by the stool, just as my feet are supported by the floor. Can the floor and the stool carry me, rather than my sinking or falling onto it? To explore the difference between being supported or carried and falling, I try them both. I notice that when I fall, I sense a collapse in my mid-section and it is hard to rise back up without pulling. When I sense support, I am automatically sitting more upright.

In this way I offer support for my breath to come and go on its own. Now, how do I become aware that my breath is natural?

The first step is to shift from any thoughts or feelings to simply the physical sensing of my breath movement somewhere in my torso. I bring my presence to this physical sensation, and place the palms of my hands where I sense movement. In this way, I become aware of my breath – how and where does it move in my body? I get to know it, little by little. Sometimes there is a sensation of warmth when the center of my palm meets the movement of my breath. I ask myself where do I sense it first? In my back, lower abdomen in front, sacrum, upper chest, or. . .?

Am I allowing it to be as it is, or am I pulling or pushing on it? I may notice that I am sucking in air as I inhale. I note that I am "willing" or "wanting" the breath to be in a certain way that might be "good" for me. I judge it. Perhaps this makes me dizzy. Can I let go of this concept? Can I allow the inhalation simply to be? This is a step on my path – as I begin to learn more and more about what the breath has to teach me.

When thoughts enter, I return to simply sensing the movement of my breath with my full presence. I begin to realize changes that happen on their own. I note that breath movement is beginning to spread from my upper chest down to my middle. I get excited. I want more of this. Then, suddenly, where I had just sensed movement, I can no longer sense it. I want it back. I push my exhale out in an effort to regain that movement, but my body seems to collapse in the middle, and I feel tired. The natural breath movement that was developing had vanished. I'm learning something but I'm not sure what. I am a bit fearful of this unknown. I'm used to trying to do what is "right," I'm good at following directions. I acknowledge that I want a result, an answer that tells me I am "getting it," that "I'm a good learner." I am learning something quite different. The very thought of

"wanting more," or the acts of pushing or trying, have an effect on the breath. Just like the deer in the forest, my natural breath runs away when I try to control it. I must learn patience, along with presence, and a simple shift to the physical sensation of breath that moves.

The teacher asks us to spontaneously stretch and notice what happens with the breath while stretching. I begin to notice that inhalation automatically comes whenever I stretch – and it seems to move to whatever part of my body that I stretch. I later learn that this is one of the natural laws of the breath – wherever we stretch the inhale comes – that is, if we allow the breath to come and go on its own.

But how do I know that is my natural breath when I stretch? I think all breath cycles must be of even length to be natural. But that is just another thought, a concept. Later, I learn that if I overstretch I actually restrict breath and that is not natural. I'm getting closer.

To support a natural flow of breath, I am offered stimulation to my breath by standing with my knees "loose" or slightly bent. I shift my weight from my heels to the balls of my feet, and in this position I realize it is easier for my breath to come and go. I begin to bounce, a light feathering from the balls of my feet, with my heels slightly "kissing" the floor, through my ankles. I allow my breath to simply flow. When I sit down again to resonate – or gather my experience of breath – its pace is fast. If I don't press myself to slow it down, thinking that my breath should be slow or calm to "be right", I can be present with my breath. I am not observing, imagining or visualizing it, nor thinking how it should be. Rather, I am immersed in the experience of the movement of my breath. Each breath cycle is different, new. Suddenly I sense a space within that fills me, a sense of well being begins to happen. I am given another chance to be re-born, and to live. Yet this is just a taste of the beginning of the path of the natural breath. I want to follow it.

Gradually, over time, through various simple movement exercises, and work with vowels and consonants, as well as individual breath dialogue sessions with a practitioner, I have a variety of experiences – such as – my inhalation becomes round. It reaches a fullness and then I sense a transition into the exhale, which I follow back to my depths, until it ends – and as it dies – my breath moves into a pause, where I rest. This happens over and over again.

After a while, I sense the inhalation like birthing, the feminine part of the breath cycle. The exhalation becomes direction, the masculine part, and in the pause, I rest, in the reconciliation between feminine and masculine, where I sense myself breathing and being breathed by a far greater power than I. It is then that I realize this is my natural breath. I receive it coming and going on its own. It has a flow and begins to spread from the center of myself and I realize breath is bigger than my pains and aches. It is capable of integrating them into the whole of me. It is like the ebb and flow of the ocean and I am part of this great ocean of life.

I begin to realize that if I stay on this path over the years, the breath movement actually

heals me – body, mind and spirit.

It is bigger than my fears about being asked to sense something that I don't know anything about. I am asked to trust what is there, to be experienced through the breath, with me doing nothing. I begin to enjoy being in the space of "not knowing," and that is just when the breath really comes and goes on its own.

I discover that when I am scared I no longer can sense my breath movement. I have a choice to let the fear take over – orient myself to it, become overwhelmed by it – or to sense my breath and trust that my fear will find a balance within the whole of me. I explore this dialogue between breath and fear. I find that the fear seems to dissipate or somehow transform within the fabric of the breath movement, and I become more and more curious. I connect with my own breathing, and the great power that breathes me.

I learn that the path of the natural breath is not about learning to release my feelings or tensions. Rather, I sense these feelings and tensions being transformed into a healing power – a potential life-giving force. In time I learn that when I am saddened by a sudden memory, my tears well up, and I cry – if I also sense my breath movement, cries are transformed into a healing of my soul as well as my body. Together with sensing the breath movement, my crying heals the "past" emotions which remember that they have a body, (through the breath). I sense myself as expanding, growing stronger. But if, instead, I become overwhelmed by something that comes up that happened in the past, and I go into deep sobbing, I can have a good catharsis. However, I realize that when I orient myself to the conflict in the past, and give up my orientation to the physical sensation of the movement of my breath, the conflict or holding does not have the possibility to transform. So, the underlying conflict inevitably returns.

As I become more experienced in this practice, I receive breath, which moves through me – it even moves through the cells of my being. I am <u>in</u> this experience, participating in it – I am not observing it. While it not only clears restrictions and conflicts, emotions and thoughts – it fills me with the essence of who I am. This is how transformation happens. As a result, my soul, my psyche, is set free. This process reveals to me a somatic intelligence, which is connected to a higher intelligence – far beyond the power of the brain or the emotions[3] – and I connect from my inner breath to the outer world, and beyond. It is through The Experience of Breath, I learn to trust that my own natural breath is my greatest teacher and healer.

**Margot Biestman** is a certified practitioner of Middendorf Breathwork, member of the teaching staff of the Middendorf Breath Institute of San Francisco, and has a private practice in Sausalito and The Sea Ranch, California. She is also an author and artist, and has extensive experience in education with people from ages 3-93.
Address: Margot Biestman, 19 Prospect Ave., Sausalito, CA 94965, Tel. 415-332-0279;

[3] Conversations with Juerg Roffler, Director of the Middendorf Breath Institute of San Francisco and Prof. Ilse Middendorf, founder of the Middendorf Breathwork, Berlin, Germany.

fax: 415-332-5588, e-mail: margot@biestman.com

# Appendix I:

## The History and Background of Middendorf Breathwork – The Experience of Breath

For more than 60 years, Professor Ilse Middendorf of Berlin, Germany, has been developing The Experience of Breath - an artistic form of breath education based on connecting with the natural breath. This approach promotes a conscious experience of breath, free from control of the human will.

Since its inception this artistic form of breathing education, developed by Professor Ilse Middendorf, has achieved international attention for its effectiveness as a somatic healing and growth process. Professor Middendorf began practicing her work in 1935. In response to the encouragement of her supporters, Prof. Middendorf founded the Institute of the Perceptible Breath in 1965. She currently lives and works in Berlin, Germany, and maintains a full schedule-leading workshops and training practitioners throughout the world. In Europe her work is recognized as one of the major practices in somatic education.

This work has seen a pattern of steady growth, so there are now several Middendorf schools in Europe. Each year these schools graduate between seventy and ninety new practitioners who work in a variety of areas of private practice, music and acting schools, clinics for rehabilitation, and psychology.

In 1986, Advanced Seminars of Berkeley, California and the Berlin Institute sponsored the introduction of Professor Middendorf's work to the United States. Subsequently, Ilse Middendorf and her close associate, Juerg Roffler, returned each year to conduct workshops and training seminars. In 1989, to support the growing interest in the Middendorf Breathwork, Juerg Roffler, initiated the first training program leading to the certification of Middendorf practitioners in the United States.

In 1991 Juerg founded the Middendorf Breath Institute of San Francisco and the first group of certified practitioners graduated in April, 1992. The three-year training program continues, with a new training group beginning every year and a half. The Berlin and San Francisco Institutes use the same curriculum for the certification and training program.

The Middendorf Breath Institute of San Francisco also offers workshops, retreats, and regular classes. Private sessions with certified practitioners are available as well. (From the Middendorf website: www.breathexperience.com.)

## References and Resources For Further Information

The Middendorf Breath Institute of San Francisco (435 Vermont St. San Francisco, CA 94707, 415-255-2174; Fax 415-255-2174; 24 hour information line 415-255-2467) – offers 3-and-one-half-year training programs leading to certification as

teachers and practitioners, workshops, retreats, classes, individual hands-on sessions, and post-graduate training.

Elizabeth Beringer, 'An Interview with Ilse Middendorf,' in Bone, Breath and Gesture, ed. Don Hanlon Johnson, Berkeley, CA: North Atlantic Books, 1998. First published in Somatics Magazine, Autumn/Winter 1988-89.

*Breathline*, a quarterly newsletter, which prints articles and classes about the Middendorf work, published by The Breath Center of San Francisco, a non-profit organization for the advancement of The Middendorf Breathwork. Copies or subscriptions are available by writing to: The Breathline, 435 Vermont St. San Francisco, CA 94107, or phone 415-255-2174.

Prof. Ilse Middendorf (1990), *The Perceptible Breath*, (book with audio tapes, Junfermann-Verlag, Paderborn, 1990) $21.60.

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(These materials are available through Advanced Seminars (P.O. Box 2067, Berkeley, CA 94702), and The Middendorf Breath Institute)

(From the Middendorf website: www.breathexperience.com.)

# BOOK REVIEWS

**Robert Fried:** ***Breathe Well, Be Well. A Program to Relieve Stress, Anxiety, Asthma, Hypertension, Migraine, and Other Disorders for Better Health*****.** New York: John Wyley & Sons, Inc., 1999, reviewed both by Catherine Dowling and Wilfried Ehrmann, Ph.D.

**Stella Weller,** ***The Breath Book: 20 Ways to Breathe Away Stress, Anxiety and Fatigue,*** London: Thorsons, 1999)

**Larry Dossey, M.D. (1997),** ***Be Careful What You Pray For … You Just Might Get It: What We Can Do About the Unintentional Effects of Our Thoughts, Prayers, and Wishes.*** New York: Harper Collins.

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**Robert Fried:** ***Breathe Well, Be Well. A Program to Relieve Stress, Anxiety, Asthma, Hypertension, Migraine, and Other Disorders for Better Health*****.** New York: John Wyley & Sons, Inc., 1999, reviewed both by Catherine Dowling and Wilfried Ehrmann, Ph.D.

Reviewed by **Catherine Dowling**

Robert Fried is a world renowned expert on breathing and matters related to it. He is Professor of Biopsychology at Hunter College and Director of the Stress and Biofeedback Clinic of the Ellis Institute for Rational Emotive Therapy in New York City. An obvious expert in the physiology of respiration, Fried, in this his fourth book, takes his discussion of breathing beyond biology and links breathing disorders to life situations as well as existential issues. This is behavioural medicine which "focuses on the interaction between the individual psychology of the person and his/her social milieu and physical conditions." (p.9)

Fried begins with a detailed chapter explaining the links between breathing and a wide range of physical and mental/emotional disorders. It is a two way relationship. "Disordered breathing is likely to be the best indicator of stress and anxiety..." but because breathing patterns can become chronic, "...they may create new physical or emotional disorders of their own accord." (p.11).

Hyperventilation is the key. For those interested in an analysis of hyperventilation syndrome (HVS) in more or less layman's terms, this is a very good book. It gives enough solid medical/biological detail to enable the diligent reader to speak knowledgeably about breathing. But the novice reader has to be diligent. Sometimes the machinations of the blood gases are hard to follow. Fried explains the process of respiration both in the lungs and in the cells, discusses the vital balance between oxygen and carbon dioxide and the effects of overbreathing - expelling too much carbon dioxide through fast, shallow breathing. This form of breathing is part of the primitive stress response built into every human body. But if this natural fight or flight response becomes chronic, p. 38

lists the possible physical outcomes, none of them very desirable. But this book is about one aspect of the stress response, breathing, and pp. 47-8 contain a list of possible symptoms of disordered breathing. This gives readers a practical basis for self-diagnosis. Fried is also very careful to point out that hyperventilation syndrome is a response to something in the body and the "disorder itself is the body's best adjustment to its present needs." ( p.19). The message is to proceed with due care when working with the breath. As a breathworker, this was an valuable caution. I am used to being careful about the psychological aspects of working with clients, but this indicated that there can also be physical consequences for people with problems such as kidney disease which may be undiagnosed when they present for breathwork sessions.

Part Two of the book focuses on exercises to promote healthier breathing but before he introduces his Five Day Breathing Programme, Fried briefly discusses the subject of 'attitude'. This vital element of stress management is given only one page and that is largely taken up with a contract the reader makes with herself to eliminate pesky little thoughts like "You can't" and "It won't work" from her mind. (p.64) This contract may work for readers, it may work with Dr. Fried's patients and that may be why it is in the book. However, thoughts like "It will always be like this" and "I can't" can be quite deep rooted and for many people something more than a one page contract may be needed in order to bring about change.

The contract is followed by a muscle relaxation technique which is easy to follow and then Fried gives a more detailed account of his Five Day Plan. This is a slow introduction to abdominal breathing culminating on the fifth day with a combination of breathing and some visualisation. In teaching abdominal breathing to stress management groups, I have found Fried's method of explaining the process very useful. It is sometimes quite difficult for chest breathers to master abdominal breathing and his instructions about where to place hands, etc. are very helpful. The Five Day Plan is followed by a detailed discussion of the relationship between nutrition and stress. It is full of lists of foods that can contribute to various stress related disorders. Unfortunately, as usual the tastiest top the lists.

As a comprehensive stress management plan this touches on all the vital elements but it is unevenly balanced in favour of the physical - muscle relaxation, nutrition and breathing with a strong focus on the physical act of breathing and its physical consequences. This emphasis is carried through to the final section of the book which deals with the relationship between breathing and various common physical and psychological disorders. The section on depression is disappointingly short. Fried gives an interesting biological explanation of phobias and panic attacks linking them to the body's need to rid itself of excessive carbon dioxide and lactic acid which has built up through chronic hyperventilation. The chapters on epilepsy, headaches and Raynaud's disease (when the blood supply to hands and feet becomes restricted) are packed full of useful information and I have used his method to reduce what is usually a three day migraine to six hours. For migraine sufferers that alone makes the book invaluable.

In disorders such as depression and anxiety Fried examines, again a little too briefly, the breath connection. As with other disorders it has to do with reduced oxygen supply to, in this case, the brain. Fried is careful not to make the claim that hyperventilation syndrome causes depression but he does point out that depression and HVS have some common symptoms. But the psychological factors inherent in depression are

hardly touched upon. This is also the case in the very interesting chapter on asthma. Fried begins this chapter by discussing the possible psychological causes of the problem but then dismisses them by saying that "...an anxiety and stress theory of asthma makes little sense because adrenaline, one of the stress hormones that plays a key role in stress, is actually often used to relieve asthma during a severe attack." (p.151) Fried advocates a behavioural medicine approach which "...aims to reduce known asthma triggers, including those that are airborne and/or food-borne;...focuses on the client undoing dysponetic bracing and other muscle tension with self-awareness and relaxation techniques; and...teaches breathing manoeuvres intended to improve breathing efficiency and restore diaphragmatic and thoracic muscle control and degree of muscle contraction (tonus)." (pp. 153-4)

Fried knows a lot about breathing. He is an expert and backs all his statements with solid scientific evidence. In many ways this is a good thing. It balances the sometimes far fetched claims for breathing made by other writers. But this book is perhaps a little too grounded in material reality. The psychological factors which are interwoven with the process of breathing are touched on, sometimes examined over several pages, but the touchstone of this book is what is visible and testable. The book is packed full of facts which transformed my understanding of the physical process of breathing - something that can get neglected in breathwork training. It also helped me practically in my work with groups. It covers its ground - breathing related behavioural medicine - very well, but there are many other dimensions to breathwork. Fried touches on these more psychological and transpersonal dimensions in his final, fascinating chapter on music, but I would love to see someone of his obvious expertise and very grounded approach explore them more fully.

Reviewed by **Wilfried Ehrmann, Ph.D.**

**Robert Fried's *Breathe Well, Be Well*** is a treasure-house for profound information on the complex connections between breathing and physiological metabolic processes in the body. The author stresses the central role of breathing in all these systems: „All body functions are breathing-related, and they interact in complex ways." (p. 20) Especially the interaction between blood circulation and breathing patterns is described in detail which helps to better understand the hyperventilation syndrome. After reading the extensive chapter on hyperventilation, it seems hardly possible to use the term for describing any form of breathwork. "You are hyperventilating if breathing is predominantly thoracic (chest); if little use is made of the diaphragm (abdominal movement is minimal; if breathing is punctuated by frequent sighs; if sighing has an effortless quality with a marked forward and upward movement of the sternum but little lateral expansion." (p. 45)

So hyperventilation is a clinically well described disorder which should not be mixed up with symptoms that come up in certain cases of forced conscious breathing like in Holotropic Breathwork. (cf. Dialogue on Hyperventilation between Kylea Taylor and Joy Manné, The Healing Breath, Vol. 1, No. 2)

Fried is on the side of "somatising" symptoms and doubts their psychological causes when he objects the wideheld idea of tracing hyperventilation back to hysteria (cf.

p. 27). He emphasises the view that psychological disorders are rather caused by distorted breathing patterns than distorting breathing patterns being caused by emotional problems.

Fried gives some interesting insights into the field of the role of nutrition on breathing: „There are substances found in common foods that may promote conditions in your body that adversely affect breathing and favour stress disorders." (p. 79) He quotes findings that say that the amino acid tyramine would quicken breathing (p.83) whereas tryptophan is likely to promote hyperactivity (p.84). The role of minerals like iron, zinc, magnesium, calcium and potassium in the functioning of the nervous system, of blood circulation and breathing is discussed and integrated in specialised dietary recommendations for people with breathing disorders.

Fried has positive results of breathing training in correcting hypertension: "You can control your blood circulation faster and more reliably by learning deep abdominal (diaphragmatic) breathing than by any form of biofeedback!" (p.174) Even in the case of migraine and epilepsy he states: "As you will see, migraine and epilepsy both respond favourably to breathing training and nutritional management." (p.163) which is quite surprising as both hypertension and epilepsy function as standard counterindications for breaththerapy. It has been known for quite a long time that forced breathing can cause epileptic seizures. But it is hardly known that the improvement of breathing can influence the symptom. Of course, this cannot be a intensifying form of breathing but has to be a training in relaxed abdominal breathing.

Asthma, panic attacks and depression are among the symptoms which are explored in detail in their interrelatedness with obstructed breathing. "The best explanation for how disordered breathing causes psychological disorders is the obvious one: It causes insufficient oxygen delivery to the brain. It starves the brain. The anxiety or depression may stem from the fact that the sufferer is experiencing varying degrees of slow and incomplete asphyxiation – a reduction of oxygen to the body and especially to the brain. The most likely explanation centres on the effects of low carbon dioxide. We know that when carbon dioxide decreases below normal levels, arteries in the body constrict and brain arteries also constrict. Blood circulation is thus impaired in the brain. That impairment affects the brain's metabolism and therefore its function." (p. 133)

Fried is not a linear thinker but pays attention to the complexity of phenomena while over and over again pointing out the key role of improving the breathing: "There are very few conditions that can be treated with breathing training that were directly caused by improper breathing, but many factors need to be present before a disorder emerges. By the same token, there are very few conditions that proper breathing will cure. And I do not claim otherwise. But most disorders are significantly aggravated by improper breathing. And most disorders are significantly ameliorated by restoring proper breathing." (p. 109)

As professor of biopsychology and director of a stress and biofeedback clinic in New York, Robert Fried holds on to a strictly medical scientific perspective. His presentation of psychological aspects are very cautious and are barely integrated in the described breathing exercises. This is where I see the limitations of the therapeutical possibilities he can offer. From the great quantity of clinical experiences with the negative aspects of (shallow) chest breathing comes the emphasis on improving abdominal breathing as a predominant task. That apart from this undenied fact, considerable advantages can be derived from expanded chest breathing – connected with a relaxed abdominal breathing –

is left out in Fried's perspective. We know from many experiences though that the opening of chest breathing leads to emotional opening and transcends the medical realm. Maybe this is the cause why Fried's description of the mechanic functioning of chest breathing falls short: He just points out that the enlargement of the rib cage would only be caused by the shoulder- and neck muscles (p. 29) whereas he oversees the important role of the inner and outer intercostal muscles which work in an antagonistic way in opening the rib cage. In integrative breathwork, we often advise the clients to breathe up in the chest without moving their shoulders. This helps to activate the chest muscles and to resolve tensions in these parts. But also emotional and sometimes even spiritual opening can be experienced when these muscles come into play actively and consciously.
But Fried does not enter these areas. He is interested in offering a behavioural therapeutic programme to correct breathing for asthmatics or people with hyperventilation. His approach is not about personal development to discover deeper roots of suffering neither about opening a meditative or spiritual way: "The breathing methods described in this book are abstracted from ancient meditation techniques and refined to give you its essentials. Thus, when you are doing the breathing exercise, with or without the mental imagery, you are getting the active ingredients of meditation – the ‚wheat', as it were. I have taken great pains to refine it from the chaff." (p. 95)
What Fried means as chaff could be also the inner commitment for a way of inner completion which can only be achieved in enduring and disciplined practice (predominantly with the breath). Here we find the merits and the limitations of Fried's book: a profound and well written introduction into the complexity of the physiology of breathing connected with descriptions of disorders and exercises for correction, whereas the emotional and spiritual powers and energies of breathing are out of view.

### ***The Breath Book: 20 Ways to Breathe Away Stress, Anxiety and Fatigue*** **by Stella Weller (Thorsons, UK, 1999)**

Stella Weller is a registered nurse and yoga teacher who instructs her patients in the use of breathing for use with a variety of mental and physical disorders. This book is mainly a collection of those techniques with brief introductions to the general concept of breathwork and how the exercises may be used to attain various ends.

Like her chapter lead-ins, Weller's introduction is brief but does throw up some interesting facts. She says that one in five people in industrialised countries suffers from "some form of respiratory disease. Such diseases rank as the second leading cause of disability and the sixth leading cause of death." Yet few people are ever instructed in how to use their breath to promote health. "Even doctors will admit that although they have received much education in diseases of respiration, they have been taught virtually nothing about what effective breathing entails." "The Breath Book attempts to rectify this omission." and what follows is a lengthy series of exercises designed to "...allay anxiety and promote a sense of calm; avert panic; cope with emotional difficulties, pain and various other stressors; improve concentration, induce sound sleep; combat fatigue; increase energy and stamina and make the very best of diminished lung function in cases such as asthma, chronic bronchitis and emphysema." ( p..2) as well as improve the voice. An impressive list, and yes, the book contains at least one exercise related to each of these

issues.

But before delving into the exercises Weller devotes her first chapter to the physiology of breathing. She describes the respiratory structures and the process of respiration clearly and simply. She also sets the stage for subjects that will be developed later in the book, most importantly the issue of blood gases and the balance between carbon dioxide and oxygen. The only problem with this chapter is that it really needs a diagram or illustration and in a book liberally sprinkled with clear, attractive diagrams, there is no visual representation of the structures and process of respiration.

The connection between breathing and emotion is examined in chapter 2. Weller begins with a short description of the linguistic connection between the two which could function as an abstract for the "*Breath is a Language*" paper by Manne.[1] She then simply and succinctly explains the breath-emotion connection giving the example of paradoxical breathing as a response to shock. "If a situation eliciting such a response arises often enough, the body will in time adapt to this pattern, offering less and less resistance to it. Before long, even minor stresses will produce this type of reaction. And since breath and emotions are interdependent, a paradoxical breathing pattern can recreate and reinforce the original emotional climate - a vicious circle indeed." (p. 14) Weller claims that the pain associated with emotions such as sadness and anger comes "largely from our holding them back and not letting them through." (p.15). It follows therefore that retraining the breath "...can help you process and deal more creatively and responsibly with unresolved emotional difficulties by directing attention to them in a way that allows them to pass on as quickly as they arose." (p. 16)

The chapter concludes with a relevant exercise called The 'Feelings' Breath. This like other exercises in the book, is described in simple, numbered steps. The breather focuses on the area in the body where they feel the feeling and breathes with it allowing it to dissolve on the exhale. This is followed by focusing on more life enhancing emotions and visualising sending these to the people originally held responsible for the negative feeling. I've tried the exercise. It works. But for me it was a little like letting the steam out of a boiling kettle. Deeper work is needed to get to the root of the feelings and pattern of response resulting from them. However, the fact that it can work in the moment makes it a very valuable technique.

Chapter 3 focuses on breathing retraining to alleviate bronchitis, asthma and emphysema. All three diseases are explained with Weller's characteristic simplicity together with a brief overview of the most common irritants such as smoking. This is followed by instructions on how to clear the airways through efficient coughing. The exercises in this chapter focus mainly on a controlled exhale as in all three ailments the main problem is in exhaling. They include breathing with a sandbag on the abdomen and two exercises done while climbing a stairs. These are most likely extremely effective practical exercises for asthma, bronchitis and emphysema sufferers. Weller, however, does not attempt any explanation for the relationship between these breathing disorders and mental/emotional states which is a pity because the views of someone so experienced in a

[1] Joy Manné, 'Breath is a Language,' 'Breath is a Language,' *Lectures and Transcripts,* Fourth Global Inspiration Conference of the International Breathwork Foundation, 'Breathwork and Psychotherapy,' Kirchberg/Pielach, Austria, June 6 - 13, 1997 and The Healing Breath, a Journal of Breathwork Practice, Psychology and Spirituality, Volume 1, No. 3, September 1999.

wide range of breathing techniques would be very interesting.

There is a relatively detailed chapter on breathing during pregnancy and childbirth with different exercises for the different stages of labour. The breathing is intended to compliment the essential muscle contractions as well as focus the woman's mind away from the pain, thus giving her a sense of control over the experience. This also helps process the emotions that can arise during childbirth and at the same time ensure an adequate supply of oxygen for both mother and baby. As an afterward to this chapter Weller admirably points out that the more at ease with her surroundings and in control of the process a woman feels, the less likely she is to need breathing techniques. She also acknowledges that preoccupation with the performance of structured, pre-learned breathing patterns could interfere with the body's spontaneous response to labour" (p.52) However, as there is such a strong link between feelings and the breath "It would ...seem imprudent to ignore the benefits of making use of one of your best stress management tools in childbirth..." (p. 53)

The chapter on voice and breath begins with a discussion of the relationship between body posture and vocal communication. Weller gives pointers for good posture which will reduce muscle tension and therefore produce freer breathing. Freer breathing can lead to more effective vocalising. This is followed by some breathing exercises one of which, The Unvoiced 'Ah' Breath, I found evoked quite and emotional response in me. This was fine, a bonus in fact, but the possibility wasn't signalled in the introduction and I think it's a pity Weller doesn't give greater detail on the specific purposes and possible effects of these exercises.

Chapter 6 is titled Breathing Lessons: The Basics. It is packed with instructions with diagrams explaining diaphragmatic breathing. The detailed instructions are vital for people who find it difficult to get air into the lower part of their lungs and perhaps should have come earlier in the book. To her credit Weller does not dogmatically insist that abdominal breathing is the 'correct' way to breathe. Instead she leaves it up to the reader to develop through awareness an understanding of their particular breathwork needs. "As your breath awareness becomes keener, you will more readily be able to identify unconscious breathing habits that detract, or have detracted, from health and productive living. You will then be able to replace them with beneficial breathing patterns with a greater degree of voluntary control.." (p. 65) However, she does state that diaphragmatic breathing is the most valuable exercise in the book.

The longest chapter is devoted to stretching and physical relaxation exercises with liberal use of very clear diagrams. This amounts to a very valuable and gentle stretching routine to support the work of the breath. The book concludes with two short chapters on breathing and visualisation and breathing and meditation. While the exercises that link breath with visualisation are very useful the introductory paragraphs on the links between the two are scanty and lack any concrete information. Given Weller's medical background a little more detail would be very welcome. The introduction the chapter on meditation is more satisfying. Here the process and benefits of meditation are laid out. It is followed by several very good techniques focusing on the breath as a form of meditation and indeed as "an essential part of meditation." (p. 129) These lead the reader through breath awareness into awareness of their own internal rhythms and culminates in the very relaxing Humming Breath.

The final chapter is devoted to the very practical but overlooked business of

regular cleaning and maintenance of the apparatus - nose, mouth, the pelvic diaphragm and the perineum. The latter two areas are not generally mentioned in books about breathing. They refer to " a sling-like muscular support of the pelvic organs," (p. 138) and to "the tissues between the anus and external genitals: (p. 139) respectively. These apparently are quite important in the process of breathing.

In conclusion, this book is well presented with an attractive cover and lay out. Weller's writing is clear and direct with no superfluous flourishes. If the reader is looking for exercises and has little time to wade through elaborate explanations, this is a major strong point for the book. However, sometimes the introductions are a little too brief. In the chapter on voice for example, clarity and depth are sacrificed to brevity, and the treatment of issues raised in the first chapter, when it comes, is just enough the leave the interested reader wanting more information. Weller does supply a substantial bibliography along with her glossary of terms and index so the avenues or exploration are open but given her medical background, it would be interesting to have her explore areas like hyperventilation. Also, a few footnotes to substantiate the facts laid out in the introduction would not go amiss.

This is a very practical book. It is packed full of very user friendly exercises that range from the old favourites of diaphragm and alternate nostril breathing to the less well known sniffing breath, coughing breath, divided breath and dynamic breathing. Some of these I have encountered under the banner of Osho, others are new, but there is certainly enough for everyone to find a favourite. The only thing missing is what is missing from the vast majority of books on breathwork - any reference to techniques that utilise the upper part of the lungs. It is however, refreshing to encounter an author who isn't dogmatic about any particular way of breathing. The book delivers on the promise of its title. I would recommend it highly for its large compendium of exercises as well as for its common sense approach. Given the number of exercises contained within, it is very good value for money. It would just be nice to get a little more of the author and her views.

**Larry Dossey, M.D. (1997), *Be Careful What You Pray For … You Just Might Get It: What We Can Do About the Unintentional Effects of Our Thoughts, Prayers, and Wishes.*** New York: Harper Collins.

It is a maxim in Rebirthing that "Thought is Creative." Here is a book that explores the human potential for creative thought, with surprising and frightening results.

In his Introduction, Dossey explains reasons why prayer "*can* and *should* have negative consequences," when we pray for health for someone, we are also praying that the micro-organisms causing the illness should die. (p. 6) He insists that prayer, like God, has a dark side, a shadow, and that we should acknowledge this.

Part One, which is divided into two chapters, explores whether prayer can harm. In 'Curses and Churches,' Dossey points out that cursing – negative prayer – has a prominent place in the Bible, and there are also many unintentional ways in which one may produce negative prayer including wishing a person out of the way; wishing that one's own child wins and another loses; various ways of attempting to control others; saying "Damn!" Dossey brings up the ethical issue of praying for someone who has not

requested it and asks whether that is manipulative. In 'Why Prayer Backfires' there is a discussion of the usefulness for survival of our capacity to focus on negative possibilities. While Dossey does not advocate unhappiness, in the context of praying for happiness he advises "to reflect on the value of unhappiness and how it has enriched our lives." (p. 37) He points out that praying for specific outcomes is "interfering in a highly complex, tightly coupled system that, when tweaked, often responds in unpredictable ways," (p.39) and illustrates this effect with many surprising examples. Rather, He advises, leave outcomes to the expert, "the innate, invisible wisdom (that) does seem to be present in the universe," by whatever name: "Thy will be done." Dossey raises the question whether, like the conservation of energy, is there a conservation law of evil? If our problem is solved through prayer, does it then become someone or something else's?

Part Two treats the subject of 'Negative Prayer in Everyday Life' in six chapters. 'Medical Hexing' is also called the nocebo effect: a curse from a tribal medicine man or a dire prediction from a medical doctor that a patient will obey, to the detriment of her/his health. Dossey analyses the core beliefs that make hexing work. The problem of medical curses spoken while a patient is anaesthetised and protection from them is discussed, including the healing potential of anger. Dossey says, "We should *expect* the existence of a psychospiritual immune system." (p. 80) In 'The Death Wish,' Dossey considers theories about the origins of negative prayer, telepathy and the survival advantage of the power to harm at a distance. In Making Demons, he brings up the issue whether "our imagination can bring into existence something that is not now present," (p. 91) and gives remarkable examples of experiments where this has happened. Dossey asks the very challenging question, if a "person" can be conjured up through the imagination of others, can the devil too be created and strengthened in this way? Can praying against something we hate and fear actually empower it? A chapter on 'Death Prayers' used by shamans compares the way these work, i.e. through guilt, to the way that religious teachings on original sin and the fall arouse guilt, and asks whether by creating guilt feelings "some of our religious traditions are setting people up to be victimized by the malevolent intentions of others". (p. 105) Dossey asks too whether precognition contributes to making the perceived event take place. (pp. 108-112) There is a chapter on the Evil Eye which asks interesting questions about whether looking at germs through modern technology can contribute to killing them off, i.e. can work like the evil eye. A chapter called 'Hexing Ourselves: the Power of Negative Belief' deals with the nocebo effects: "the negative results of negative beliefs, feelings, and emotions. … (which are) essentially self-curses."

Part Three concerns the Biology of Curses. Here Dossey considers the biological origin of the shadow: "that part of our mind that is the storehouse of everything we dislike about ourselves and do not want to accept consciously." (p. 138) Evoking Darwinian theory, he wonders whether negative prayer is the act of the selfish gene, and discusses the life and death of cells and in vitro healing experiments. In a chapter called "Curing and Cursing: a Fine Line," Dossey returns to the theme that to cure one problem may result in the death of something else: organisms may have to die so that life is saved. Dossey has received many noxious messages through his research into prayer, and that led him to the topic of 'Negative Prayer as Ambush.' He discusses the problem that luck can attract envy. Persisting in his position that negative prayer may have biological survival functions he says, "I feel we should think twice before repudiating our capacity to harm others mentally. Even if we could do so, it does not make sense to disown a power,

like vision and hearing, that has help us survive as a species. Who knows – perhaps we will need it again in the future." (p. 161)

Part Four is on the 'Scientific Evidence.' This includes healing experiments with micro-organisms and hospital patients, and with the energy generated through qigong practice and puts forward the emerging theories.

Part Five deals with 'Protection.' Not surprisingly prayer is put forward as one means, as are images, aromas, the practice of humility, seeking forgiveness, and the exorcism of evil forces. There is a discussion of the concept of karma and how to cope with it, and of the power of love, and a warning against exotic means of protection, "The more exotic a method of protection, the greater the risk of being lured away from the basics. The most reliable forms of protection against the negative intentions of others involve psychological growth and maturity, honouring the presence of the Absolute in our life; and cultivating our capacity for love." (p. 214)

This book is very well researched. There are notes, an index and a twelve page bibliography.

Dossey's book reminds us that we have to be careful about our thoughts and their consequences. His many examples prove that indeed thought is creative, but they do not prove that it is omnipotent.

**Reviewed by Joy Manné, Ph.D.**