

The Healing Breath

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WHY DO WE NEED TO TEACH “NATURAL BREATHING”?

BY
ROBERT FRIED, PH.D.

Why indeed?

Doesn't it seem paradoxical, and indeed the height of pretension to those of you out there who teach breathing, that you are teaching one of God's creatures how to breathe “naturally?” Don't we all already know how to do that? We are provided with natural breath at birth. Look at most newborn babies: They breathe naturally without instructions. So, as babies grow into adults, what's become of their “natural breath”? Where did it disappear to?

According to the Hebrew Bible, God breathed life into Adam, thus creating a spirit with free will. Adam and Eve chose to be the human beings that we are today, human beings who experience fear (Genesis 3:10). Fear doomed “natural breath.” It is the basis for anxiety, for fear is the way the body and mind react to danger and prepare for defense, and anxiety – one of its forms – is the way they react to anticipated danger. Fear and anxiety are the sworn enemy of natural breathing.

A Tibetan saying has it that breath is the horse and spirit is the rider. Fear and anxiety bridle that horse: Breathing both affects and is, in turn, affected by fear and anxiety, emotions that cause stress. They cause the “horse” to lose its natural rhythm; in turn, the “rider” becomes uncomfortable and can lose balance and even be thrown off. That loss of rhythm sets into motion a chain reaction of biochemical events inside the body which, by disturbing natural balances called homeostasis, can increase the frequency and severity of discomfort and symptoms, while on the other hand, therapeutic breathing can restore homeostasis and lessen these.

I have reported in my books that many stress-related and emotional problems are worsened when breathing loses its natural rhythm: For instance, both the brain and the heart are readily observed to lose their natural-balance rhythm when breathing loses its natural rhythm: The so-called respiratory sinus arrhythmia (RSA) – arrhythmia is a misnomer – where pulse rate and blood pressure rise and fall with inhale and exhale, prevails in deep diaphragmatic breathing and is disturbed by dysregulation of breathing. The deep relaxation yoga-breathing-related alpha brain wave rhythm likewise disappears when breathing is irregular. Many other organs likewise function less effectively resulting in discomfort and symptoms.

Breathing regulates metabolism and metabolism regulates breathing. It is a basic fact of the biology of all living creatures that breathing must meet the oxygen needs of activity and that it must eliminate numerous gas by-products. Dysregulated breathing has, as it were, a life of its own. It does not follow the needs of metabolism, nor does it meet them. For instance, breathing is dysregulated when you run: It cannot meet metabolic need and that is why you continue to breathe fast for a relatively long time after you stop running.

What if you breathe fast when you are not running?

Breathing is unlinked from metabolism when you are fearful or anxious: You may alternately hold your breath or overbreathe. When breathing loses its natural rhythm and you overbreathe, both subtle and not-so-subtle events in the body require immediate compensation. One of the most important such events when you overbreathe, or hyperventilate, is that it requires compensatory changes to maintain your body's acid-base balance at about pH = 7.38.

Since neutral is 7.0, and less than 7.0 is acid – a condition that may be rapidly fatal – 7.38 is slightly alkaline.

The delivery of oxygen to all cells and tissues in the body depends on how the hemoglobin in red blood cells takes it up in the lungs, carries it to all parts of the body, and then how it releases it to the cells. That blood hemoglobin function is extremely pH sensitive and both blood and nerve cells are among the first things in the body to falter in an unfavorable pH environment: Increase alkalinity through hyperventilation, and hemoglobin will hold on more tightly to oxygen thus releasing less to cells and tissues. The body tolerates little variation in pH: It tolerates actually a little more on the alkaline side than on the acid-side. That is why the “alkalosis” of hyperventilation can exist chronically compensated whereas the acidosis of, let us say, diabetes can be rapidly fatal.

The lungs are responsible for about 85% of the biochemistry that results in the proper blood pH. The kidneys only about 15%. Thus it can be readily seen that all life functions which are so crucially regulated by pH depend largely on the lungs for homeostasis. When lung function is altered, the kidneys need to do extra work. This is very stressful and it affects metabolism and the function of virtually all cells and organs in your body. Unless these compensatory changes become drastic, as in kidney, and heart disease and diabetes, where aggressive medical attention is required, your clients may hardly be aware of the internal struggle for homeostasis though they may experience unexplained exacerbation of their symptoms and discomfort.

WHAT IS PSYCHOSOMATIC?

Suppose that your clients suffer from any one or more of the following symptoms: headaches, dizziness, nervousness and irritability, asthma, migraine, hypertension, gastric distress, palpitations, shortness of breath, anxiety, (functional) chest pain... the list is nearly endless. How many of them do you suppose were given a simple spirometer test to see how well they could breathe? How many do you suppose were tested for arterial blood O₂ saturation and for end-tidal CO₂? None, of course because it is not now routine even though a British medical panel recommended some years ago that functional breathing assessment should be part of every medical examination. A stethoscope on the chest can pick up heart sounds and tell you if there is fluid in the lungs but little else.

If your clients are not sick by medical standards, but not well either, and they pursue medical diagnoses and treatments they may find themselves labeled a crank or a hypochondriac, or by a more kindly health services provider as one who suffers from “psychosomatic” symptoms. In other words, it’s all in their head. They must obviously be suffering from psychosomatic disorders, otherwise, why would they “breathe funny” that way. It couldn’t possibly be related to breathing! But we know better don’t we.

It’s been a long time now that, despite the mountains of evidence, health services professionals have failed to recognize the role of breathing in the so-called psychosomatic disorders. In fact, practically from the time of DaCosta, a military surgeon from the American Civil War era who described “effort syndrome,” psychosomatic symptoms were variously assigned to either internal medicine as evidence of heart disease, or to psychiatry as symptoms of “hysteria.” The same clearly breathing-related symptoms, associated with “sighing respiration,” were thought to be evidence of heart disease in medical journals and of neuroses and hysteria in psychological journals!

There are cranks and hypochondriacs, of course. But there are also a lot of people who may have fallen between the cracks of medical knowledge... especially when it comes to

knowledge of functional breathing-related disorders. Perhaps if your clients are among those who have fallen into that category, attention to breathing may help them. Your efforts to help them to restore their breathing to a “natural” form may be the only useful remedy that they may ever encounter because, barring frank organic disease, disordered breathing may itself be the problem.

Remember that they are not responsible for having acquired one or more of these “psychosomatic” conditions. They could not, at will, acquire a disorder to which they do not have a predisposition. That means, that if there is absolutely no history of asthma in their family, the chance that they will have it are slim indeed. That holds also for migraine, if there is no evidence of vascular disease in their family and numerous other symptoms of so-called “psychosomatic” disease.

Consequently, no matter how emotionally upset they become, they cannot readily produce a disorder which does not run in the family in one form or another. The disorders aggravated by disregulated breathing commonly result from an increase in the likelihood or severity of conditions to which they are already predisposed when they make chronic unreasonable demands of their body such as stress in the form of sustained arousal by fear or anxiety accompanied by disordered breathing.

WHAT CAN WE DO TO HELP?

A program including sound medical advice and exercises which focuses on restoring physiological calm and order through deep diaphragmatic breathing, perhaps with imagery and music, may be very helpful in reducing the frequency and severity of the symptoms of their disorders and, it is hoped, ultimately getting rid of them for good. Such a program is detailed in *Breathe Well, Be Well* (John Wiley & Sons, 1999) which I wrote specifically for my clients.

Thus, while they may not be responsible for acquiring their disorder in the first place, you can help your clients to take responsibility for controlling it, even for reducing it. Deep abdominal breathing, as taught in my books, has been shown to be an important component in achieving well being and coupled with the music selections cited, it may have a profoundly salutary effect on their breathing and their health. It helps to increase ventilation, and seems to help reduce the effort or work required by the body to gain air. Listening to music is, by the way, also a fun way to practice breathing. And I always hope that in addition to finding these exercises helpful that your clients will also enjoy doing them.

Finally, it is equally pretentious to think that we can really teach our clients “natural breathing.” All that we can do at best is coach them, encourage them, monitor their progress and hope that the outcome will, in fact be “natural breathing.” That is why I use integrated imagery in teaching breathing: Breathing consists of two main functions, inhale and exhale which the brain synchronizes. As you well know, certain brain conditions that affect one or the other selectively prove that the brain controls them independently. During inhale, the brain is in an excitatory state and during exhale, it is in an inhibitory state. Many EEG studies have shown this conclusively. When I teach “natural breathing,” I integrate arousal phrases such as “I am awake and alert” during the brain excitatory inhale phase, and relaxing phrases such as “I am calm and relaxed,” during the brain inhibitory phase of the breathing cycle. Thus, like jiu-jitsu, the body and the mind “push” when the brain “pushes,” and they “pull” when the brain “pulls.” As described in my book, this way of integrating breathing instructions makes breathing natural insofar as the client works with his/her own brain state to gain control over breathing.

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LEARNING THE EXPERIENCE OF BREATH WITH PROFESSOR ILSE MIDDENDORF

by
MARGOT BIESTMAN

In June I was fortunate to attend a five-day intensive workshop offered by Professor Ilse Middendorf at her institute in Berlin, Germany. This time was for a group of directors and teachers of Middendorf Breath Institutes throughout Germany, Switzerland, and our one institute in the United States, located in San Francisco. There are now about 1500 Middendorf Breath practitioners throughout the world, who have been certified after training for 3 ½ years.

What a treat to enter the space of Ilse's institute at this time, just before her 90th birthday. Her institute is situated in an historic part of the city, Viktoria Luise Platz. We enter through a courtyard of the building—part of the old Kaiser Wilhelm's Palace. The workshop was held on the ground floor, in a beautiful room of high ceilings with carved moldings, simply and tastefully decorated, tall windows, facing onto a lovely garden. Around the room were placed simple wooden stools in a circle for participants, who are invited to sit in a way that supports them in the development of their breath through body, soul, and spirit.

My sense of Ilse is that she embodies presence. She is small in size, graceful, and breathful at the age of 90. Her presence comes from sensing and being fully conscious in experiencing her own natural breath as it comes and goes on its own. It is this breath that moves her through her life. She is vital, dynamic, and lively (she leaps like a frog now and then in the mornings). She has grown softer in her later years, more affectionate and loving. She is dedicated to her work, and its support in healing body, mind, and soul. She is dedicated to sharing what she has developed with us throughout her life. She is precise and demanding in her teaching of sequences, which lead toward movement out of breath throughout our lives, as we develop more and more self-responsibility and freedom. And she trusts us to reach our own creative potential in teaching this work.

As I work, I become more and more aware of how the inhalation, when not directed nor pushed, is the feminine part of the breath cycle, how the exhale has direction and is the masculine part of the cycle, and how the pause is the reconciliation of the two, where we wait in the hands of the greater power, trusting simply that the impulse to inhale comes again on its own. Each breath cycle is different, it starts anew. There can be no pushing, pulling, manipulating, or willing the breath. We simply sense its coming and going and follow its development into movement. The steps on the path, the sequences of learning, are simple and go very deep.

The focus this week is on the flow of breath, which can really be sensed and experienced. I understand somatically how the flow of breath influences my whole life, and how when the flow isn't there I am blocked with my Self and interpersonally. There is little talk, though we share our experiences with the breath. Our heads or emotions no longer rule us. The ego has become a servant of the Self, and there is something far beyond. I sense myself growing in response. I am here to respond to the breath, to devotion, to be self-responsible for my own healing and support healing in others. My experience is to connect not only with myself but also with others as partners. I could sense us breathing but also being breathed by a higher power that breathes us all. As we were moved by the breath, we could show ourselves as we are—transparent—the many facets of our individual personalities—e.g. shy, pushy, soft, strong, direct, deep, introverted, extroverted, open, impulsive, etc.

I am constantly struck by the depth and flow of this simple and profound work. If Ilse is like she is at 90, why not me? And why not many others? As this healing work progresses, more healing powers are brought into the world that so sorely needs them. Will it be possible, as Ilse says, to have no more wars some day?

INTERVIEW WITH ILSE MIDDENDORF AND JUERG ROFFLER

In an interview with Ilse Middendorf, Juerg Roffler, Director of the Middendorf Breath Institute of San Francisco asked how she came to discover breathwork. Ilse replied, “I’ll have to go back a long way. It started in my childhood. I always liked to move and my parents sent me to gymnastics school when I was only six years old, and the result was that I became more and more interested in the mind body connection. I had a very strong experience when I was 11 or 12 years old. I was in my parent’s garden and I was supposed to work there. But I stretched my arms towards the sky and I looked at the sun and the blue sky and suddenly a voice within me said: “You need to breathe.” These words were so strong and said in a voice I hadn’t known before, that I was deeply touched by it. I told my parents who of course did not realize the importance of this experience which led me to follow my strong interest in the body as oneness of body, mind, and spirit. I was always very much interested in following this path, and from early on, I had the impression that people passed over a very important part of their lives. I felt that I had to go deeper within what the gymnastics offered, and reach people in a deeper place.” .

..

Later in the interview, Juerg asked Ilse what was her mission and how she saw the future of the breath.

Ilse: I sometimes feel we are the first of a new age and I hope very much that this new age can be developed and can come through now. It sounds utopian, but I see this happening now, and for the next two thousand years. Now we are a few, maybe a handful of people who are living with the breath. They carry the breath as a state of being within themselves. You can sense through the breath if something is out of balance. You can sense potential illnesses and disturbances and you can do something about it. The Experience of Breath creates well-being. Also thoughts and the meaning of life become different. We will go through major transformation and my vision is that people will live more in peace through the balance of the feminine and the male principle. If we allow the masculine principle to continue to be dominant and if the feminine principle continues to stay unconscious, I am pessimistic about the future, but if we allow the feminine principle to unfold into consciousness and become substantial and meaningful, and to stop imitating the masculine principle, then gradually a balance can happen between the two, and this will change life on earth—not just individually, but for the whole culture. This will take time. Right now people seem to be scared to look at themselves and take responsibility. As soon as they realize they are responsible they usually back off. With this vision there is a lot to do. And we need to be very patient.” . .

When asked about her future, Ilse replied that there was no reason for her to retire at the age of 90. “Once you have sensed it (breath movement) in partnership with the Divine and experienced and accepted it, you continue on that path because it’s deeply fulfilling and peaceful. And since you have asked me my vision, I have to tell you that this results in a future without wars.”

From *The Experience of Breath: An Interview with Ilse Middendorf and Juerg Roffler*, video copyright 1997, produced by Ilse Middendorf, Juerg Roffler, Margot Biestman with Kevin

Braband, Samuel Merritt College, Oakland, CA, Middendorf Breath Institute of San Francisco, funded by Breath Center of San Francisco.

Other quotes from Ilse are:

Breath comes and goes on its own...and with a peaceful rest. . .we trust that the next breath cycle emerges again on its own.

And from her new book, *The Experience of Breath in its Substance*, is this, from her poem:

Trusting in rhythm of Breath
means being connected to the source—
it shows to me
the deepest roots of my being.
It moves me to dancing
variations of life—
and finally to giving birth
to the smile.
Rhythm—
Resonance and pulsation
of movement
Home of Breath.

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COLD WATER BREATHWORK¹

by
TILKE PLATTEEL-DEUR

The basic rule is that clients should move into the water, inch by inch, waiting each time until the part of the body that is immersed in the water feels comfortable. Only then, do they move further into the water.

(The) principle of seeking the point where we feel comfortable and pleasurable in our bodies is the secret, which will produce the best results in a cold water session.

SOME HISTORY

Cold Water Breathwork has always been a special aspect of Rebirthing.

Leonard Orr started to use rebirthing in the seventies and with Sondra Ray published the first book about it in 1977. Orr liked to experiment and to “stretch” the possibilities of the body-mind. Doing Cold Water breathwork in a mountain stream in mid-winter is a real challenge and definitely does that.

In an interview with Gunnel Minett in 1989, Leonard Orr said: “Cold water Rebirthing has a tendency to dissolve our temperature trauma and other unpleasant experiences of coming out of the warm womb into the cold world. The deepest levels of pain in the human organism can be stimulated and realised through Cold Water Rebirthing.”²

HOLISTIC INTEGRATIVE BREATHWORK THERAPY

Warm³ & Cold Water Breathwork have always been an integral part of the Holistic Integrative Breathwork Training program that my colleague Hans Mensink and I have taught since 1979. We consider Cold Water Breathwork to be an essential part of a breathwork training and we want our students to experience this essential and important aspect of breathwork. Our first reason for this is because they benefit from it on a personal level: Cold Water Breathwork often leads to the experience of more power and mastery of the body-mind. Secondly, we assume that if a human being has come to know and accept his own deepest fear, frustration and pain, and is at ease with those feelings, he/she becomes capable of supporting others on their individual paths to self-development. Finally, in training people to become skilled breathworkers, we want our students to experience as many aspects of the work as possible. Besides breathwork, other

¹ An article on Hot Water Breathwork by Tilke Platteel-Deur appeared in *The Healing Breath*, Vol. 1, No. 3, September 1999, pp. 59-70.

² Gunnel Minett, *Breath & Spirit*, The Aquarian Press, London, 1994.

³ See “What is Breathwork Practice, Psychotherapy and Spirituality?” In *The Healing Breath*, Vol 1, No. 1, pp. 3-9. *The Healing Breath*, Volume 2, No. 3, September 2000, Page 9.

techniques including Voice Dialogue, Polarity Massage, Visualisation techniques, etc. are taught during their three years of basic training that will enable them to guide their future clients to integration in a secure and safe way.

Conscious Connected Breathing

In Holistic Integrative Breathwork Therapy we use a form of breathing that is connected.

Technically, when the in-breath is connected to the out-breath in a gentle, relaxed rhythm, the focus of attention is guided into the body and into the present moment. As the breath starts to unfold we meet all the “folds” that are in our way. One could say the “folds” are the blocks in the body-mind, the thoughts and feelings that have been repressed in the course of our lives. This repressed material is “waiting for a chance” to be re-examined, experienced completely on the feeling level and integrated. While breathing connectedly, we become aware of the physical sensations and the thoughts and emotions connected with them. Those will get our undivided attention as we keep relaxing more and more into what is happening. Focusing on our breathing helps us not to identify any longer with what we are feeling and/or thinking and it prevents us from drowning in our feelings. We are able to breathe continuously whatever we think or feel and thus centre ourselves in “the here and now”.⁴

Playing with the depth and tempo of the breath of our clients is a practical tool for guiding them through – for breathing them through – difficult situations in a session.

THE DIFFERENCE BETWEEN WARM AND COLD WATER BREATHWORK

Cold Water Breathwork is completely different from Warm Water Breathwork – and this is not only because of the temperature! Whereas Warm Water Breathwork is normally done with a facilitator working in the water with a client, often with a second person helping to carry and support the client, cold water breathwork is basically done alone. It is more like a meditation, which during the early sessions might be supervised by another person. After some experience, supervision may no longer be necessary.

Cold Water Breathwork can be done indoors in a tub filled with cold water, as well as outdoors in a river or a lake.

The role of the facilitator

As I explained above, the role of the facilitator is different in cold water breathwork from in warm water breathwork.

In Warm Water Breathwork, physical contact is an important issue. In Cold Water Breathwork, it is not an issue at all. The facilitator usually remains fully clothed and does not enter the water. S/he will be at the edge of the tub – or, if working out of doors, on the shore – assisting the client to get his connected breathing rhythm moving well. When this task is accomplished, the breather mostly works on his own with the facilitator present just in case s/he

⁴ See my article “What is breathwork, ...?” op.cit.

is needed to give support: i.e. to take charge of the clothes that are being discarded at the beginning of the session or to provide some towels at its end.

THE PURPOSE OF COLD WATER BREATHWORK

We use Cold Water Breathwork for the following reasons:

- It can be a wonderful experience of power, pleasure and bliss.
- It can trigger hidden, physical memories of temperature changes at birth and/or, near death experiences, which need to be integrated.
- It helps to regain a sense of appreciation for our bodies.
- It may lead to more mastery over the body-mind.
- It may initiate a powerful experience of our spirituality.

THE PRACTICE OF COLD WATER BREATHWORK

These are the most essential elements that must be taken into account in order to do this kind of breathwork well.

Physical preparation

- The body
- The area for integration

Naked or not?

- How people feel about their bodies

Psychological preparation

- Deciding upon a theme
- Fear of cold water and how to move into the water

Being in the water

- Temperature of the water
- The amount of time spent in the water
- Positions in the water
- Going beyond boundaries

Leaving the water

- The way to a place where one can relax
- Completion of the session and integration
- Dealing with large amounts of life energy

PHYSICAL PREPARATION

Cleaning the body

When done in a tub, the physical preparation for Cold Water Breathwork is the same as for a warm water session. We have to wash and clean ourselves, especially when we share the same tub with a group of people. In both warm and cold water breathwork, it is useful to check the accessibility of the water because of the way one moves into it. I will explain this in detail in *Psychological Preparation*.

Preparing the area for integration

The experience of Cold Water Breathwork can be extremely powerful. In particular, when people have been in the cold water for a long period, say 45 minutes to an hour, they will often feel full of strength and proud of their accomplishment. At the same time, they may be shivering intensely, although this is not always the case. Therefore, when practised indoors as well as out of doors in open water, we need to prepare a place where the session can be completed after coming out of the water. A blanket and towels are both practical and a necessity here. Usually it is less comfortable outside lying down on the ground than on a mattress indoors but since the experience of Cold Water Breathwork is largely one of achieving access to our power, this small discomfort is not a problem for most people.

NAKED OR NOT?

How people feel about their bodies

When practising Cold water Breathwork out of doors, we need to consider whether it is necessary to wear swimwear for our own convenience and/or to not upset other people. When practised indoors, the same considerations about nudity that apply with Warm Water Breathwork apply. When people feel awkward or shy about their body, they put on a bathing suit. When they

feel at ease with their body, they may do the work in the nude. Normally, as I said above, the facilitator will not enter the water and will stay dressed.

When practised out of doors it is wonderful to be able to work in the nude. However, where the location is not totally private and the possibility of passers-by exists, it might feel safer to wear a bathing suit. Furthermore, the air may sometimes be so cool that we have to be partly dressed so that those parts of the body that are not yet immersed in the water do not become excessively cold.

Case history

Our training program takes place close to a large river with tributaries, which form a lake with shallow water and a natural area for bathing. A little further along its coastline, there is an area for nudists. This is where we go for Cold Water Breathwork.

One afternoon we took our second and third year to do Cold Water Breathwork. It was rather chilly and there were no other people around. The students paired up and soon after that, the breathers – forming a long line along the edge of the water – started to move slowly into the water. Their facilitators were sitting along the shore. Most of the breathers were naked from the waist down. They wore all kinds of warm clothing on their upper bodies because of the cold wind. It was rather a funny sight. The further they went into the water, the more clothes they took off. At a certain moment a man walked by and, quite amazed at what was happening, stopped to watch. Being observed annoyed some of our students. I went over and explained what they were doing. He happened to be a yoga teacher and was not just understanding but also very interested.

Had he been a voyeur, it could have been very difficult for us.

PSYCHOLOGICAL PREPARATION

Deciding upon a theme

For a first session, just the thought of having to go into cold water plus the low temperature of the water itself will bring up more than enough material to work with. Very often, material will come up that has to do with physical memories of cold and/or pain.

After having experienced several cold water sessions, one may prefer to choose a certain theme. You may also decide to do sessions on your own if you have gained some experience.

Case history

I am moving into the tub very slowly. It is a tub, which is normally used to cool off after a sauna, so the water is really cold, about 16 degrees centigrade. When my legs are totally immersed, my crotch touches the water. I feel a sharp pain like being cut. In that moment, through a synchronicity that is usual in breathwork, the baby of one of the other participants of the training starts to cry. This triggers the memory of the birthing process

of my eldest daughter whose delivery was difficult. The doctor had to perform an episiotomy in order to get her out. Although he had told me that I would not feel anything – which indeed I did not at that moment – I feel it very clearly now.

I am amazed at how this memory has been stored in my body. I feel anger and a deep sense of frustration of not having been able to deliver my child just by myself. My breathing speeds up and deepens and in a couple of minutes, the pain dissolves. The whole pelvic area becomes more relaxed than ever before. It is, I think, well known, that a relaxed pelvic area permits an ever more rewarding and satisfying sex life.

How to move into the water

The way one moves into the water is crucial for the results of a good Cold Water session. Clients should consciously connect their breathing and keep it rhythmic. Breathing in this way, the basic rule is that clients should move into the water, inch by inch, waiting each time until the part of the body that is immersed in the water feels comfortable. Only then, do they move further into the water. If this state of comfort cannot be attained, the breather should move back to the last position that was comfortable and start again from there. This principle of seeking the point where we feel comfortable and pleasurable in our bodies is the secret, which will produce the best results in a cold water session. It is essential to observe this basic rule in order to do this kind of breathwork well.

Cold water breathwork is not about having to go all the way into the water and float in it. It is about respecting our own physical and emotional boundaries. Some people may finish the part of the session that happens in the water with only their lower legs immersed. Others may move in completely and float on their backs. Still others will remain standing, feeling their power while being on their feet. Some will sit down in the water with their legs crossed in a meditation position and remain like that for a while. Whatever they do is in order, as long as they follow the rule not to move further into the water until they are at ease at their present depth. Of course, it is fine to experiment a little and stretch our limits in a safe way.

Case history

Karen has done many Cold Water sessions. Nevertheless, she has never been able to put her wrists into the water. She has the same problem when she swims in the ocean. This problem does not come up in a swimming pool, which she will usually dive into.

She is standing, waist deep in the tub, with her hands up and above the water. Her whole body feels comfortable. Knowing about this particular problem, I ask her this time to move her hands very slowly into the water, fingers first, while keeping her breathing rhythm up. It is a relaxed, connected rhythm but a little faster than usual. This will help her to move into “unknown territory”. Although she tries hard, she does not succeed. The same sharp pain, she knows so well, comes again and she cannot go beyond it. Exasperated she puts her arms on the edge of the tub, her wrists just touching the ledge where the tiles are a little sharp. Suddenly her breathing rhythm changes dramatically. She becomes very upset and screams. I tell her to keep breathing in a connected and rather rapid way, which she manages to do. This helps her to stay with her feelings and “carry” them. Her whole body seems to struggle but she keeps breathing while tears stream over her face. After quite a while she calms down and quietly lets her hands move

into the water. She smiles and seems very peaceful now. Integration is taking place very clearly.

When I ask her what has happened, she tells me she re-experienced the moment when she was seven years old and nearly drowned while skating on a lake. She fell into a hole and tried frantically to get back onto the ice, which kept braking under her. By the time she was pulled her out, her wrists had been badly scratched by the ice.

By breathing into this physical memory in a relaxed way and not acting out her feelings, Karen was able to integrate what had happened to her in the past. The problem of getting her wrists wet while bathing in the ocean vanished after this session.

BEING IN THE WATER

Temperature of the water

Cold Water Breathwork can be done even in extremely cold water, although the air temperature should not be below zero to avoid hypothermia in those parts of the body that are not yet immersed.

Most people have experienced a temperature shock at birth. In his book *‘Pour une Naissance sans Violence’*⁵ Frederic Leboyer describes the torment a child suffers at birth. His eyes suffer from the stark light after the soft glow he has been accustomed to in the womb. His ears protest against the harsh sounds, so different from the muffled sounds he could hear while inside his mother. He winces and shudders as he experiences the transition from the temperature inside the womb – 37 degrees centigrade – to the temperature outside – at its best 22 degrees centigrade. In most cases, when a baby is born in a hospital, he will be weighed on a cold metal scale and washed with water, which is also experienced, as not warm enough to be comfortable. All of these experiences, which tend mostly to be suppressed, are stored in our memory and may come up during Cold Water Breathwork.

Moreover, in the course of their lives, many people have suffered physical injuries in one form or another; injuries that leave physical as well as – sometimes – psychological scars behind. The scars we carry along may hardly ever bother us in normal daily life. In Cold Water Breathwork, often, they will be activated: we will feel them again and have the chance to integrate the injury, the pain or whatever feeling is connected to them.

If we keep relaxing into all the different feelings that come up while we do connected breathing, we are able to “breathe through” the sensations that come up. The body-mind will then relax and begin to reconnect itself with its original sense of power. This relaxation will be experienced as a deep “saying yes” to the feelings that were previously suppressed. It will lead to acceptance and integration of the experienced feelings as well as the thoughts connected to them.

⁵ Fr. Leboyer, *Pour une Naissance sans Violence*, page 23 –27, Editions du Seuil, Paris, 1973. English translation, *Birth Without Violence*, Healing Arts Press, Rochester, Vermont (1994).

Case history, Sister Janine 1

To be comfortable I am sitting in a chair next to a low, children's plunge pool. Slowly, while my facilitator guides my connected breathing rhythm, I start to move my feet and then my legs into the water. When my feet touch the bottom, I stand up. The water now reaches just above my knees.

Because I feel the need to have my belly in the water, I sit down. While the water is now up to my chest and the lower part of my body is completely submerged. I keep my arms above the surface. It takes me some time to immerse my arms.

The more I surrender myself into the cold water, the more centred, compact, clear and safe I feel. I experience a wonderful feeling of being very alive, "I am here, on this planet, I am".

I feel as if a protective skin surrounds me, which separates my body from the cold water. It also seems to separate me from outer, foreign energies: energies that can neither penetrate nor confuse me. I feel free and connected with something very pure inside myself. I keep sitting there, quietly smiling and feeling at one with the world.

Coming out of the water, this "protective skin" dissolves. I begin to feel cold and it takes me some time to become warm again.

Today, I am still moved and astonished about the fact that, even during the time that I felt cold, the feelings of clarity, safety, contentment and joy of living were as perceptible to me as during the time I felt warm.

The amount of time spent in the water

The amount of time, during which people feel comfortable in the cold water, varies greatly. Some will start to shiver after only a short while, perhaps after having only their feet in the water. Even if they leave the water and start the process of moving into it all over again, they may not be able to stay in long or move in far. There is nothing wrong with this; a session is also "successful" if someone only goes in as far as his calves. The sensations some people feel may be too strong for them to integrate while remaining in the water practising a connected breathing rhythm.

Other people will achieve more strength and comfort with every breath they take and will manage to immerse themselves completely. They may even float and feel blissful with a serene smile on their faces.

Case history

Over the last few years, Irene has already done several Cold Water sessions. Today, the weather is bleak and there is a rough wind. Irene moves slowly into the water, breathing steadily. The deeper she moves in the more clothes she takes off. After about twenty minutes, she is immersed in the water up to her chest. She is standing with her arms high up in the air and the wind blowing through her hair. She stays that way for quite some time. Then she walks even deeper into the water to where she can no longer stand, turns onto her back and floats in the water, remaining in that position for about 15 minutes. She then starts to move like a dolphin, diving in and out of the water very gracefully.

When she comes out, her face looks radiant and although her skin is cold, she feels warm. She walks to her prepared place to lie down, without requiring any support from her facilitator and with the air of a queen. She feels full of power and is proud of her achievement. Her self-esteem has increased.

Positions in the water

As we have seen from the examples before, a person can behave in many different ways in the cold water. One may choose to stand up during the whole time spent in the water. Others may favour to float. In 1998, there was a pregnant woman in the third year of our training. The weather was again rather cold and rainy. (Yes, this ‘gorgeous’ Dutch weather!) I remember vividly how she sat in the shallow water like a Buddha, quiet, serene and at peace with herself.

Case history, Sister Janine 2

Merely because of the vastness of the lake, the height of the trees, the wind on my face and the sky above me, I felt my heart open, warm and filled with a quiet happiness and at the same time an unnameable longing. Breathing consciously, just the way God created me – naked – I slowly moved into the lake.

Like a child being softly and lovingly rocked, I experienced the movements of the waves rocking my body – just as softly. My hands and arms seemed to move by themselves:

- *My hands crossing my chest and holding my shoulders as if I were hugging myself*
- *My arms stretching sideways as if I were standing between heaven and earth, finding my own centre, open and vulnerable*
- *My arms stretching upward, like a longing for God, wanting to belong to Him*
- *The palms of my hands coming together, as if my whole body is praying*
- *My hands coming down in front of my heart, as if “it” is praying inside me without words.*

After a while, when my body was immersed in the water up to the waist I went into a squatting position with only my head above the water. My arms now moved in a way, that made my body turn round and round in circles. It felt so delicious to feel this deep joy for life that I began to feel jubilant and I cried out for joy. After I came out of the water and lay down, I spontaneously began to laugh. It was a wonder for me to listen to this/my own free, unrestrained and happy laughter and it took some time before it subsided.

I am now absolutely certain that my path leads me back into my convent from which I have been given permission to live in the world for the last three years to take this training program.

Going beyond boundaries

Cold Water Breathwork tends to draw people into going beyond their normal boundaries. There is an element in this type of breathwork that makes us want to prove ourselves, to test our limits: to dare to go in deeper, to dare to stay in longer, etc. “Wanting to prove oneself” is not necessary in order to have a good Cold Water Session.

As long as clients respect the rule not to move deeper into the water unless they feel comfortable, it is, of course safe to experiment. Because the authority for the pace of the session belongs entirely to the breather, *s/he* decides what to do and how to do it. The cold water in itself has a deeply grounding effect. A person who normally may be a little flippy will begin to feel very “together” and “solid” through being in the cold water.

Confronting themselves with the temperature of the water, the air, the weather in particular and the elements in general, gives people ample opportunity to gently move into a space in which they feel their own power. They may feel their will to live and sometimes their spirituality too, in a way they never experienced before.

Case history: Lena

Slowly I moved into the water, first my toes and then inch by inch up to my knees. I experienced those parts that were immersed as warm and cosy, while all the parts that were out of the water felt cold, freezing and extremely unpleasant. The borderline of the water felt like a knife, cutting into my skin.

While my body swayed back and forth, it was as if I heard an inner voice speaking: “You do not belong in this world. Move on to where you feel well. You do not need to come back, you will be freed completely”. A second voice spoke: “If you would do this, if you would leave this life and this body, you would go too far. You would be moving beyond your own boundaries. You have an assignment in this life, which is not finished yet. Be assured, God loves you”.

I consciously connected my breath again, and in doing so, with every in-breath I took, the decision to stay became stronger. After a little while my whole body felt warm and good. The water moved softly around my legs. The sensation of being cut by the water was completely gone.

It felt like I had consciously taken the decision to be here and now, to really live, and that was a wonderful feeling. It has remained with me ever since.

Case history

The weather is cold and windy. Clouds are chasing each other across the sky. Sometimes a watery sun peeps through. Annette moves slowly into the water until she is waist deep. She seems to be doing fine. When she comes out of the water after a while, she tells me about her experience.

“ I experienced a deep connection with the four elements. My feet were firmly planted in the earth. The wind was blowing about my face. The water splashed around my hips and although the water felt cold to my body, inside me I sensed a tremendous heat. It was like a fire. Because of these strong sensations, I became a little dizzy for a short time. This nearly caused me to trip over backwards and loose my footing. Nevertheless, by keeping my breathing rhythm steady, I could “be present” with what was happening and regain

my balance. It was very easy to maintain my physical and emotional limits and not go beyond them. Trespassing beyond my limits had been something I worried about before I started the session. All in all, this has been a session in which I felt totally connected with God.”

LEAVING THE WATER

The way to the place to relax

When the breather decides to come out of the water, the facilitator needs to be there with towels and a blanket and to support him – physically if necessary – and guide him to the prepared place to finish the session. Normally, the breather will feel powerful and will easily walk on his own. Sometimes, the shivering may be so strong that s/he needs some extra support. This shivering may look like weakness but this is not necessarily the case. The support therefore, should be given in a way that is experienced by the clients as being honoured for their achievements rather than as being “helped”. Energetically this makes a lot of difference.

Very seldom, but indeed sometimes, it happens that the facilitator has to summon the client to come out of the water, if the client overestimates himself and/or threatens to become hypothermic.

Case history

Jan is a small man who feels rather insecure about himself. In his youth, his father often told him that he was a weakling and that because of his height he would never become a “real” man. Jan’s basic thought pattern is; “I am not good enough, no matter what”. Because of this belief, he often will go to excess in order to achieve more than he is actually capable of. He always wants to prove that he is OK and that he is a real man.

When he starts moving into the water, he is breathing in a rather forced way. He takes his inhales in a jerking manner and does not relax his exhales. His facilitator guides his breath into a more relaxed rhythm. However, every time he wants to move a little deeper into the water, his breathing becomes strained again. If he were following the basic rules, he would not move farther into the water before feeling at ease with its temperature.

*It fits his particular frame of thought, that he tries hard to go deeply into the water: he needs to prove that he is just as capable as he considers the other participants to be. Nevertheless, Jan feels so cold that he cannot move more than an inch or two into the water. There he is; calves in the water, freezing and feeling very frustrated. His facilitator keeps telling him that he is doing well and that what is happening is exactly what his process is all about. Eventually, he starts to shiver uncontrollably. He shares how ashamed he feels about the situation. We decide that it is time to take him out of the water to do the integration work snugly rolled up in a blanket. After a considerably amount of time Jan starts to cry. The memory of the way his father judged him, fills him completely and he begins to really **feel** – as opposed to just **thinking***

about – what an enormous influence these judgements have had in different areas of his life.

While he keeps breathing and relaxing more and more into the depth of his pain, his crying subsides and he starts to get into contact with a deep, but helpless, anger against his father. He also begins to feel how he has been longing his whole life for acknowledgement, acceptance and love for just being who and how he is. After a while, his expression changes. He tells us that he understands why his father acted the way he did, and that he wants to forgive him. He relaxes even more and by the soft expression on his face, we can see that integration is taking place. He is obviously able to “own” his feelings and the thoughts connected with them. They have become a part of him, which he no longer needs to deny.

If Jan had forced himself to go deeper into the water and had not listened to what his body told him, he would have missed the opportunity to integrate one of the most important thought patterns he has held throughout his life.

In the next training, Jan reports that he feels more secure about himself. His self-esteem has improved and – which maybe even more important – his relationship with his father has changed dramatically of its own. During their last encounter, Jan felt neither judged nor rejected!

Completion of the session and Integration

As I have pointed out before, Cold Water sessions can be conducted using a theme. Being and working with the elements is, however, so powerful that guiding the breath is usually sufficient to achieve integration. It is much easier for the facilitator to guide the breathing, as well, as to use other techniques – where necessary – to help the client reach integration, when the client is lying down. I strongly recommend focusing on maintaining a relaxed connected breathing rhythm to accomplish this. Because of the physicality of Cold Water Breathwork, the use of this physical technique helps the clients to relax the body-mind, thus gaining trust in its inner wisdom.

The connected breath will help the client to relax into the feelings of the body, whatever they may be; coldness, emotional or physical pain, etc. The facilitator may play with the rhythm and the tempo of the breathing to support the client to enhance his possibilities for staying in contact with the sensations experienced. The client will then become able to “carry” the experience in his body. In other words, the client enhances his ability to stay conscious of what is happening.

Consciousness means **experiencing** what is happening in a given moment, *as well as being aware* of it and/or observing it. The connected breath supports us very well in keeping a position of awareness and simultaneously experiencing our feelings. Especially when we have strong physical sensations in our body, we need a tool that enables us to simply “be” with these sensations and to not drown in them.

If we stay conscious, we can observe how the breathing will relax increasingly. We will see that the body gets more comfortable and warmer. Eventually we will connect with that wondrous inner force that is the source of our being.

Dealing with large amounts of life Energy

Cold Water Breathwork is neither a very ordinary technique nor a banal experience. The case histories show that it can lead to experiencing large amounts of energy and to a sense of mastery over the body-mind. To confront ourselves with the elements, to not only survive them but gain strength from our encounter with them, gives us a feeling of power. This kind of power and liveliness is a sensation that we have frequently lost through growing up and in the course of our normal daily lives.⁶

For those of us who are afraid of trying to walk on fire, Cold Water Breathwork is a good first step for challenging ourselves, testing and/or changing our boundaries and overcoming our fears. It may reinstall in us a feeling of being one with nature. This combined with a sense of power on a physical and emotional level may reconnect us with our sense of our true self and of our spirituality.

We all are born as resourceful beings. Our resources might seem to have faded over the years, but they are there, waiting for us to reclaim them. Cold Water Breathwork can support us enormously in doing just that.

⁶ See my article, 'Hot Water Breathwork,' op.cit..

REBIRTHING OR REBREATHING : A RECAPITULATION

by

JON RG & TROYA GN TURNER

Chapter from *Birth, Life & More Life!* Life's Streams Books

Keywords : Whole-Self Psychology theory; rebirthing; rebreathing; birth trauma psychology; prebirth memory recovery, anger; emotive release; regression therapy; psychic energy; spirit releasement; symbiosis.

MEMORY IS LIFE!

I am sitting at my computer desk. For the last 11 years on the right wall of my office hangs a meter by half-a-meter purple felt banner with white letters. They are the colors of my Alma Mater. The 6½ inch white letters say "Holy Cross 1956."

.....

"Getting to know you, getting to know all about you. Getting to know you.."
*Some of you may recognize the lyric from Richard Rogers & Oscar Hammerstein II's 1951 Broadway hit *The King & I*. It came from the last decade of the truly great Broadway musicals. What made those singing, dancing spectaculars memorable were the words and music of the featured songs. Almost everyone knew the lyrics because they spoke to everyone's heart.*

"Getting to know you, getting to know all about you. Getting to know you.." It's a Sunday afternoon in mid-August 50 years later. I decide to take a break from writing. The pear tree in the back yard calls me. The pears are just coming into sweetness. I pick the roundest I can see. Go into the kitchen for a knife and sit down in front of the TV. The picture comes on.

"Getting to know you, getting to know all about you. Getting to know you.." How delightful! There she is... Deborah Kerr is Anna singing that song as she leads about a dozen of the multitude of the King of Siam's large progeny. He had a lot of wives and a lot of children - 67 including those whose mothers were out of favor. I remember the lyric and start to sing-a-long.

"Getting to know you, getting to know all about you. Getting to know you..." Suddenly I'm gagging. The words I love so much are choking me! I'm feeling a welling of tears in my eyes. What is happening? "Breathe out!", I say to myself. I remember that I have to breathe in before I can breathe out. To sing I have to breathe. Anna and the Siamese ensemble are joyously celebrating getting to know each other with full voices and I am reduced to a gasping whisper "Getting to know you, getting to hope you like me." "Breathe out!"

Something very powerful is triggering a very strong reaction. The words? The melody? The picture? All have combined to take me back to a time and a

⁷ Rogers & Hammerstein II (1956), *The King & I*. 20th Century Fox, Williamson Music, NYC.

place in my memory. What year is it? Easy! I glance down to the TV guide on the table – *The King & I* made in 1956! I breathe!

Spring of 1956... 22 years old...Last months of four years at the College of the Holy Cross in Worcester, Massachusetts...Senior Thesis - two weeks over deadline... final Philosophy oral exams - if I don't pass I don't graduate... then the final written exams - have to pass to graduate...my father has an ulcer and ¾ of his stomach is removed...a month before graduation the radio station where I've worked six hours every night since 1955 is sold - the new owner is changing the programs and doesn't want me even though I have the only number one rated show...a month after graduation we're to marry... we've already rented an apartment and bought a new car - how can I tell her and her parents I no longer have a job... By the standards of the day we were doing it so perfectly! Except now I don't have a job. 1956 - quite a year!

So I reviewed what I had believed was going to be, as Frank Sinatra reprieved “a very good year”. I watched. I felt my feelings. I understood my diminishing self-judgments and I recalled my diminishing decisions about myself and my life. I worked with all of it. I changed the lyric just a bit with apologies to Oscar Hammerstein II. “Getting to know me, getting to know all about me.” And I could breathe and sing and even join in with Anna and all the King of Siam's children. “Getting to know you, getting to know all about you. Getting to know you...”

BREATHWORK VS WHOLE-SELF PERSPECTIVES

From a breathwork point of view what happened? My physical-emotional reaction in not being able to breathe and sing normally clearly demonstrated that something was out of balance - and on a very deep level. My body most effectively acted as a biofeedback instrument⁸ by setting me into an arresting emotional reactive mode. It shut down my body function to verbally express cognitively known but emotionally unresolved patterns⁹. In Whole-Self Psychology¹⁰ it also signaled a message from my Whole-Self bringing to my attention non-conscious information which I very much needed to be aware of on a conscious level and, once recognized, to release myself from.

Some breath workers may be wondering, when I so clearly knew the events of 1956, why I didn't breathe and submerge myself in emotional catharsis. The truth is, emotional catharsis would not have released me from the emotional traumatizing patterns my personality had locked into when those events happened in that pivotal year. Yes, I could have summoned an emotional acting out reducing myself to tears of helplessness, hopelessness and powerlessness.¹¹ But, emotionally acting out would not have released me - it would have locked me deeper into the trauma.¹² A colleague, Barbara Smith, in response to this idea calls it ‘*Regression Retraumatization*.’

⁸ Green, Elmer (1977), *Beyond Biofeedback*. NYC: Delacorte.

⁹ Kellerman, Stanley (1981), *Your Body Speaks Its Mind!* Berkeley, California: Center Press.

¹⁰ Turner, JR (1988) ‘Birth, Life and More Life: Reactive Patterning Based On Prebirth Events,’ Chapter 27, pp. 309-316 *Prenatal and Perinatal Psychology and Medicine: Encounter with the Unborn*. Editors: Peter G. Fedor-Freybergh & ML Vanessa Vogel. N.J: Parthenon Publ.

¹¹ Turner, Jon RG (1990), *There Is No Such Thing As Anger (It is Something Else!)* Santa Fe: Life's Streams.

¹² Tavis, Carol (1982), *Anger: The Misunderstood Emotion*. NYC: Touchstone, Simon & Schuster.

Regression Retraumatization

Regression re traumatization happens when I am taken back and emotively repeat my reactivity in the same way as when I first experienced a traumatic inducing event and simply keep repeating that reactivity in subsequent regressions. Each time that I repeat the emotive cycle I keep being traumatized by the memory thus I am retraumatized. When I am asked to go deeper into my feelings, I am becoming more and more locked into my trauma induced trance. This is because the emoting becomes the method and the means of keeping the trauma alive - not of releasing myself from it. This reactivity triggers hormones in my body which are extremely addictive. Carol Tavris¹³ offers extensive Notes and Bibliography of scientific studies on this topic of Adrenal Addiction regarding anger and fear studies. The consequence of the hormonal saturation is I become more and more emotive in all aspects of my life and become unbearable to live with.¹⁴

Another aspect of emotive therapies is that they are dangerous for my regressionist. It takes a tremendous amount of energy for my regressionist to protect her or himself from my highly charged diminishing emotive assaults. This is an aspect which as far as I know has never been professionally acknowledged nor dealt with. Again, in simplest terms, my aggressive behavior assaults the aura or bioenergetic integrity of my therapist and if she or her does not know that it is even there or how it is affecting them, they have no way of protecting themselves from the negative energy and even other possible consciousness which can attach to them through the psychic assault they are victims of my emotive acting out of anger session.¹⁵

In Whole-Self Psychology, in very simple terms, the key to releasing myself from my trauma induced trance - my trauma trance - is to be aware of the feelings I originally had when I resisted the event without reaching the point of reactivity; recognizing the judgements I made against myself - my self-judgements (for details visit www.wholeself.org); and how my diminishing decisions about myself, life and the world set into motion the self-imposed restrictions I have struggled against ever since that traumatic event occurred.

We have often said that there is no such thing as forgiveness. There is only understanding. When I understand my reactive feelings, my diminishing self-judgements and my diminishing decisions I no longer have need to blame myself or others for how my life has been. By recognizing and understanding my patterns of my Life's Streams of Consciousness I am free to take responsibility for my growth, development and evolution as a whole person.

My Whole-Self had effectively helped me to uncover an emotional reactivity about such seemingly overwhelming events all happening within one year. The answer is that I didn't become emotionally upset about the events at the times when they occurred¹⁶. You see, because of early developmental disabilities my personality did not experience those events as particularly overwhelming. They were simply normal events placed in my path to be overcome. Interesting word - overcome instead of overwhelm.

The point is that now, looking back almost 50 years back I could observe the events, feel the emotional patterns, understand them and release them without having to become emotionally diminished and depleted by acting them out. I didn't have to imagine an immature reactive mechanism to clear my breathing. I could look back at the events of what was probably the most charged year of my life and from 50 years down the road understand them and clear them. The

¹³ Ibid

¹⁴ Ibid.

¹⁵ Baldwin, William J. (1991), *Regression Therapy: Spirit Release Manual* Self Published, CA: Camel.

¹⁶ Goleman, Daniel 1996 *Emotional Intelligence* London: Bloomsbury.

truth is I am somewhat in awe that the whole pattern was exposed by a song and that nearly half a century later I could heal it.

“When I’m with you, hoping to know what to say.” is another line from the lyric of *Getting to Know You*. And that is the interesting point of how my Whole-Self brought me to the point of this exercise - writing this today. I have something to say and I’m concerned that some Rebirthers won’t like me for saying it.

THE WHOLE-SELF MODEL

One fact 30 years of working in Prenatal Psychology has taught me is that charged emotional patterns which come up during life usually have a prenatal source.¹⁷ The experience I described above is a clear example. A brief explanation of the Whole-Self model is necessary first. Let us go back some 30 years ago. For ease of understanding the Whole-Self model is described in the first person - I. In Los Angeles, California, I was inspired to teach how emotional patterns are initiated at various points during the nine months of gestation. As she describes in her book *Seeking a Miracle*, 6,000 miles to the east, Troya in Amsterdam, the Netherlands discovered how to heal herself of the eating disorders *anorexia* and *bulimia nervosa* when she was meditating and seeing that her suicidal patterns were the result of her mother being told by her doctor that her first baby would be born dead. We were both inspired with this discovery of basically the same questions which developed into the Prebirth Analysis Matrix©¹⁸ or PAM©.

The Prebirth Analysis Matrix© (PAM©) is the center jewel in the tiara which comprises Whole-Self Psychology, Philosophy and Education My Prebirth Analysis Matrix takes me back in time to discover and awaken the source of the core patterns I am in my life to balance. I allow myself to compassionately and safely embark in a conscious regression from before conception moving forward on an amazing journey which gives me clear images and insights leading to understanding, change and transformation in my life.

The PAM© is a simple blueprint of 22 sets of questions which helps me to discover and very precisely decode charged emotional-mental patterns inherited from my mother and father programmed into me during the nine months of my gestation. Genetic research shows that I am the synthesis of the genetic coding of my parents which results in my physical characteristics. The Prebirth Memory Discovery©, another name for the PAM hypothesis, describes a parallel system the emotional DNA©¹⁹ or eDNA© which comprises the foundation for my basic emotional-mental patterns. This last sentence means the menu of emotions I am born with. My PAM, in a gentle regression to before conception, takes me back to explore the charged emotional-mental patterns being experienced by my mother and my father through my mother's relationship with him at significant moments in their pregnancy. It is during this nine months threshold that I began my emotional discovery and development.

¹⁷ Turner, JR & TGN (1991), ‘Prebirth Memory Therapy.’ *International Journal of Pre and Perinatal Studies*, Vol.3 #1/2, Sept.1991, pp. 111-118.

¹⁸ Ibid.

¹⁹ Turner, JR & TGN (1992), ‘Discovering the Emotional DNA: The Emotional Continuity for the Unborn Child Through Prebirth Memory Therapy.’ 11th ISPPM International Congress, Krakow, Poland, 15-17 May 1992.

First German Rebirthing Congress - 1989

In almost all systems, there is a moment when certain questions simply will not go away. Ultimately, those questions need to be addressed. That time may have arrived for what Whole-Self prefers to call **rebreathing**²⁰ therapies. Speaking in the first person, the breathing patterns, often holding my breath, are locked into me during trauma trances experienced prebirth and at birth yet the trauma trances encoded into me after birth during my infancy, childhood, adolescence and adult life are far more frequent than those that replicate my initial birth breathing patterns²¹. The essence of breathing therapies is to replicate the breathing pattern and to learn new, freer breathing patterns. So what I am doing is rebreathing and relearning healthier and more vivacious ways of being alive. In the spirit of seeking a dialogue, I present some of these questions and offer some hypotheses intended to bring genuine understanding, reappraisal and support to rebreathing practitioners. As we proceed some breathing coaches may be reminded of the schism which occurred in the rebirthing community when some practitioners felt that they were inducing people to have a traumatic birth when those clients had not held that reality. It was Rebirthing Founder Leonard Orr, who because of his own birth recovery, insisted that everyone's birth was traumatic. Maybe this exposition will clarify the issue.

Two questions came to a head in 1989. Troya and I were invited to present a paper on Prebirth Memory Recovery at the First German Rebirthing Congress at the University of Osnabruck in Germany. Up to that time, in some 20 years of guiding over 10,000 persons in over 20 countries (now 20,000 people in 27 countries), we had found that very, very few people experienced having a traumatic birth. In fact, these people confirmed studies reported to us by Joseph Chilton Pearce, noted American researcher and educator, that shortly before birth if there is no medication administered, the baby's body is saturated with endorphins which act as an anaesthetic for the actual birth.²²

Preparing for the Osnabruck meeting we had two questions about rebirthing which simply would not go away. The first question was: Why do some people keep repeating emotionally acting out a traumatic birth in successive rebreathing sessions? and the second question was: Why do some people seem unable to stop being victims of their prebirth and birth patterning?

Our task was formidable! Primarily, the Osnabruck audience was divided into several factions. Some, as mentioned above, found themselves in the position which echoed back to the original split between those rebirthers who had from their own practice experienced that all people did not experience birth as traumatic; and those rebirthers who sided with Leonard Orr who from his own birth recreations insisted that all births are traumatic.

There were 600 rebirthers at Osnabruck most of whose methodology comprised suggesting to people that they go back to gestation and to re-experience being inside their mother's womb. How could Troya and I possibly tell them that this methodology may, in fact, have been a problem? The probing question was:

Was your client - was anyone - ever inside their mother's womb fighting to get out?

²⁰ This word was rejected by Leonard Orr in a personal discussion in Amsterdam, Netherlands.

²¹ Turner, JR & TGN (1993), 'Prebirth Memory Therapy Including Prematurely Delivered Patients,' in *Pre and Perinatal Psychology Journal*, Vol.7 #4, Summer, pp. 321-332

²² Joseph Chilton Pearce 1996 shared this information at a *Touch The Future* Conference in San Raphael, CA
The Healing Breath, Volume 2, No. 3, September 2000, Page 26.

From our decades of experience sharing the Prebirth Analysis Matrix the only people who came with *in utero* gestational memories were people who had been through rebirthing sessions. Put in the first person as is consistent with the Whole-Self approach:

**Emotive therapies may provoke me to react as an unborn infant would act;
Whole-Self invites me respond as an adult would act in the original situation.**

**My childish emotional behavior locks me into adrenal reaction;
My adult mature experience frees me.**

The idea that there is a human consciousness desperately struggling to get out of mother's pelvic prison is only tenable if I hold two premises. The first is that the little body growing inside mother's womb is my body and not her body; and, the second is that I, as a consciousness, somehow am actually inside that little body inside my mother's womb.

How do I discover whether there is any truth in these two realities or beliefs?

What are the facts?

The first fact is that there is a little body growing inside my mother. Because I know that the body I have now was conceived and grown inside my mother's body, it is natural for me to say, "When I was inside my mother's womb....." But, biologically that little body growing inside mother is, in fact, part of mother's body. It is fed by her oxygen, her nutrients, her blood supply. All of her systems are supporting the part of her body which mother is preparing for me to use after my birth. Biologically, it seems reasonably clear that the little body developing in her womb is part of her body until expelled at the birth when that body begins its, or should I say, my "individual independent life." My baby body is basically functional in about three months. This is why very early preemies can survive under life support in neonatal intensive care units. The next six months are spent practicing so that after birth I can function normally.

Where do "I" Come From?

If all the physical part of me is actually my mother's body during that nine months of her pregnancy where do I come from? It is such a profound philosophical question. The source of me is a mystery that has been debated for thousands of years. Having gotten my BA in Greek/English, the obvious point of the search is to go back to the birthplace of philosophy; to sit at the knees of the Greek philosophical giants themselves, Aristotle and Plato.

Here on the right is Aristotle speculating that all I can be conscious of is basically biologically based. I start as a blank slate - a *tabula rasa* as it was called in ancient Latin. Aristotle would have me believe that it is only my experiences in this life which teach me everything I know.²³ Perhaps this biologically centered theory is where modern medicine erroneously identifies my consciousness with my brain.

²³ Kafkalides. Zephyros (2000), 'Knowledge As An Emotional & Intellectual Realization of the Unconscious - Gnosiology, Psychedelic Drugs & Prenatal Experiences,' International Society for Prenatal and Perinatal Psychology and Medicine Congress, Cagliari, Sardinia, IT 22-24 June

There on the left is Plato espousing a reactivation of all knowledge and consciousness as remembrances from past lives^{24,25}. Perhaps regression therapists who find their clients spontaneously or even intentionally propelled into past life dimensions of consciousness may be proving Plato's past life hypothesis.²⁶

A number of speculations about pregnancy and birth psychology have been presented in the last 75 years of the 20th Century. It might even be said that the 20th Century was the Age of Enlightenment of the Emotions and Consciousness if you will allow such a linking... The previous Age of Enlightenment was identified by the reawakening of creativity and arts in Europe. In the last 100 years, the beginnings of exploration and discovery of emotions and consciousness pushed the frontiers further. In the pantheon of visionaries in the development of what was to become prenatal and perinatal psychology, one of the first to be acknowledged in 1924 is Sandor Ferenczi²⁷ who looking at the faces of newborns perceived a resistance to life and a wish to return to the peace and happiness it had experienced in the wombs of their mothers. Here can be found the first tracings of the happy womb and good mother theory which has since been disproved. Gustav Hans Graber²⁸, after becoming an Analyst, pioneered in proving his thesis that children experience prebirth and well as post birth memory. His belief moved him to found the International Studysociety in Prenatal Psychology, which in 1986 would become the International Society of Prenatal and Perinatal Psychology and Medicine.²⁹ Otto Rank³⁰ laid the foundation connecting trauma with birth. Sigmund Freud supported him with a theoretical superstructure and Nandor Fodor³¹ fleshed out the psychological spaces by describing the consecutive stages of Rank's trauma theory. Some of those early prenatal and perinatal psychology theories have been replaced. But, the important point is that the theories were conceived and brought into the spotlight of awareness during the 20th century.

In 1976, Prof. Dr. Peter G. Fedor-Freybergh, Honorary Life President of the International Society for Prenatal and Perinatal Psychology, painted pioneering creativity most eloquently:

There are truths in life as well as in science. Ancient truths are resurrected while new prophets burn on stakes. One has to be partially blind in order to see the essential. The only maxim of the scientist and doctor is tolerance and understanding based on the past, looking into the future. It is not important for something to be true today but that the person stating the truth believes in it and that the truth will produce constructive help to others.³²

²⁴ Ibid.

²⁵ Cornford, FM, (1979) *Plato's Theory of Knowledge*. London: Routledge.

²⁶ Turner JRG & TGN (1995), *Past Life Echoes* *Regression Therapy* is a key element of Whole-Self *Birth, Life & More Life!* Santa Fe: Life's Stream Books.

²⁷ Ferenczi, Sandor (1913), *Entwicklungssufen des wirklichkeitssinnes (Stages in the Development of the Sense of Reality)* Int. Zietschrift fur Psychoanalyse , 1, pp. 124-138. Transl. (1924) *Psycho-Analysis*, Chapter 8, London: Maresfield Reprints.

²⁸ Graber, Gustav Hans (1924), *Die Ambivalenz des Kindes (The Ambiance of Children)*. Vienna: Psychoanalytic Press.

²⁹ ISPP was transformed into the ISPPM at the 1986 International Congress in Badgastein, Austria in the Presidency and Chairmanship of Prof. Drr. Peter G. Fedor-Freybergh. It marked the establishing of the ISPPM as an interdisciplinary organization. Shortly afterwards Prof. Fedor-Freybergh established the International Journal of Prenatal and Perinatal Psychology and Medicine now in it 11th year of publication.

³⁰ Rank, Otto (1924), *Das Trauma der Geburt und seine bedeutung fur die Psychoanalyse (The Trauma of Birth: Its Meaning For Psychoanalysis)*. Vienna: International Psychoanalytic Press Transl. (1952 Brunner NYC

³¹ Fodor, Nandor (1949), *The Search For the Beloved: A Clinical Investigation of the Trauma of Birth and Prenatal Condition*. New York: Hermitage Press.

³² Fedor-Freybergh, Peter G., *Neuroendocrinology Letters Editoria,l Vol.21, No.4, p. 262.*

Another prenatal and perinatal theory proposes an hypothesis of a reposing consciousness. Resonating to that thought, over a quarter of a century ago, Dutch analyst, Dr. M. Lietaert Peerbolte bravely published in Amsterdam one of the first hypotheses comparing the expected analytical approach with his prebirth research. His search for the question where consciousness comes from and what we know is described in his classic *Psychic Energy in Prenatal Dynamics Parapsychology Peak Experiences..* Peerbolte writing about the concept of a reposing consciousness before conception says:

Psychoanalytical investigations have made it clear that this consciousness concerning the condition of repose already existed before the merging of the ovum and spermatozoa during the act of fertilization created the germ of the new individual. Before the biological fertilization has taken place there is present a force of attraction between the ovum and the sperm, i.e. a field of attraction that in a biological sense may be termed *pre-conceptual*. In this pre-conceptual field of force there already exists a consciousness-at-rest, a special consciousness that in the adult may be reactivated during mental states of consciousness expansion.³³

Regression recall if you will allow.

In June 2000, the 13th International Congress of the International Society for Prenatal and Perinatal Psychology and Medicine was held in Cagliari, Sardinia, Italy. I became very excited with the paper presented by Dr. Grigory I. Brekhman of the State Medical Academy, Ivanovo, Russia. The title was: **‘The conception of the multiple-level co-ordinated action between the mother and her unborn child: the methodological approach and the methods of research.’**

Prof. Fedor-Freybergh has advocated the importance of the mother, father, unborn child dialogue for many decades.³⁴ This was the first time, in attending many Prenatal and Perinatal Congresses, we had heard anyone – let alone such an eminent researcher – present a multilevel concept of the relationship between mother and her unborn child which included this particular emotional-mental aspects. It was a model which we had been teaching for 30 years. Quoting Brekhman:

Nowadays a lot of data obtained has confirmed the hypothesis that the psycho-emotional interrelationships between the mother and her unborn child is the reality.... we (Brekman) offered to examine the mother-unborn child relationships based on the idea of a permanently functioning multiple-level polyphonic system. It has been assumed that if mother is a multiple-system embracing such levels as biological, energetical, astral, mental, etc, to have intimate and fruitful interplay between her and the unborn, he must already possess the same levels beginning with the zygote. Such a methodological approach proved to be fruitful. The subdivision of this system into the various levels is very relative since it is able to live and develop harmoniously only if all its components properly interact.³⁵

³³ Peerbolte, M. Lietaert, (1975), *Psychic Energy In Prenatal Dynamics: Introduction*, p.XXXII. Wassenaar NL: Servire B.V.

³⁴ Fedor-Freybergh, Peter G (1993), ‘Prenatal and Perinatal Psychology and Medicine : A new Approach to Primary Prevention’ *International Journal of Prenatal & Perinatal Psychology and Medicine*, Vol. 5, No. 3, pp. 285-292. Preceded by Fedor-Freybergh, Peter G., (1983), *Psychophysische Gegebenheiten der Perinatalzeit als Umwelt des Kindes*, in: Schindler, S. Zimprich, H. (eds.) *Okologie der Perinatalzeit.*, Stuttgart: Hippocrates, pp.24-49.

³⁵ Brekhman, Grigori I., (2000), *The conception of the multiple-level co-ordinated action between the mother and her unborn child: the methodological approach and the methods of research*, pp.1. Ivano, Russia.

In this last sentence the word “only” signals the operative word, the significant concept. Dr. Brekhman states that if there is such a process as a mother-unborn child dialogue long advocated by Prof. Fedor-Freybergh, there needs to exist complementary resonant cohesive media systems which can recognize each others messages. In its very simplest terms, Whole-Self Psychology, Philosophy and Education hypothesizes that just as each of us is the synthesis of our parent’s genetic coding which gives us our physical characteristics, there is also a synthesis of the emotional-mental patterns of our parents from the nine months of their pregnancy. This is exactly the multiple system Brekhman’s research proved to exist.

Prenatal and perinatal psychology and medicine shows that the little body growing inside mother is a part of her body which is growing and practicing so that at birth it can function independently.

Here is the Whole-Self hypothesis supporting Brekhman’s idea of a permanently functioning multiple-level polyphonic system. It says, again in the first person, connecting with Plato’s theory that:

A basic Whole-Self Psychology principle says: When I die in a past life dimension of consciousness with charged, diminishing, unresolved emotional-mental patterns, those patterns were created in this three dimensional world. Therefore

- 1) I cannot release myself from those charged diminishing patterns until I am actively feeling and experiencing them.
- 2) In order for my consciousness to be released from those unresolved emotional-mental patterns, I need to be actively living in this 3-Dimensional world.
- 3) Life is not just fate or chance. I must energetically enter into a new life situation which will allow me to activate those unresolved, diminishing feeling patterns from my past life dimension of consciousness. Then my consciousness will have the opportunity, through awareness and transformational intention, to release myself from those diminishing energy patterns.
- 4) The proposed Whole-Self method by which this could be implemented is on an energetic level.
- 5) My consciousness is energetically attracted to my mother, and father through my mother, as they are resonating with those same emotional-mental charged feeling patterns.
- 6) In others words, the feelings I was experiencing when I die are the same feelings mother/father are experiencing and it is this mutuality of feelings which energetically draws or attracts me to my mother.

The location of mother's consciousness

Mother's consciousness is not inside her body. Her consciousness is in the emotional-mental bio-energetic field which is surrounding and animating her physical body.³⁶ This field has many different names: consciousness, awareness, aura, energetic field, bio-energetic field. As my consciousness is attracted to my mother's consciousness, it does not enter into her body but into her aura – her emotional-mental levels of consciousness which surround her physical body. Again, this is in conformity with Brekhman's idea of a permanently functioning multiple-level polyphonic system.

What happens when I enter my mother's consciousness

As my consciousness energetically enters my mother's emotional/mental bioenergetic field – which is called mother's aura –

1. I energetically enter a state of forgetfulness of previous existence and previous specific events. But I do retain charged diminishing memories of past feelings.
2. The more charged my original emotions, the greater the degree of event residue - feeling memories – I bring with me. I no longer remember the events but I retain the feeling patterns from the past waiting to be activated or stimulated by mother's pregnancy experiences (and by me after my birth).
3. This residue of usually diminishing feeling patterns vibrationally resonates with similar diminishing feeling patterns in my mother.
4. Now, having attached to mother's consciousness, as mother experiences her life, **my consciousness is simultaneously experiencing her experiences.**

A computer analogy

The Whole-Self analogy we can use is that it is as if mother is a desktop PC computer and I am a notebook laptop connected to mother by a kind of laser energy link. Then:

1. Just as the little unborn body as part of mother's body is being educated during the second and third trimester so that it can function independently after birth, **my emotional-mental body is likewise being educated.**
2. My emotional-mental energy field becomes educated to my mother's feelings and attitudes in order to receive the training it will need to experience and resolve its diminishing emotional-mental patterns after birth.

³⁶ Gerber, Richard, (1988), *Vibrational Medicine*, Santa Fe: Bear & Company.

3. These diminishing feeling patterns are rehearsed through mother's thoughts and feelings which become the emotional basis or foundation through which I interpret and respond or react to in my new life.

In other words, as mother exercises her emotional-mental bodies, I am also experiencing and being educated as to how these bodies will function for me after my birth. This happens in the following way: Because mother's physical body is the instrument of her experiencing in this 3-Dimensional world, as mother exercises her emotional-mental bodies, her physical body is affected by specific thought patterns. The stronger mother's thought and feeling patterns, the more powerful the trigger that can send adrenaline and noradrenaline³⁷ hormones surging through her body in reaction. Because that little body is growing as part of her body, it is also being encoded by these emotional-mental bodies' reactions and the expressed hormones passing through the connecting placenta. This is why I can use my body now as a port, matrix or threshold to reconstruct my mother's emotional-mental patterns from her body.

The point of all this is symbiosis

1. If it is correct to state that everything that mother's body is experiencing is effecting all the parts of her - including her emotional-mental bodies - than everything she is experiencing is also effecting my developing and learning physical and emotional-mental bodies.
2. If that is so, it would be correct to say that in body rebreathing and all other prebirth psychotherapeutic systems what I am reconstructing is not my individuated experiences but the recreation of my mother's patterns.
3. If that is correct than there are some very significant hypotheses about emotive therapies which need to be rethought.
4. If I am not inside my mother's body during gestation but in her auric field, her consciousness, the memories of trauma which I am able to reconstruct are not in what will become my body after birth but simply remembrances of mother's emotional- mental bodies as accessed through her body which we simultaneously shared during her pregnancy - my gestation.

The question is, do those patterns belong to mother or to me? Symbiosis with my mother begins in the nine months of my gestation when my consciousness is energetically attracted and attached to mother's aura. In symbiosis I am unable to discern my feelings with my mother's feelings. Whole-Self takes the position that in Rebirthing sessions where people are emotively acting out, what they are actually expressing is not the memory of their own pain of birth, but the emotional-mental patterns of mother's labor. Later this symbiotic magnetism can be acted out in life as a psychological pathology.

When Troya & I presented this concept of the replication and repetition of mother's labor at Osnabruck it received a standing ovation. This was because it explained why some people could never be free of the emotions after repeated session and therefore continued to be victims of their

³⁷ Tavis, Carol (1982), *Anger: The Misunderstood Emotion*. NYC: Touchstone - Simon & Schuster.

births. Our conclusion is that, “If I accept that the patterns are mother’s emotional-mental patterns then what I am experiencing during some regression therapies are not actually my own experiences – because I was not wholly me yet – but are mother’s prebirth and labor feeling patterns.

This brings us back to the two questions posed in Osnabruck, namely, why do some people keep repeating emotionally acting out a traumatic birth in successive rebreathing sessions? And, why do some people seem unable to stop being victims of their prebirth and birth patterning? The Whole-Self Psychology answer is that what people are experiencing are not their own experiences but the memories of mother’s emotional-mental experiences and people are not able to be released from them by emotively acting them out. By doing rebirthing sessions where emotional-mental patterns are repeatedly acted out people are not freed from them but become more and more deeply encoded with mother’s patterns. In the first person again: As long as I believe that those emotional-mental bodies are mine I cannot be free of them. But once I acknowledge them as mother’s, I no longer need them and I am released from them. In order to be released from this symbiotic relationship I should not need to act them out since they are not mine but mother’s.

Using the computer analogy again, I simply need to tap into and read the document and either edit, delete or save again as appropriate to my growth, development and evolution at this moment in my life. This is, in fact the key to resolving symbiotic pathology.

As long as I keep believing that I am encased in my mother’s womb and that those emotional/mental bodies are mine and I keep activating them I am trapped in endless replay loop accumulating more and more pain and suffering. When I express my mother’s emotional-mental bodies I am simply reactivating the replay loop of her adrenaline and noradrenaline and other hormonal addictions and ultimately accumulating the same emotional-mental bodies patterns. Therefore, the path to healing is not through acting out mother’s emotional-mental bodies but to recognize them as mother’s, acknowledge them as mother’s and thanking mother for creating them for me to work through during my life so that I can grow, develop, mature and evolve as a whole person.

Faking it!

There is one other point which often confounds those breath practitioners who induce their clients with the suggestion that they are inside their mother’s womb fighting to get out. How does one tell if a client is actually experiencing a life and death struggle to get out mother’s womb or – faking it? Some people are extremely suggestive and are easily able to give a very convincing performance. However, the struggling is based on an untrue fact, it does not free people from any emotional-mental patterns. The favorite emotion, because it is so easy to generate, many regressionists are consciously or non-consciously inducing in their clients is anger. We have referred to Carol Tavris’ outstanding research on Anger. Let us add here a good summation by Harriet Goldhor Lerner says:

If feeling anger signals a problem, venting anger does not solve it. Venting anger may serve to maintain, and even rigidify, the old rules and patterns in a relationship, thus ensuring that change does not take place.³⁸

³⁸ Lerner, Harriet Goldhor (1985), *The Dance of Anger*, NYC: Harper & Row Publishers Inc.

This fake anger has an even worse impact on the client when the anger is in the mental body more than in the physical-emotional body. The emotional acting out of an emotional pattern based on a circumstance which is not true simply locks people more deeply into, coining a new word, their “dysillusion.”

CONCLUSION

In its very simplest terms, in the first person, Whole-Self Psychology, Philosophy and Education hypothesizes that just as I am the synthesis of my parent’s genetic coding which gives me my physical characteristics, there is also a synthesis of the charged emotional-mental patterns of my parents from the nine months of their pregnancy. For lack of a better term, Whole-Self calls it the *emotional DNA* or **eDNA**! As my mother experiences her feelings and thoughts she is encoding me, her unborn child, with the feeling patterns I need for my growth, development and evolution.

Brekhman’s “Conception of the Multiple Level Co-ordinated Action Between the Mother and her Unborn Child: The Methodological Approach and the Methods of Research” gave a very comprehensive scientific explanation of our very simply stated hypothesis. Basically, my little body was complete enough in the first three months of gestation so that my various organs and systems can practice for the next six months so that after my birth my little body is able to function on its own. My consciousness is also gestating for this life but not inside my mother’s body. It resides in her consciousness which we now know exists in the energy field around her body, not inside her body. So, as mother experiences her life, my consciousness, temporarily residing as a part of her aura or bio-energetic field, is also experiencing, learning and practicing her emotional and mental states during that nine months period. These are the emotional-mental patterns I am born with and as I mature begin activating and acting out in my life.

In Whole-Self Psychology theory, Troya and I had to understand why people could hold on to traumatic feelings even after many rebirthing sessions. Why could they not be free of them? The answer is ***because they are not specifically that person’s trauma***. We discovered that these people were reliving the pain of their mother’s labor. This idea brought a standing ovation from the 600 German Rebirthers who realized that it was very easy to suggest directly or indirectly to people that they were inside mother’s body fighting to get out. Recreating their mother’s labor experience explained why they were holding on to physical expressions or pain. ***They were unable to release that pain because it was not their own at all***. They were repeating their mother’s labor patterns which were encoded in both the cellular memory and in the emotional-mental patterns their mother’s had experienced in their labors and deliveries. And, the more that those patterns were repeated in rebirthing sessions, the more adrenaline and noradrenaline was released locking the person deeper into their mother’s labor patterns.

To complete, let us just mention how the Whole-Self Processes approach can help to heal these patterns. First of all, we discovered that there are 22 specific moments in the gestation and delivery and shortly after birth which are encoded into the baby’s memory of that period. These can be easily accessed through the Whole-Self Prebirth Analysis Matrix - 22 sets of questions which give the specific source of patterns which are being lived out over and over again. By recovering this emotional DNA information and by completing 21 days of easy balancing exercises these eDNA patterns are able to be changed. I say easily because my Whole-Self wants me to remember and release any diminishing patterns I may have ever encoded into myself. And,

by doing so, I come into co-operation and alignment with my level of enhanced consciousness - my Whole-Self.

Finally, I replayed *Getting to Know You* and sang it with full enthusiasm. I had in fact, gotten to know me!

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Abbreviations

ISPPM: International Society for Prenatal and Perinatal Psychology and Medicine

About the Authors

Jon RG & Troya are pioneers in Prebirth Memory Recovery and Death and Bereavement Healing. Co-Founders of Whole-Self Discovery & Development Institute, Inc., they have presented Whole-Self Psychology, Philosophy and Education in twenty-seven countries. They bring a balance of psychological experience, spiritual wisdom, light and humor to their powerful Whole-Self transformational educational process through lectures, workshops and individual sessions. They are Members of the Association for Pre & Perinatal Psychology & Health (APPPAH); Life Members of the International Society for Prenatal and Perinatal Psychology and Medicine; Honorary Life Members of the Association for National Educazione Prenatale:Italia (ANEP:IT); and they are members of The Scientific & Medical Network. They have over 30 articles and papers printed in specialist and medical publications including The International Journal of Prenatal and Perinatal Psychology and Medicine and the Journal of Prenatal & Perinatal Psychology & Health and. A complete list can be found on www.whole-self.org. The Turners live in The Netherlands.

Jon RG – formerly John-Richard - holds a BA degree in Greek/English from the College of the Holy Cross in Worcester, Massachusetts, USA. He is a Board Member and has been an elected Vice-President of the International Society for Prenatal and Perinatal Psychology and Medicine and is one of the co-editors of the International Journal of Prenatal & Perinatal Psychology and Medicine. He has been a consultant to the Board of Directors of the *Villaggio della Madre e del Fanciullo* (Mother & Child) in Milan, Italy. He has been listed in **Who's Who & Leaders of Achievement**. A New Englander, Jon RG has been a journalist and a pioneer broadcaster in the exploration of human consciousness with over 300 interviews at WBUR Boston University Radio and at KPFK-Pacifica Foundation in Hollywood. He is one the first to teach safe and gentle Regression Therapy in the USA and Canada thirty years ago. While in practice in Beverly Hills, California, he discovered that not only do we inherit the genetic coding from our parents which give us our physical characteristics but we are also the synthesis of their charged emotional patterns from that nine month's gestation. While Jon RG was conceiving and developing Whole-Self Psychology, Philosophy and Education in Los Angeles, in Amsterdam.....

Troya studied nursing and specialized in Cardiology, Psychiatry and Social Psychiatry. While treating *anorexia & bulimia nervosa* she discovered she also had those eating disorders. At the same time, through basically the same prebirth regression that Jon RG was teaching in Los Angeles, she pioneered in changing those eating disorders. Over 20 years ago, she was diagnosed with a terminal melanoma which she also overcame through prebirth and past life regression. The cancer has never returned. She is Founder of ISPPM: Netherlands Chapter. An International Consultant and writer to the Dutch Association for Prenatal Education. Her book

Seeking A Miracle! describing how she transcended those challenges, as well as a crippling pan-arthritis, is translated in several languages also available through www.whole-self.org.

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Whole-Self Discovery & Development Publications by Jon Rg & Troya Turner-Groot

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- 4) *Prebirth Memory Therapy* Kindred Spirit Magazine UK Vol.2 #10 4 pages
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This list does not include other Book Reviews and ISPPM Conference Reports printed in the *International Journal of Prenatal & Perinatal Psychology & Medicine*.

REICH'S USE OF BREATHWORK AS AN ELEMENT IN HIS TREATMENT OF A SCHIZOPHRENIC SPLIT

by
WILFRIED EHRMANN

Keywords : Breathwork therapy; breath release; schizophrenia; Wilhelm Reich; Alexander Lowen; Leonard Orr

This article is about the role of the breath Wilhelm Reich's resolution of a schizophrenic disorder. It does not aim to promote breathwork as the method of choice in the treatment of schizophrenia but rather to describe the complementary role of breathwork in cases of severe mental disorder. It is also intended to provide insight into the way Reich, the founder of body therapy, used the breath as a diagnostic and therapeutic instrument.

The last part of the new edition of Reich's magnum opus, *The Analysis of Character*, deals with the therapy of a schizophrenic patient who was treated by Reich over several years, from 1941 onwards. Here Reich describes his discovery of the "biophysical" basis of schizophrenia. This can be seen as an important foundation both for the development of body therapy and for the interpretation from the body therapy point of view of schizophrenia. In brief, it concerns the physical manifestation of splitting off essential parts of the personality which are developed by the schizophrenic and can be observed as distorted breathing patterns and muscular tensions.

Breathwork is central to the initial phase of Reich's therapeutic process in this case history. The client was a woman of 32 years who was diagnosed as having paranoid schizophrenia close to a final breakdown. She had spent several years in psychiatric institutions. From their first meeting, he observed that the client had "understood the principle of orgone therapy very well" and could easily talk about her issues. Then he noticed that her breathing was hardly visible:

"She seemed *not to breathe at all*. On physical examination her chest appeared soft, *not rigid*, as in cases of compulsion neurosis. ... The softness of her chest would have appeared normal if it had not been accompanied *by lack of respiration*. Respiration was so shallow that it seemed altogether absent. When I asked the patient to inhale and exhale audibly, she refused; it was later shown that she was *unable* to do it. She seemed to stop the respiration somewhere in the cervical segments." (Reich, p.406f)

When Reich tried to get the client to deepen her breathing, agitation and anxiety came up connected to "shadows" and "powers" that she could see on the wall. He then decided to spend the next sessions working on her breathing.

"The problem was not, as in the armoured neurotic, to break down the armoring of the chest. *There seemed to be no armor*. The problem was how to make her draw in and expel air through the larynx. She began to struggle severely whenever I tried to bring about full respiration. I had the impression that the function of respiration was not stopped any by immobility due to armoring, *but was inhibited as if by a strong, conscious effort*. I also thought that her organism suffered severely from this effort and that she did not feel the effort.

She responded with severe irritation to every attempt on my part to induce respiration. The typical armored neurotic would have appeared untouched or would have smiled maliciously at my efforts. Not so our schizophrenic. She tried to cooperate intelligently but became panicky whenever I came close to succeeding. Fear of the “forces” overwhelmed her with anxiety; ... I gave up any further attempts to make her breathe whenever the anxiety set in.” (Reich, p. 407f)

Reich gave the following interpretation: The client felt strong powers inside herself which he called “orgonotic streamings”, that she was very afraid of, and which she kept away from herself by slowing down her breathing. She obviously saw these powers as something alien which did not belong to her. As a result of her inhibited breathing she also limited her ability to access these powers which had the potential to strengthen her ego identity, “so she felt as though she were hanging only by a thread above an abyss” (Reich, p. 414).

“To drive the basic schizophrenic split to its peak in an acute experience of sensory delusion, such as “being outside oneself, requires a certain bodily function. In our patient, it was the severe blocking of the respiration against strongly forthcoming plasmatic sensations which constituted the *immediate* cause of the projection. *Her head was quite unmistakably in a state of shock because of lack of oxygen due to blocked respiration.*” (Reich, p. 438f)

In the course of the therapy, which continued for several years, the connection between a fuller way of breathing and the expression of feelings became clear to Reich: the patient meets her anger, and the therapist helps her to express it. Here Reich notes:

“It is the task of the physician to decide when the point in emotional release is reached where the patient is in danger of getting out of control. Only skilled orgone therapists can accomplish this.” (Reich, 409).

As the client’s anger came to the surface, so too did her need to deepen her breathing. When Reich helped her to deepening her outbreath by pressing on her chest, she immediately fell into an state of trance, in which “her legs trembled severely and she had fascicular convulsions in the muscles of her shoulders” (Reich, 411). It was difficult for Reich to get her out of this state. Similar Experiences came up frequently during the course of this therapy. In a later session, Reich worked further with the obstruction in the throat

“by letting her gag, until the gag reflex operated well, and by forced respiration. As soon as the block in the throat gave way, she started to cry silently. Repeated encouragement to cry *loudly* met with no success. We find this phenomenon very often in neurotic biopathies: the emotion of crying is too strong to be let out fully at once. Usually, there is severe rage held down by the emotion of crying. If the patient let go in crying fully and freely, he would feel that he had to commit murder.” (Reich, 418)

Again and again Reich describes the effectiveness of breathing to evoke feelings.

“Therapeutically, not much progress can be made when the patient feels too well. One has to dig up another piece of conflict and to increase the energy level sufficiently to proceed further. This is done by full respiration.” (Reich, 420f)

This means that two approaches are required to deepen the process of work on the emotions: Tracing unsolved inner conflicts on the cognitive level, and, on the physical level, intensifying the breathing. Put the other way round, the conclusion is that deeper feelings are not accessible without deeper breathing.

Reich recognised another step forward while he was working on the clients tendency to inhibit her breath, “continuously and cautiously. ... But she never gave in fully to *emotional* respiration.” (Reich, p. 468) What Reich means by “an emotional way of breathing” becomes clear in the following:

“One day she gave in fully to her respiration and she felt immediately the identity of orgonotic streamings and the ‘forces.’ She knew it instantly and quite clearly, with not doubt left whatsoever. Her chest structure moved quite automatically. She had strong sensations of streamings in her entire body, with the exception of the genital region proper from the mons pubis downward.” (Reich, 468)

Obviously the client experienced what Leonard Orr, the founder of Rebirthing, called “breath release” and Karl Scherer, founder of intuitive breathing, called a “breath circle”: a letting go of the consciously controlled breathing and a sinking into/losing oneself in the unconsciously guided flow of breath. There was, however, an area in her body which was excluded from this flow for a long time: “Each time when natural respiration brought forth genital excitation she objected in a psychotic manner and cramped the muscles of her thighs, the deep adductor muscles.” (Reich, p. 469). And further on: “She let her respiration go fully, but soon became confused and patchy in her face whenever she came close to streamings in her pelvis.” (Reich, p. 470). The same was apparent when she began to notice the lack of aliveness in her throat area several weeks later. She realized

“what I meant when I kept telling her that she held her respiration; that she should try to press her air out; that she should let her chest “fall” or go down.

She felt anxious when the chest moved downwards with the air passing through her glottis.” (Reich, p. 474)

After a slow healing process which took several years and which was interrupted by crises on several occasions, Reich was able to diagnose her as healed to a large degree. He expressed this diagnosis which he established first of all by observations regarding her breathing:

“Respiration was functioning well, air was passing through the glottis, only slightly restricted.” (Reich, p. 499)

SUMMARY

Reich used the breath both as the primary instrument of diagnosis and as the primary gateway to free blocked energies throughout the entire process of this therapy. His way of working with the breath consisted mainly of the following elements:

- Exact observation of the breath
- Influencing the breathing through the instruction to breath deeper
- Applying physical pressure (interventions on the body)
- Applying physical exercises which lead indirectly to the liberation of the breathing

With regard to diagnosis, he gives the following advice:

“Schizophrenia can be observed in the following way of breathing: *“a severely restricted volume of respiration in connection with a mechanically soft chest.* In the well-armoured neurotic, the chest itself is usually quite rigid; thus no strong emotions are developed. In the schizophrenic, on the other hand, the chest is soft, the emotions are fully developed, *but they are not fully perceived.*” (Reich, 499)

We find similar, more extensive observations in the work of Alexander Lowen who worked a lot on the body therapeutical implications of schizophrenic disorders:

“The schizophrenic patient doesn’t breathe normally. His breathing is shallow, and he does not get enough air. Psychologists and others working with schizophrenics have reached similar conclusions. ... The schizoid is not conscious that he inhibits his respiration. By reducing his demands on life, he has adjusted his body to a lower level of energy metabolism. Ordinarily his deficient oxygen intake is not perceived as a handicap. ...

Surprisingly, many patients express a conscious reluctance to breathe deeply

The neurotic individual frequently expresses the opposite fear. He holds his breath because he is afraid that his ‘odor’ will get out, that is, he is afraid to offend other people. ... Schizoid patients give another reason for their reluctance to breathe deeply. Many say that the sound of the air as it passes through the throat is repulsive. Breathing sounds have been described by patients as ‘revolting,’ ‘animal-like’ and ‘uncivilized.’ In many patients, such sounds are associated unconsciously with the heavy breathing of sexual intercourse. Audible breathing makes one conscious of the body, which the schizoid finds repugnant.” (Lowen, p. 146f)

It is important to listen to Reich emphasising the way of working with the breath: step by step and carefully.

It is essentially the slow and thorough overcoming of the emotional blocks in the organism and of the anxieties connected with each singel block which secures lasting results. (Reich, p. 452, Reich’s italics)

“The biosystem has a very low tolerance for *sudden increases* of the emotional, i.e. *bio-energetic* level of functioning. Disorientation, hallucinations, speech deterioration, and murderous impulses come are likely to appear with a *sudden* increase in energy level.” (Reich, p. 457)

Reich does not give a lot of details concerning his way of working, but we can guess from his description that besides working on the body, he dialogued with his client in depth, and in both an empathetic and in a confrontational way. He was also available to support her

whenever she was in a situation of acute crisis. Despite the broad repertoire of methods that Reich had at his disposition, what is striking in this case history is the predominant role of working with the breathing to the extent that it is hard to imagine that the therapy would have been successful if he had not chose this approach. As Lowen says, “To breathe little is to feel little.”(Lowen, p. 153)

Schizophrenic disorders belong to the most severe cases in psychotherapeutic treatment. Reich was able to show that observing the breath is a central form of therapeutic communication with a client and that dissolving the blocks in the breath is a crucial element in healing even in cases of psychosis. This demonstrates the importance of skilful breath observation and breath improvement as tools in the hand of any therapist.

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About the Author

Wilfried Ehrmann, Ph.D., was trained as a breath-therapist by Leonard Orr and Seth Bartlett. He is a qualified psychotherapist trained in Rogerian counseling, Gestalt, energy and emotional work. In 1991 he founded and chairman of ATMAN, the Austrian Association for Integrative Breathwork and Rebirthing. He is the chief trainer in the ATMAN-trainings project for integrative breathwork, and the International Breathwork Foundation co-ordinator for Austria. Wilfried is the author of many articles on Breathwork.

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BOOK REVIEWS

Catherine Dowling, *Rebirthing and Breathwork: a powerful technique for personal transformation.* London; Piatkus, 2000.

Whereas there are ever more people interested in Rebirthing and Breathwork, and the International Breathwork Foundation which supports Rebirthing and Breathwork standards, grows from strength to strength, there are still too few informed and objective books on this subject. All the more is this book welcome as it is written by a highly skilled, thoroughly trained leader in the field. The book is clear and balanced. There is none of the exaggeration that can be all too common in rebirthing books, and none of the inflated claims. As rebirthing becomes more established and efforts are made to achieve accreditation and university level courses, here is an excellent set book.

The Introduction contains the best description of a Rebirthing session I've ever read. It's clear and poetic at the same time – as indeed a Breathwork session is. It takes three pages. Here is just one paragraph:

The rebirthee can feel intense joy and intense sadness. They can feel fear, anger, the pain of loss or abandonment, sorrow, disgust ... And then, as they keep breathing, those emotions fade away. They become integrated, worked through, relegated to their rightful place within the breather. But there are also other emotions: joy, contentment, peace, or satisfaction so intense it is physical as well as emotional. The end result is a growing sense of lightness, freedom and well-being. (p. 2)

Dowling follows with her reasons for doing rebirthing:

During my training I came to understand that rebirthing is about freedom. It is a fast and amazingly effective way of liberating our core selves from inner constraints, from the tyranny of 'should,' from the strait-jacket of a lifetime of conditioning. The result is a life lived creatively, a life lived in daily contact with who we are, not who we think we should be. (p. 6)

She gives a non-exhaustive list of problems that rebirthing can help to deal with. (p. 7)

Part One is called "The Basics." In Chapter 1, 'In the Beginning,' Dowling gives a history of rebirthing. In her discussion in a section called 'Eastern Roots,' she avoids oversimplifying or making exaggerated claims for rebirthing, while observing, "There is no direct lineage between (the breathing practices of China and India) and rebirthing as developed by Orr, but the similarities are clear." (p. 15) In Chapter 2, 'Breathing,' both the physical process of breathing, and breathing "as a means of interaction with life," are described, and there is a discussion on breathing therapeutically. Chapter 3, 'Expect the Unexpected' describes what one might expect in a rebirthing session. Here Dowling covers the essential point which is that the unexpected is what will come up. Among other topics dealt with both simply and in depth in this chapter, she deals with safety and limitations. She also deals with past-life rebirthing, asking the

very sensible question: “if past-life rebirthing is all you want to do, ask yourself why. To what extent have you explored your present life and what do you hope to gain from revisiting a previous existence?” (p. 42) She points out that it is up to the client to decide whether s/he has had a past-life experience, not for the rebirther to impose this interpretation.

Part Two is called, ‘Drawing the Map.’ It begins with an explanation of a psychological map, which is “a theoretical sketch of the way our psyche is structured and ... attempt to explain why we feel, react and generally behave as we do.” (p. 45) Dowling presents her version of the rebirthing map. With typical modesty and good sense, she says, “it is just one map. There are many other maps and the breathing technique known as rebirthing works equally well with all of them.” (p. 46) Her map begins with ‘The Good Womb,’ the healthy environment provided when mother and father are at ease with their own birth experiences and the pregnancy is well managed. This is followed by ‘The Grand Entrance,’ a chapter on birth. As she so rightly says,

“Whether your birth is rough, painful, dangerous or as near to perfect as it is possible to get, you have moved in the space of a few hours from one world to another, from one state of existence to a radically different one. Other than death, you will never experience a change of this magnitude again in your life.” (p. 58)

Types of birth and their influence on the way we live our lives are discussed including forceps, normal, caesarean, induced, premature, cord around the neck, and breech. There are chapters on bonding, and the development of boundaries as the infant develops (Chapter 6) and on how parents problems are passed on to their children, including their issues with money, sex, and self-confidence; their prejudices, values and way of coping with emotions; and their ability to relate (Chapter 7). Chapter 8, ‘the Eye of the Beholder,’ explains rebirthing concepts like the Personal Law which correspond to Adler’s “basic mistakes” and which Dowling, with much insight calls, “core beliefs,” examples of which include “life is a struggle,” and “I’m not wanted.” She explains, “These beliefs form very early ... They are like sense memories, convictions, vibrations in the body ... They go unchallenged. ... They are, simply, the way things are.” (p. 99) Core beliefs are self-fulfilling prophecies: we act in a way that confirms their rectitude; we force people to behave towards us according to our core beliefs! Dowling has diagrams in this section which show intelligently how this harmful mechanism works. Anyone who has any experience of breathwork will know that it is an excellent way to go beyond one’s conditioning and to achieve freedom from harmful, untrue beliefs about ourselves.

The last chapter in this part concerns ‘Empowerment.’ Here Dowling explains the process from anger, through pain to self-responsibility, and the effectiveness of rebirthing in integrating the feelings that rise in this transition. She is particularly lucid about forgiveness, a term that many simply throw about without understanding:

“It is important to remember that this is development work. ... (Forgiveness) is a process that need(s) time, honesty and acceptance to help it develop organically. Forgiveness is what happens of its own accord when issues are resolved and pain has been worked through.” (p. 117)

Part Three is called *The Journey* and is about what actually happens once a person begins to breathe in the rebirthing manner. However, as Dowling so rightly says, “A rebirthing session is different for everyone, every time. This fact makes rebirthing hard to explain, and what makes it even more difficult is that rebirthing is a non-ordinary experience.” (p. 124) Nevertheless, she explains the five basic elements: conscious connected breathing; total relaxation; awareness in detail; total acceptance and “whatever happens is part of the process.” Her account of conscious

connected breathing is outstanding and includes an explanation of breath armouring. (p. 125f) When to intervene is a problem for all rebirthing practitioners. Dowling solves this with a clear table of recommendations that relates various patterns of breathing to their causes. (p. 127) There are discussions of all the topics that are important in rebirthing, including the breath release, the energy release, tetany, hyperventilation, nose and mouth breathing, etc.

In Chapter 11, 'The Happening,' Dowling takes on the difficult task of explaining the non-ordinary state of consciousness that rebirthing brings about, the energy cycles that come through circular breathing, and events like breath-holding that can occur. She deals with the countertransference: the effect of the rebirthees breathing on the rebirther's breathing. She is exemplary regarding the interpretation of what happens during the session: "I consider it part of my job to keep my own interpretations, belief systems or scepticism out of my clients' sessions." (p. 147) She stresses the importance of taking time for integration and completion to end a session well. 'Rebirthing at Home' deals with when and how to rebirth oneself at home, how to use rebirthing as a form of stress management, and how to increase one's creativity through rebirthing. There is also a good section on Affirmations. The final chapter addresses briefly how rebirthing inevitably leads to a development of one's inner spiritual life, whichever way one describes it.

This book is rich in interesting and unusual exercises so that one can understand from experience what is meant. There are case histories too. More unusually in a book about rebirthing, there is respect for the reader's discernment through proper acknowledgements when someone else's ideas are referred to and a Selected Reading list.

I would just like to add to Dowling's references that Wilfried Ehrmann's article, 'Breath is your companion,' was published on the internet in *The Healing Breath: a Journal of Breathwork Practice, Psychology and Spirituality*, Vol. 1, No. 3 (www.i-breathe.com/thb13), and will be published in hard copy shortly in *The Spirit of Breathwork: a selection of lectures from the Global Inspiration Conferences, 1994-1999*, ed. Gunnel Minett. For further information about this book, go to www.ibfnetwork.org

Joy Manné, Ph.D.

Teresa Hale, *Breathing Free: The 5-Day Breathing Programme That Will Change Your Life*. London: Hodder & Stoughton, 1999.

Teresa Hale is the founder of the Hale Clinic in London which aims to combine conventional and complementary medical practices in a comprehensive service to its clients. She is also the pioneer of the Breath Connection breathing programme which is offered at the clinic but also at workshops and centres throughout the UK. The Breath Connection is essentially the method of shallow breathing developed by the Russian Professor Konstantin Buteyko in his work with asthmatics and practitioners of the method claim a very high success rate with the treatment of respiratory disorders.

When Hale first heard of the Buteyko method, she sought out some of the participants on his courses. She describes their responses as ranging from "hugely enthusiastic to positively evangelical." (p. 11) I first heard of the Buteyko method a couple of years ago when a mutual acquaintance who knew of my interest in breathwork suggested I phone his formerly asthmatic friend who had benefited greatly from a Breath Connection workshop. To say he was evangelical is putting it mildly. In the space of a five minute conversation he thoroughly condemned all forms of deep breathing including my work as a rebirther, then told me he was

too busy to talk any further. As a result I approached Teresa Hale's book with curiosity but also with some prejudice. Having read book I now see that his evangelism was not just a function of my acquaintance's somewhat abrupt personal manner. Hale is unequivocal in her insistence that deep breathing is wrong (unless done very slowly through the nose) and refers to Buteyko with a respect that borders on reverence. However, the book is well written, easy to read, and if the method works, is likely to revolutionise the lives of asthmatics and people who suffer from other respiratory problems.

Hale makes huge claims for the Buteyko method. It doesn't just cure asthma. It alleviates 200 illnesses and conditions, 104 of which are listed on pp. 242-3. These include the biggies of modern life – anorexia, heart attacks and AIDS as well as the less life threatening flatulence, sinusitis and trembling and tics. Hale claims that these illnesses are caused by hyperventilation and that 90% of people in the developed world suffer from them (p. 37). The Breath Connection programme makes many promises which are set out clearly in the book under the sub-heading of 'This is what we promise'. Five days using the shallow breathing technique will bring improvements in health and will set people on the path to 'optimal health'. (p. 25) This includes improved performance in school, business, on the sports field and in bed where the Breath Connection method "is a far cheaper alternative to Viagra". Ultimately sticking with the programme will lead to a longer life and ..."every vital system in your body is primed to last long beyond that 78 year mark" [average western lifespan] (p. 26).

After this substantial introduction to the benefits of the method, Hale gets down to describing it. She begins with a brief description of respiration and an explanation of hyperventilation which she defines as taking in more than 4-6 litres of air per minute (p. 29). Deep breathing and mouth breathing are simply wrong ways to breathe. Included in these wrong, potentially dangerous methods are diaphragm breathing, Rebirthing, and some Yoga exercises. (p. 39). Rebirthing is singled out on p. 31 and very incorrectly described as "shallow, rapid breathing called 'panting'". Interestingly, Hale does not refer to Holotropic Breathwork. The secret is to maintain the balance in volume between carbon dioxide and oxygen. The method of doing this is based on the Control Pause and a test yourself exercise is given in chapter 3. If you can hold your breath after the exhale for 50-60 seconds you are in excellent health. Less than 10 seconds and you have "a serious hyperventilation problem", less than 30 seconds and you need to follow the exercises in the book. The control pause is preceded by taking your pulse and followed by varying lengths of time spent shallow breathing. This shallow breathing period is followed by another control pause and after repeating these two elements a number of times, you take your pulse again. The number of control pauses and the length of time spent in shallow breathing varies according to physical disorder and state of health. To aid in shallow nasal breathing Hale gives a nose clearing exercise, advocate taping your mouth shut with a special type of tape and sleeping in the foetal position on the left hand side. Variations on the exercises using the imagination and movement are designed to make it fun for children. She says that if done well children will even accept having their mouths taped up at night to make sure they're not mouth breathing while asleep.

The general description of the method is followed by chapters on various respiratory illnesses such as asthma, bronchitis, panic attacks, etc. in which the basic exercises are tailored to suit the particular disorder. In her chapter on asthma Hale disagrees with the popular theory of environmental pollutants as a cause and describes asthma as the body's attempt to prevent excessive loss of carbon dioxide through chronic overbreathing or hyperventilation. She goes into detail about the various drugs used to control asthma and this could be very valuable information for sufferers. Hale is eminently sensible about the use of drugs, seeing them as helpful when needed but they can also be harmful. She does not advocate going cold turkey but one of the benefits of the Breath Connection programme is the reduction in use and often phasing

out of drugs. “We promise that within as little as a few days you will be less dependent upon medication, and that your breathlessness and wheezing will be reduced if you follow the programme for a week.” (p. 69) In chapters 5 (for mild asthmatics) and 6 (severe asthmatics) Hale outlines the 25 minute exercise routine which she recommends be done 3-4 times a day. She also outlines the changes asthmatics might expect to notice over the course of the five day programme.

Emphysema is examined in chapter 7 and again Hale’s opinion of the cause of this debilitating illness is controversial. According to her, it is not caused by smoking but by hyperventilation. In addition to the control pause/shallow breathing routine, the method of dealing with emphysema includes moderate exercise with the mouth closed at all times no matter how great the exertion. Indeed nutrition and exercise are referred to throughout the book. For bronchitis sufferers she includes an anti-coughing technique. In her chapter on stress she advocates the use of the Breath Connection technique to deal with panic attacks. She gives variations on the routine for people in the throws of a panic attack, as a preventative measure to stave off an oncoming attack and to prevent more low level stress.

Following the chapters outlining the exercise routines for a number of conditions, Hale looks at the link between various disorders and breathing under the chapter title Breath of Life. She deals first with the respiratory ones and gives a potted history of asthma. It was not seen as a killer disease during the industrial revolution, a time of dangerously high levels of pollution. But now, as more and more drugs are being prescribed for it, asthma is taking the lives of 2000 people a year in the UK (p.156). She says that there is no adequate medical explanation for this phenomenon but, if asthma is the product of hyperventilation, she herself give no explanation as to why we are hyperventilating in such increasing numbers. Cardiovascular conditions including high blood pressure and impotence are also linked to hyperventilation. The depletion of carbon dioxide causes a narrowing of the blood vessels which eventually leads to a variety of sometimes fatal disorders. She follows this with sections on the digestive, excretory, nervous, hormonal and immune systems as well as a short section on brain functioning. The contention is that the balance between oxygen and carbon dioxide affects all of these systems and use of the Buteyko method will bring gains in all areas. Hale used her knowledge of basic biology and body chemistry to support her assertions. She also includes a short chapter on diet and nutrition in which she advises against the consumption of dairy products and suggests only limited consumption of soy-based foods, chicken, red meat and fish. (p. 175).

An exercise programme, even one as simple as this, can be difficult to fit into peoples lives on a regular basis. Hale acknowledges this with a chapter on planning and preparation. In this chapter she refers to the common human characteristics of procrastination, wanting to have the gains without doing the work, pessimism, the need for outside support and our attachment to our illnesses. She gives practical suggestions on all of these issues but does not address the often really deep rooted psychological/emotional causes of pessimism and why people have so much difficulty letting go of limitations, illness and distress. The positive visualisation Hale suggests may go some way towards motivating some people and an in dept analysis of the psychological/emotional/spiritual roots of illness is obviously not within the remit of this book. However, it is a pity that she outlaws the use of the other breathing techniques which address just such problems in very fundamental ways.

This is a well written book which is easy to read. The exercises are clearly explained and a sprinkling of basic science is thrown in to support and elucidate the theories put forward. If it is true that the 95 percent success rate with asthma recorded in Russia (p.223) is even partly true, then the book and the method are vitally important for asthmatics. However, as I have never suffered from a respiratory illness I lacked the motivation to pursue the exercises beyond the first

day. I am therefore, totally unqualified to make any kind of assessment of the effectiveness of the technique.

Hale says that the Breath Connection programme is grounded in scientific evidence and she does include a short chapter on the history of scientific discoveries about hyperventilation as well as a brief bibliography. She has the courage of her convictions and is not afraid to fly in the face of conventional medical wisdom while maintaining her own scientifically grounded base. However, she does not footnote anything. Considering the Buteyko has done so much research and a lot of it is available on the Buteyko website (www.wt.com.au), it is a pity that she doesn't include more focused reference for people who like to follow up on research. It would also give the very wide ranging claims for the method more credibility.

Catherine Dowling

Benig Mauger, *Songs From the Womb: Healing the Wounded Mother*. The Collins Press, Cork, Ireland, 1998. ISBN 1-898256-54-3

Benig Mauger is a Jungian psychotherapist and birth teacher working in Dublin, Ireland. This book draws heavily both on her training in Jungian psychology and on her experience as a therapist and birth teacher. It is a very well-written and moving book about birth from both the mother's and the child's perspective. Mauger's thesis is that the medicalisation of childbirth has inflicted 'wounds' on both mother and child. This is the daily playing out of the universal 'wounded mother' archetype and until such wounds have been healed, society at large will continue to suffer.

In her introduction to her book she recounts her own experience of birth - being born herself, the birth of animals that surrounded her as a child, the birth of her own children and the children of her clients. She is clear that giving birth is a lot more than the medicalised physical process it has become. "Fear and suspicion of nature has caused birth to become increasingly medicalised. This is causing problems. Most of the problems are at a psychological or soul level. Women and babies are emerging from the experience with tremendous pain. Though medicalised birthing practice has arguably made birth safer, it is at a price. Childbirth, I believe, suffers a particularly intimate and deep wound to the soul..." (p.3) It is at this 'soul' level that Mauger writes.

Her writing is liberally peppered with stories of her own experience, that of friends and with snippets of the latest research findings. She opens the book with stories of two very different hospital births. One, painful but joyous, takes place with minimal medical intervention, the other an emergency caesarean. Mauger sets the tone of the book by describing very simply the deep pain of the second mother which goes far beyond the physical. As throughout the book, she juxtaposes the mother's story with that of the baby, in this case the tragic isolation of a premature baby wedging herself against the wall of her incubator, far removed from her mother.

This is followed by a chapter on pregnancy. In her prenatal classes Mauger incorporates guided visualisation to help women connect with their unborn babies. This is "a kind of prenatal bonding which will undoubtedly enhance her future relationship with her child." (p.27). During these relaxation sessions deeper, unresolved issues can arise including fears and ambivalence about being a mother. "Childbirth is often intimately associated with self-esteem..." (p. 25) and "At soul level, childbirth is an archetype which manifests both in the psyche and in the fibres of the body." (p. 31) It is therefore a momentous and 'sacred' experience that is intimately related to the mothers own feelings about herself, her own birth and unresolved issues in her own

childhood. Being pregnant changes the woman “pulling her into the depths of her psyche as it activates her ‘inner mother’” (p. 35). Her body, her identity, her role in life, her priorities and her focus all change and Mauger explains this first by going through the physiology of pregnancy. Physiological changes such as changes in the level of hormones, blood volume, etc. bring about a more inward focused, emotional state in which the woman is open to strong emotions, often frightening fantasies and the need to nurture and be nurtured. This need to be mothered herself can be projected onto health care professionals “who will, in time, become her ‘gods’ or heroes, or if negative, her villains or enemies.” (p. 39) Her own mother’s attitudes towards birth which have been unconsciously passed on to her during that process, will be activated and her own experience of being mothered may be projected onto the midwife or doctor. (p. 42) For Mauger, a Jungian, birth is an archetypal experience, a soul journey with the potential for transformation, that can awaken a sense of kinship with all women. (p. 43) This can be a time of psychological and spiritual journey for the mother and an opportunity to become aware of and heal old wounds.

Then Mauger switches to the experience of the child throughout pregnancy and it is this ability to enter the world of both the mother and the baby with such compassion and understanding that makes the book such a good read. Here Mauger draws on the work of David Chamberlain (*Babies Remember Birth*, New York: Ballantine Books, 1988) and Alessandra Piontelli (*From Fetus to Child*, London: Routledge, 1992) to show that babies in the womb can feel, hear, have relationships and socialise. This utterly open, egoless and therefore vulnerable creature “...takes on its mother’s thoughts and feelings as though they are its own.” (p. 56) A child can be born deeply hurt.

The next two chapters on giving birth and being born are quite long. In the chapter on birth Mauger begins by describing some of the fantasies that can haunt women as birth approaches. Fears about the safety of her child or about the birthing process itself can plague her, especially at night, and these can intermingle with excitement about meeting her baby for the first time, the baby she already knows intimately in a different way. Depending on the culture in which the woman had grown up and her own psychological state she can hand over responsibility for the birth almost completely to the medical profession. Women more in tune with their instinctual natures take a more prominent role in deciding how the birth will progress. How she gives birth will profoundly affect her as a mother and her relationship with her child and even a ‘normal’ birth can be traumatic for the mother who is herself wounded and who is unsupported. (p. 65) If the birth is forceps or otherwise highly medicalised there is a danger that the woman will feel violated or disempowered and if she slips into a victim position in relation to the medical team, she will not connect with her own experience in a way that will allow her to heal the psychological as well as physical wounds. (p. 67) If she feels guilty or inadequate about not being able to give birth normally, she can transfer her feelings about herself onto the baby by cossetting and therapising him. Rather than healing herself, she focuses on healing the baby who then becomes ‘...the carrier of his or her mother’s wounded self...’ (p. 71) Thus the cycle of the wounded mother goes on, passed down through the generations.

Mauger goes through some of the major birth types and talks of possible effects both from her own reading of other sources and from her own clinical experience. This is a very useful section for those seeking to understand the effects of birth on personality and relationships. She moves then into the labour ward where “inner and outer meet” ie. there are few boundaries between the mother and those attending the birth. It follows therefore that the attitudes and the ability of the medical team to contain their own fears are vitally important. It is a time of letting go for the mother, it is a rite of passage (p. 85) and she may need a ‘wise woman’ to guide with her through it. Her choice of attendant needs to be respected. Her own

woundedness will emerge and each woman “projects onto her birth experience what she most needs to heal in herself.” (p. 85)

For the baby too, birth is an initiation, a rite of passage. He/she is engaging in a struggle to survive and fight his/her way into life. It is an important struggle that will equip him/her for the life ahead and if robbed of it by a caesarean or drugged birth, his/her life will be affected in profound ways. Mauger goes through the various types of birth from the baby’s perspective this time, offering the latest research as well as her own observations of this archetypal journey. She intersperses her narrative with case histories told in a very moving way. The example of the unmothered child developing sensitivity to others so that they might know how to please and get the love they are craving is particularly eloquent.

The third part of the book is devoted to healing the wounded mother and Mauger approaches this from a Jungian perspective. She explains the concept of archetypes and in particular the mother archetype. Because of the medicalisation of birth, the denigration of the role of the mother and the repression of the feminine in our society in general, “...the mother archetype has been badly wounded. If a society lives by the power of a wounded archetype, this means that an aspect of that archetype is repressed and lives in the shadow. Jung tells us that denial of the archetype and suppression of certain instincts will result in neurotic and even psychotic disorders, for what is repressed returns uninvited usually in a destructive manner.” (p. 127) Mauger speaks of the patriarchal control of childbirth and the repression of the feminine which means that “...we have lost touch with our instincts and worse, that we have become alienated from the natural in us.” (p. 127) The result is a lot of mothers totally disillusioned with the whole process of birth and seeking professional help to deal with the consequences of this. (p. 128) She goes on to explain that a mother who herself is not nurtured can become a ‘stone mother’ incapable of fully nurturing her own child.

The chapter which follows talks about healing the wounded mother on an individual basis through therapy. Pregnancy and birth “...is a state of psychic permeability” (p. 138) which offers the woman opportunities for psychological, emotional and spiritual growth at very deep levels. In therapy with new mothers “The therapist has to accommodate the mother/baby relationship as symbolised by the real mother/baby couple, physically present in the consulting room, alongside the mother’s own ‘inner baby’” (p. 138) Therapy must also include an acknowledgement of the depth of the wound, that they are ‘soul wounds’ and therefore hidden from consciousness, and a recognition of the healing power of pain. Mauger continually sets the wounds of childbirth in the broader social context in which our connection with nature, god, instinct has been denigrated and to a certain extent lost. One of the points of greatest contact with our natural selves is the act of giving birth and the alienation of mother and baby from this process affects not just the individuals in question but the whole collective consciousness. It is an archetypal wound of immense proportions. Mauger approaches therapy from this perspective.

She concludes the book with case histories which are well-told as well as informative and the final chapter entitled “Birth Revisited” is a review of current techniques for healing the birth trauma. She mentions Grof, Rank, etc. and the potential of regression therapy and altered states of consciousness for working with this issue. She also ventures into reincarnation, karma and Buddhist philosophy. Mauger raises many issues related to experiential therapy that are of relevance for breathworkers.

Birth regression therapists work primarily with feeling states and images rather than cognitive approaches (p. 187) but safety is of primary importance and “... if the resistances are too great in the client at a particular time, then they must be respected.” (p. 179) But remembering trauma through regression work, Mauger says, is not enough. Release and transformation are not necessarily the same thing nor do they always happen at the same time. The catharsis of remembering is vital, but it is also important to understand past events and to

give them meaning in our lives. This can be done by integrating them “usually through further cognitive, creative, non-verbal or verbal techniques...” and “A strong and stable ego is necessary in order to be able to withstand the storm stirred up by unearthing the unconscious.” (p. 181) Creative work that gives form to feelings and memories, eg. writing, dialogue, sand-play, painting, etc. can help contain the forces unleashed by deep experiential work.

This is simply a wonderful book. It is the most moving, beautifully written book about birth I have come across since La Boyer’s *Birth Without Violence* and a must for anyone who wants to understand the process of being born and giving birth on levels rarely written about in the how-to manuals. It is not a book for those looking to understand the mechanics of birth as clear, systematic description are not the focus of such a book. However, for those seeking insight into the experience of birth it is invaluable. It, like so many other books, does not mention Rebirthing or Vivation as possible techniques for working with birth trauma, although Mauger does give space to Grof and Holotropic Breathwork. But it is an important book for breathworkers of all persuasions for the issues of context, building up the ego and safety that it raises in the second last chapter - all issues raised at the last Global Inspiration Conference.

Catherine Dowling

Hal Stone & Sidra L. Stone, *Partnering: A New Kind of Relationship*. Novato, California: New World Library.

I say to my clients that Voice Dialogue is to living and relationships what brushing one’s teeth is to the body – essential and indispensable for health and well-being. If you wish to have good relationships, with yourself and with others, these books (*Embracing Ourselves* and *Embracing Each Other*) are the sine qua non. I am not exaggerating. This excellent book develops the deep understanding for “primary relationships where two people are living together over time.” (p. ix) that Voice Dialogue makes possible, and hence the acceptance that makes a really good relationship possible. As the Stone’s say, love is not enough,

“(love) alone will not do the job of preserving relationship. You need love and you need a commitment to working toward personal growth for yourselves and for the relationship as well.” (p. ix)

They are quite simply right. Basic to their position is that idea of “relationships as teacher.” As they so wisely observe, the process of relationship has a life of its own.

Relationship is presented as a joint venture. There is no blaming in this book. “*Love alone cannot make a relationship work because the forces that can destroy love are too powerful and, for most of us, too unconscious.*” (their italics, p. 21) Love, commitment, and equality between partners are essential for a relationship to become a partnership. Where there is no equality, people are drawn into repeating childhood and archetypal parent-child/stronger-weaker patterns, and we have to discover these ‘selves’ and bring their relationship patterns into consciousness if we want to be successful partners. Especially, we need to learn to feel our own vulnerability so that we can be sensitive to that of our partner.

Relationship is a business venture. The roles of judgement and self-criticism have to be understood. One has to learn to communicate and how to be heard, and how to share decision making. One needs awareness of the energetic connections in a relationship including sensuality and sexuality. One needs to learn how to integrate children without losing one’s primary relationship. One needs to recognise the place of the spiritual dimension. There are good and

clear chapters on all of these issues with good exercises to provide the experience of what is meant.

“Relationships are alive. They change; they grow.” (p. 39) they mature. They are complex, consisting of one person’s many subpersonalities – ‘selves’ in Voice Dialogue terminology, relating to the other personas many subpersonalities. These selves in relationship have to be recognised through the Aware Ego for relationships to succeed. Selves fall into bonding patterns which can be positive or negative. These too require the services of the Aware Ego for a relationship to succeed.

Voice Dialogue is frequently integrated into rebirthing and Breathwork trainings, and sometimes even into Breathwork sessions. This book is a must for anyone teaching or helping others in the art of relating.

As I said at the beginning, I tell my clients that Voice Dialogue is to life what brushing one’s teeth is to the body – essential and indispensable. Those with good karma go out and buy the books as well as taking sessions. They study, they learn and they create good and inspiring relationships that are full and equal partnership. I am saying very little in this review besides outlining the basic subjects this book explores. I hope you have enough good karma to be taken in the direction of buying it and learning from it!

Joy Manné, Ph.D.

Martin Boroson, illustrated by Christopher Gilvan-Cartwright, *Becoming Me: a story of creation*. London: Frances Lincoln Limited 2000, 2000.

This is breathwork spirituality in gloriously few, very beautiful words and wonderfully inspiring pictures. It is the eternal beginning and manifestation of love, light, and creation. It is an expression that any religion would find compatible. How extraordinary of Martin Boroson to have found such transcendental language, and for Christopher Gilan-Cartwright to have found such transcendental images.

Buy this book for yourselves, for your children and your grandchildren, and for everyone you know and love, or would like to love. It is the ideal birthday, Xmas or any other present. Buy it for art lovers just for its illustrations; buy it for mystics just for its message. Buy it and give it.

Joy Manné. Ph.D.