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THE BREATH

BY

WILFRIED EHRMANN

What is the Breath? What is it we talk about when we mention the breath in our daily life and in breathwork? Is it an object, an activity, a physical and chemical process or something else?

BREATH AND BREATHING

We can make a distinction between breath and breathing. The activity of breathing is a process that happens consciously or unconsciously on an organic level. This activity can be described in terms of physiology as object of scientific research. But when we speak about the breath we address something which is different from the *activity of breathing* that we experience subjectively and describe objectively. When we breathe, we use a power which is active behind this process. We need the power of the nerves, muscles, tissues etc. which take part in the breathing, and we need the energy which is brought to the cells of our body via metabolic procedures – they are a necessary part of the breath. But when talking about the breath, we assume that there is a power which enfolds itself through these activities and includes them all.

By breathing which has to happen unconsciously and can be processed consciously, the breath enters reality. So the breath requires breathing to come into existence but without the breath any breathing would just be a mechanical procedure like using a bicycle pump. As music does not become music by pressing the keys of a piano or the strings of a guitar but by a pattern that is woven into these actions and resonates out of them, our breathing opens up to a underlying power in every breath we take. And it is this *breath* to which we can attribute the life giving and life enhancing power of breathing. We “nominate” *the breath* as substantive because this enables us to relate to that which acts out of itself and surmounts our doing and observing.

Only in this context we can understand the essential potential and the basic form of efficacy of breathwork and breath therapy. Therapeutic changes which come about in breathwork are not primarily based on technical advice or interventions, on practice or guided processes, but on the space that is opened up for *the breath* to unfold and act. Therapy provides the framework and support for *the breath* to do its work.

BREATH AND SOUL

Breath and soul are etymologically closely related in many languages. These similarities throughout different cultures show the effort these languages made to find symbolic representation for the soul, which is so difficult to grasp, by comparing it to a visible and noticeable activity. Moreover, they also show a deep understanding for the creative and transformative power of the breath itself which the Bible tells us is the origin of all human life (Genesis).

The breath includes the whole cycle of humanity and individuality. Life starts with a first inhale and stops with a last exhale. Any movement of the soul in-between this life cycle is a movement of the breath; any changes in the soul manifest in changes of the breath. When we dive deeper into the flow of the breath, when we surrender to its nature, we encounter directly the life-giving power of the soul.

So *the breath* is always more than the breathing, existed somehow before breathing came into action, and enables the breathing as the soul provides the ground for all the processes and activities we ascribe to it. Both concepts – breath and soul – can only be used meaningfully in a context which is beyond experience. And like the soul, the breath cannot be found in the world of measured objects. Without these concepts, we are unable to deal with many phenomena of our reality. And these phenomena are especially numerous in the field of psychotherapy.

As soon as we enter the field of psychotherapy, we have to leave the framework of empirical findings and their rules of objectivisation. Psychotherapy is always based on the assumption that there are psychical forces which form our lives. These cannot be conceptualised in an objective way but can only be accessed through inner experience. They can, however, be influenced and changed and their various transformations are goal-oriented in the broader sense in that they enforce the inner affirmation of life.

THE UNIFYING FUNCTION OF BREATH

Another reason why we use holistic terms as “soul“ and “breath“ is that we can relate through them to an inner unity made up of all our experiences. We want to express that we are whole, behind all the roles, personality traits, and behavioural patterns which we notice in ourselves and others. Without this wholeness, each of the parts would lose its meaning. Reclaiming this inner unity is an essential motivation for all therapeutic efforts. We always have to keep this inner unity of our clients in mind when working with them therapeutically. We cannot understand the emotional process of a client unless we assume that she has a soul which is expressing itself in this emotion. Thus we cannot understand what is going on in the process of breathing unless we assume an underlying entity like *the breath*. It is only *the breath* which gives our ongoing inhales and exhales the connection to the wholeness of our lives. It is *the breath* which grants us the bridge from physical processes to conscious self experience.

TIME AND BREATH

It is the breath which gives us an inner idea of time from the beginning onwards. It is the first rhythm that is performed by the baby on his own. It is the framework for the first experience of time. The breath accompanies us throughout the lifetime that is given to us as an ancient rhythm of life. It presents itself as the predominant rhythm among all the other rhythms which show up very rarely if ever. We do not usually notice our heartbeat unless it pulses in our throat. If we wish to feel our breath we only have to lift a heavy object, or run up a staircase, or get into deeper emotions, or feel totally relieved.

The breath plays its role in forming the quality of our experience of time. The quality of our life experience in general depends on whether we see it as autonomous or as conducted from outside. The breath is a constant reminder of a self-created life. Contrary to what is usually supposed, the natural first breath has to be taken actively and does not come of its own, and so the breath becomes a symbol for a life that is guided and directed predominantly from one's own resources. But when the first inhale has to be taken under pressure and tension due to a premature cutting of the umbilical cord, then the idea of self-activation immediately becomes connected with the idea of forced achievement. Time will be experienced as scarce resource which has to be exploited to a maximum in order to ensure survival. So we come to the observation, shared by most proponents of gentle birth, that a forced first inhale leads to a life concept dominated by pressure and stress.

THE UNIVERSALITY OF THE BREATH

When we breathe we connect as humans, as inhabitants of this earth with all the other breathing inhabitants. When we walk on the street or in a forest – we breathe the air which is likely to have been exhaled by another person in another part of the world, been processed by plants or travelled a long way as wind. The air we exhale is likely to be blown to another part of the world and will there be inhaled by someone else, and so on, from the beginning of life on this planet to its end. The air we breathe is common to all of us, we move in this medium and exchange and interact through it. We form the air and the air forms us when we breathe. We are the air we breathe. We humanise the air and participate in the air of this world, its smells and fragrances.

The breath is a medium of communication in which we exist all the time whether we want to or not. It is also a medium of history because by breathing we connect with the air of all human and pre-human history. And it is a medium of democracy and equality as it provides everyone with life essence in an equal way.

THERAPY OF THE BREATH – THERAPY BY THE BREATH

It is the idea of the breath as noun, as substance in itself which forms the distinction between breathwork and other forms of therapy. Observing and influencing the breath plays a noticeable role in many therapeutic approaches. But breath therapy as such begins at the point where *the breath* is recognised and accepted as the healing power of transformation.

Breath therapy means that *the breath* is allowed to play its role in changing, resolving and opening all that has been frozen, petrified and tensed up in our bodies and minds. The various schools within breathwork only differ in applying methods and frameworks for opening the space for *the breath* to unfold.

In therapy, we are the space for the breath. We are offered a way in which we can realise the energy which is active in every breath so that we can use it as support and help, as source of strength and joy. The first door we open up is becoming aware that we breathe. By this, we connect with our breath and by this connection we connect with ourselves. When we experience, through being with our breath, how our self evolves and unfolds as a self-induced and self-created process, we realise on a deeper level who we are. This realisation happens as immediate evidence, as insight, as indubitable and certain knowledge. Even though we may lose this certainty later, when the activity of our breathing steps back into unconsciousness again, we have been transformed and renewed. As tiny and fragile as these changes may be, they are changes and they make a difference. Whenever we find our way back to conscious breathing, we return to our self and strengthen the sign that is always there for us to guide us inside to where we really are. Our breath is the constant indicator that enables us to find the way back home however much have become lost in our daily businesses and habits.

The immediate evidence of self-realisation and existential self-reassurance is probably the most important basic of therapeutic work in general and of breathwork especially. *I breathe therefore I am* – this certainty is the unshakeable ground of our lives. All our worries, anxieties, insecurities and desperations are like garbage heaped up over this ground. Every breath gives us the opportunity to penetrate down to the source of life which is flowing underneath no matter what is happening on the surface of our daily dramas. *Dum spiro spero* – as long as I breathe, I hope – this old Roman saying is activated and incorporated in conscious breathing. This is the essential impact of any form of breath therapy whether it is conducted in a cathartic or a gentle way. *I breathe, therefore I am*. That is all that is needed.

Nowhere else we can become so conscious about our participation in a bigger life as with the breath. So there is no ‘practise’ on the way without observing the breath. In the breath we realize the life in its movements of changes in an immediate way. When we succeed in becoming aware of the law of change which is announced and activated in the breath, when we can take it up in its full meaning and consciously surrender to it, then we are already on the ‘way’. (Karlfried Graf Dürckheim: *Hara. Die Erdmitte des Menschen*. Bern: O.W. Barth Verlag, 21st edition 1999, p. 144)

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STANDARDS OF REBIRTHING-BREATHWORK AS THERAPY

BY

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Abstract.

Rebirthing-Breathwork (RB) is a method of self-healing and self-improvement based on breathing developed in the middle 1970's by Leonard Orr and associates (Orr, L. & Ray, S., 1983). Since its origins Rebirthing-Breathwork has also been used as a form of therapy. For instance, in the middle of 1980s Rajski (2002a) established a program for alcoholics based on this method, while Dr. Przytudzki used it in the therapy of patients with psychotic and neurotic disorders. Through the contribution of many practitioners, Rebirthing-Breathwork-Breathwork has grown exponentially and become a vastly diversified domain of therapeutic interventions. This paper attempts to establish the standards of Rebirthing-Breathwork as therapy. For this purpose Rajski invited a group of Rebirthing-Breathwork practitioners, with backgrounds in psychology, counseling and psychiatry, to work on establishing a common understanding. He asked them the following questions: What is health? What happens during a Rebirthing-Breathwork session? What is the purpose of Rebirthing-Breathwork? What is the role of Rebirther? What are the essential and non-essential elements of Rebirthing-Breathwork? What are the unique contributions of Rebirthing-Breathwork to the field of psychotherapy? What are the similarities and differences between Rebirthing-Breathwork and other therapies?

HISTORICAL PERSPECTIVE

Numerous writers have attempted to define the domain of Rebirthing-Breathwork and to compare it to other therapies. Manné (2002a) showed that Rebirthing-Breathwork had many predecessors in ancient breathing methods, other birth trauma related therapies, such as Janov's *Primal Scream*, techniques of therapeutic regression, repetition compulsion and other concepts of psychoanalysis, and some humanistic and transpersonal therapies. Dowling (2002) gave a good review of the definitions of Rebirthing-Breathwork, including those of Orr and Ray (1983), Leonard and Laut (1983), Sissons (1985), Minnett (1994), Morningstar (1994), Quist (1996), Begg (1999) and her own (2000). Another attempt to define and research Rebirthing-Breathwork was made by Sudres, Ato, Fourasté, and Rajaona (1994). Most of these definitions concentrate on the breathing technique, which appears to be only one of the elements of Rebirthing-Breathwork. Morningstar (2001) attempted to harmonize Rebirthing-Breathwork with 30 other schools of breathwork during the Global Inspiration Conference in Wisconsin in June 2001. This conference resulted in creation of the International Breathwork Training Alliance [www.breathworkalliance.org]. His text deals with issues such as models of breathwork certification, the personal and social

responsibility of breathworkers, ethical standards, and the attestation and continuing education of breathworkers. Although these standards are applicable to rebirthers, they don't describe Rebirthing-Breathwork per se. The multitude of points of view presented in these works is suggestive again of a need for some standards of doing Rebirthing-Breathwork, which is the subject of this article.

CONCEPTUALIZATION

Rajski (2002a) proposed that three ingredients be considered as the core elements of Rebirthing-Breathwork:

- Conscious Connected Breathing (CCB) also known as Intuitive Energy Breathing (IEB)
- Spiritual Purification Techniques
- Cognitive Techniques

These three elements have consistently been present in Leonard Orr's practice and writings through the last 30 years (see for instance, Orr, 1986a, 1996b, 1998b and the feature articles in *The Conscious Connections*, newsletter of the Rebirth International). It appears as well that it is not possible to understand Rebirthing-Breathwork-Breathwork without the concept of "energy," defined as the most basic life force, which is customarily used by Orr (e.g. 1986a, 1996a, 1996b, 1998b). On the other hand there is no consensus about the issue of physical immortality strongly advocated for by Orr (e.g. 1980, 1986b, 1990, 1992, 1995, 1998a). The problem is not that much in the fact that this proposition is in a sharp contradiction to the predominant social view. It is first of all a question of values (not everyone is interested in physical immortality); thus it cannot serve as a standard. See the endnotes for more discussion on this subject.

Keeping this in mind one could define the core elements of Rebirthing-Breathwork-Breathwork as follows:

- Conscious Connected Breathing or Intuitive Energy Breathing is "the ability to breathe energy as well as air. (...) This involves merging of the inhalation with the exhalation in a gentle relaxed rhythm in an intuitive way that floods the body with energy. This energy cleans and nourishes the human body physically, emotionally and spiritually. The result of a session is relaxation, peace and joy." (Orr, 1998b)
- Spiritual Purification Techniques are all the techniques that use the elements of air, water, earth and fire to clean physical and energy body of the client. Among the techniques regularly practiced by Leonard Orr are: bathing twice a day, vegetarian diet, yoga of physical work or exercise, spending time with natural fire, breathing, community involvement, etc. Orr (1998b) describes numerous techniques that can be used for the purpose of self-purification. They are all based on the principle often repeated by Orr (personal communication) that "air, water, earth and fire purify the mind quicker than the mind can purify itself." These techniques are invaluable as the client can employ them between the sessions. They are the tools and a sign in the same time,

of the client's willingness to take responsibility for his own health and life style. They were instrumental in the success of the program *"Rebirthers for Alcoholics"* designed and implemented by Rajski (2002a) in Siemianowice, Poland.

- Cognitive Techniques are based on ancient tradition that treats human mind as a very powerful tool. Orr (personal communication) would often say, "everything comes from the mind," meaning that every action, every emotion is first conceived in the mind. This notion is present in the popular Rebirthing-Breathwork principle that "thought is creative." Orr and Ray (1983) postulate that the mind has to be mastered unless a person wants to remain a victim to his or her own inconsistencies, unconscious beliefs and motives, social and family conditioning, and so on. This can be achieved through numerous cognitive and spiritual techniques, starting from writing affirmations (positive thoughts), through repetition of mantra, to prayer and meditation. Rebirthers and their clients are supposed to practice a positive frame of mind. Any cognitive intervention that supports clients in becoming rational, intelligent, responsible persons has its place in Rebirthing-Breathwork.

For the sake of simplicity we will refer to these three elements as: **Breathing, Purification** and **Mind**.

REBIRTHING-BREATHWORK AS THERAPY

Rajski approached a group of rebirthers with the professional backgrounds in psychology, psychiatry or counseling to try to describe Rebirthing-Breathwork as therapy using the conceptualization presented above. In particular they were asked to answer the following questions:

- What is health?
- What happens during Rebirthing-Breathwork session?
- What is the role of rebirther?
- What is the purpose of Rebirthing-Breathwork?
- What are the non-essential elements of Rebirthing-Breathwork?
- What is not Rebirthing-Breathwork?
- What is the unique contribution of Rebirthing-Breathwork to psychotherapy?

The rebirthers were given liberty to either sign up with the standards described by others or to add their own standards. They were also asked to draw similarities between Rebirthing-Breathwork and other therapies they are familiar with. Only the standards accepted by the majority of the authors are included in this article. The short bios of the contributors are given in the end of the article.

WHAT IS HEALTH?

Breathing

- Ability to breathe fully and freely
- Ability to relax
- Ability to trust
- Ability to use breathing to help integrate life experiences

Purification

- Awareness of the body and its responses to physical and psychological events
- Awareness of the body energy and energy processes
- Ability and willingness to maintain one's body energy clean and balanced

Mind

- Ability to stay rational and oriented toward reality
- Ability to live in the here-and-now
- Ability to observe one's own thoughts
- Ability and willingness to take responsibility for one's own thoughts, emotions and actions
- Coherence/consistency
- Ability to express oneself, especially emotions, with words
- Basic optimism/ willingness to see a glass half-full rather than half-empty
- Openness to new experience/willingness to learn
- Ability to trust/secure attachment
- Ability “to love and to work” (Freud)
- Sense of connectedness with a Higher Power/Intelligence/God

WHAT HAPPENS DURING THE REBIRTHING-BREATHWORK SESSION?

Breathing

- Rebirthing-Breathwork session usually takes 90-120 minutes (the period of Conscious Connected Breathing itself takes about 45-60 minutes)
- The process of breathing is explained to the client
- The fee is negotiated with the client
- The client is encouraged to ask questions, seek clarifications
- Clients may be asked what they know about their birth
- The client is asked to lie on a mattress and is normally covered with one or two blankets
- Different relaxation techniques may be used to help the client to relax
- The client is asked to breathe in a connected way, merging inhalation with exhalation in one smooth rhythm
- The rebirther may choose to gently stimulate the client's breathing through verbal encouragement, modeling of breathing, music or touch
- If touching the client's body to offer comfort and reassurance rebirther asks a permission to do so
- Touch is sometimes used to convey sense of safety
- The client's breathing becomes free, i.e. it is not controlled, but has a natural, spontaneous rhythm
- The organism receives additional volumes of oxygen
- Stored tensions, holding patterns are brought up to the awareness and released
- During or at the culmination of the session tension is often released through cry, laughter, anger outburst or bliss
- The rebirther communicates verbally with the client through the session to encourage breathing, offer reassurance, inquire, explain what happens
- The client achieves a deep sense of relaxation, well-being and aliveness (relaxation response)
- The client continues breathing until achieving intuitive sense of completion/closure
- After the session clients are encouraged to describe in their own words what they experienced during the breathing
- If the client brings up important clinical material this material can be worked through using whatever counseling techniques are in the rebirther's repertoire (1).

Purification

- The client is encouraged to shower/bathe as soon after the session as feasible
- The client is encouraged to practice other purification techniques
- Handouts explaining these techniques may be given to the client

Mind

- If the presence of any strong negative thoughts or emotions is detected clients may be asked to write affirmations relevant to their case
- When writing affirmations clients are asked to record their physical, emotional and mental responses to the affirmation
- These responses may later be analyzed for the presence of strong negative, inconsistent, or otherwise distorted thinking
- Clients may be asked to journal, express in writing what they experienced before, during and after the breathing session
- Clients may be encouraged to read Rebirthing-Breathwork or other relevant literature
- Clients may be encouraged to meditate

WHAT IS THE ROLE OF REBIRTHEER?

Breathing

- To welcome the client and put him/her at ease
- To explain the breathing process
- To guide the client through the breathing, offering suggestions and support
- To make sure that the exhalation of the client is relaxed
- To instill sense of safety
- To help to integrate the breathing experience (offer rationale/suggest hypotheses as to what happened during the session)
- To help clients be aware of the possible birth-relation of their thoughts and emotions aroused during session
- To be aware of transference and counter-transference processes
- To develop and maintain clear client/therapist boundaries

Purification

- To model spiritual purification behaviors
- To point to clients what they can do to improve their life style
- To suggest practical purification solutions

Mind

- To model thinking that is rational, consistent, oriented to reality
- To model willingness to take responsibility for one's own thoughts, emotions and actions
- To be able to formulate specific affirmations relevant to the client's experience
- To be able to find clients' core beliefs, or other cognitive distortions, that contribute to their problems
- To open up clients to spiritual dimensions of Rebirthing Breathwork, if and when they are ready

WHAT IS THE PURPOSE OF REBIRTHING-BREATHWORK?

Breathing

- To free, unblock the breathing
- To heal the habit of “subventilation” or underbreathing
- To integrate the birth trauma
- To help the client become conscious of his/her breathing patterns
- To support the client in feeling secure with the breathing and capable of using the breathing to integrate any experience
- To improve contact with one's body
- To release physical and emotional tension (energy blocks) from the body
- To induce relaxation, sense of well-being and aliveness
- To satisfy and integrate regressive tendencies
- To reduce resistance to therapy
- To provide “biological experience of God” (2)

Purification

- To help clients become aware of their “energy” and “energy exchanges”

- To support the client in practicing self-purification
- To improve life style

Mind

- To support the client in becoming a rational person who is free from negative, unconscious, mental and emotional patterns
- To encourage the client to take responsibility for his/her thoughts, emotions and actions
- To help clients be self-aware and secure within themselves
- To improve the quality of the client's thoughts
- To empower the client

WHAT ARE THE NON-ESSENTIAL ELEMENTS OF REBIRTHING-BREATHWORK AS THERAPY?

- Physical Immortality Philosophy (3)
- Prosperity Consciousness (4)
- Five Biggies (5)
- Spiritual beliefs of its founders (6)
- Social, political or economical views of its founders
- Loving Relationship Training (7)

WHAT IS NOT REBIRTHING-BREATHWORK?

- Psychodrama (8)
- Hyperventilation (9)
- Hypnotic regression technique (e.g. regression to former lives)
- Holotropic Breathing (10)

WHAT IS THE UNIQUE CONTRIBUTION OF REBIRTHING-BREATHWORK TO PSYCHOTHERAPY?

Breathing

- Invention of a unique breathing method that is both gentle and powerful, and which offers numerous clinical advantages. (11)

Purification

- Stress on physical and energy self-purification leading to a healthier life style

Mind

- The concept of taking responsibility for one's life through taking responsibility for one's thoughts

REBIRTHING-BREATHWORK IN COMPARISON TO OTHER THERAPIES.

For the review of research in Rebirthing-Breathwork see Rajski (2002a). In this section Rebirthing-Breathwork will be compared to other therapies.

Birth Trauma Therapies

The works of Rank (1929/1952), Winnicott (1958), Fodor (1949, 1951), Cheek and LeCron (1968), Janov (1970), Lilly (1972), Leboyer (1975), Lake (1978a, 1978b), Emerson (1979), Wambach (1978, 1979), Verny (1978, 1981), Raikov (1980, 1982, 1983-84), Laing (1982), Chamberlain (1983), Odent (1984) and Grof (1975, 1985) purporting the importance of *birth trauma* in shaping human behavior provide a valuable theoretical basis for Rebirthing-Breathwork. Good review of these theories as well as suggestions for further research is provided by Khamsi (1987). In the past interventions into birth trauma were limited to hypnosis and LSD therapy. Rebirthing-Breathwork being a method based on a natural element of breathing seems to be superior to the previous approaches thanks to its simplicity and accessibility. Further support for Rebirthing-Breathwork is provided by the domain of pre- and post-natal psychology (see, for instance, Feher, 1980). Ray (1985) attempted to summarize these influences from the Rebirthing-Breathwork perspective.

Attachment Therapies

In recent years *Attachment Theory* has provided important new knowledge about the early conditioning of human beings. This knowledge is relevant and supportive of Rebirthing-

Breathwork. Rebirthers postulate that the attachment processes begin at birth or even before birth (e.g. Ray, 1985). Rebirthing-Breathwork, understood as a breathing technique and not as a psychodrama, is potentially an important tool of intervention into attachment disorders.

Body Oriented Therapies

Generally speaking, this group of therapies proposes that the body is an important source of information and an important way of intervention. Wilhelm Reich's (1973) theories of "body armor," "character resistance," and importance of breathing can be easily applied in the context of the Rebirthing-Breathwork session. Reich is known to have attempted to use breathing as a diagnostic and therapeutic tool in his work with psychotic patients (see, Ehrmann, 2000a). The importance of breathing is also stressed in Bioenergetics, (Lowen, 1975), Rolfing (Rolf, 1977), Alexander's method and other body therapies. Among the newer body oriented therapies it is worthwhile to mention *Integrative Body Psychotherapy* (Rosenberg and assoc., 1985). The breathing technique used in this approach is strikingly similar to Rebirthing-Breathwork. The concept of "primary scenario" as a way of exploring all neonatal influences is of interest in the context of Rebirthing-Breathwork.

Relaxation Response

As Rebirthing-Breathwork induces a profound sense of relaxation and peace, all the research into so called "*relaxation response*" is applicable to this method. For instance, the second part of the research by Rubin (1983), although done on a small sample, implies that the state of relaxation after a Conscious Connected Breathing session is physiologically similar to the state achieved through Transcendental Meditation (TM). There is a rich body of scientific research (see, for instance, Orme-Johnson, 2001) about the usefulness of TM for therapeutic intervention.

Gestalt Therapy

One could say that Rebirthing-Breathwork is similar to *Gestalt Therapy*, especially with its emphasis on working in "here-and-now" (see, for instance, Perls, 1971). During a typical Conscious Connected Breathing session everything, including strong emotions, happens "here-and-now" and is difficult to ignore by the client. In one variation of the Conscious Connected Breathing technique the therapist encourages the client to talk while breathing. This typically brings up a lot of emotions and allows for faster integration of these emotions. This technique is known elsewhere as a "neo-reicharian therapy." Also the concept of gestalt is used by some rebirthers.

Psychoanalysis.

The classical *psychoanalytical* concepts of "resistance," "transference," and "counter-transference" are often used in Rebirthing-Breathwork (e.g. Ehrmann, 1999, 2000b). People "resist" during Conscious Connected Breathing sessions. They fear the unknown or simply hesitate to relax their defenses. The analysis of this resistance typically takes place right after the Conscious Connected Breathing session or as soon as the resistance becomes

apparent. The Rebirthing Breathwork clients, due to the intensity of this technique, also have a tendency to project many things onto the rebirther. Thus some professional rebirthers work with transference and counter-transference. Also, the concepts of the stages of psychosexual development, fixation, “pleasure” and “reality principles” help to understand human regressive tendencies and provide an important theoretical framework for Rebirthing-Breathwork.

Cognitive Therapy.

With its emphasis on the role of the mind, Rebirthing-Breathwork is similar to *cognitive therapies*. Rebirthers support the basic assumptions of cognitive therapy, i.e. that mental processes influence emotions, and through emotions, the body of the client. For instance, Rebirthers often attempt to uncover a so-called “personal law” - the most basic, negative thought (core belief), on which the client's whole perception of the world is built. The vast domain of *mind-body research* and literature has a natural place in Rebirthing-Breathwork. Though the recommendation of *positive thinking* and writing *affirmations* are the most popular, these are by no means the only ways of cognitive interventions in Rebirthing-Breathwork (Rajski, 2002b). Rebirthers often point to illogical assumptions, unjustified negative generalizations, and other irrationalities in the thinking of their clients. They try to counterbalance negative self-statements of clients. This strategy was found to be important in treatment of depression (e.g. Beck, 1979).

Behavioral Therapies.

Rebirthing-Breathwork as well as behavioral therapies enroll the client into taking action. For instance, Orr greatly stresses the importance of physical activity. It is not unusual that Rebirthers give their clients “behavioral prescriptions,” i.e. ask them “to do something.” Karma Yoga, which is the yoga of physical work, is a popular element of Rebirthing-Breathwork workshops. Some rebirthers use Conscious Connected Breathing as a “desensitization” technique. They take advantage of the deep relaxation of the Conscious Connected Breathing to have the clients gradually approach their fears or phobias. Other behavioral techniques are also often employed.

Ericksonian Therapies.

People sometimes ask if Rebirthing-Breathwork is a form of hypnosis. Its deep relaxation has some similarities to a hypnotic-like state. By definition the core element of Rebirthing-Breathwork, “*Conscious Connected Breathing*,” is not a hypnosis, though the state of relaxation seems to make people more open for *ericksonian* suggestions. For example, Rajski (2002a) used to ask his alcoholic patients to say to themselves the words – “I like myself” – at the end of their Conscious Connected Breathing sessions. Rebirthers often use affirmations, such as “Life is beautiful,” that may serve as powerful suggestions. A solution-focused mood is often induced through questions such as, “What can you do about it?” Rebirthers also sometimes use the well known “miracle question.” (12)

Supportive Therapy.

Rebirthing-Breathwork can be considered to be a form of *supportive therapy*. It shares the basic assumption of this therapy that a person, given the proper amount of emotional support at the right moment, can recover and be self-reliant. This ability to stand on one's own feet is often emphasized in Rebirthing-Breathwork and serves as a counterbalance to the regressive aspects of this method.

Energy Psychology.

Finally, Rebirthing-Breathwork could be considered a predecessor of the newly emerging fields of *energy psychology* and *energy medicine*. Long before these new therapies gained popularity rebirthers were proposing that therapeutic session is not only a process of intellectual and emotional exchange between the therapist and the client, but also of “energy” exchange (Orr 1996b, 1998b). To illustrate this line of thought one could say that the process of therapy begins when the client and the therapist are in certain physical proximity to each other (as in a therapy room) and it takes place even when the therapist and the client say nothing.

SUMMARY.

Rebirthing-Breathwork is a popular method of healing and self-improvement that has been available in the United States and all over the world for more than 25 years. Research and experiences of thousands of practitioners of Rebirthing-Breathwork suggest that the method is a potent tool for personal transformation. It has a significant therapeutic potential as demonstrated by its application in the treatment of alcoholism (Rajski, 2002a). In this article a group of Rebirthing-Breathworkers from Canada, France, Ireland, Italy, Poland and the United States, with backgrounds in psychology and counseling, described the method through the use of a set of standards with the purpose of eliminating misconceptions and idiosyncratic applications of the method. We hope that these standards will help in a more systematic research on Rebirthing-Breathwork and will facilitate its scrutiny by the international counseling community.

ENDNOTES.

- (1) For instance: Supportive Counseling (Rajski), Cognitive Therapy (Rajski), Behavioral Prescription/Homework (Rajski), Bibliotherapy (Rajski), Process Oriented Psychology (Heyda), Bodywork Therapies & Mindfulness Techniques (Heyda), Quantum Dynamics (Delgado)
- (2) Orr often (e.g. 1998b) uses the term “biological experience of God” in reference to Conscious Connected Breathing. It could be understood that during the breathing clients get in touch with the energy of their organisms or with the life within. This experience sometimes makes people more open to the idea of the Source of Life

(God). There is a growing literature (e.g. Newberg, D'Aquili, Rause, 2001) stipulating that human beings are "wired for God," meaning that a desire for connection with something larger than ourselves is ingrained in our brains. Benson and Stark (1996) reported that "25 percent of people feel more spiritual as the result of the elicitation of the relaxation response" (P.154-5). They noted: "People who reported increased spirituality after eliciting the relaxation response described two things about the experience: 1) the presence of an energy, a force, a power - God - that was beyond themselves, and 2) this presence felt close to them. And it was the people who 'felt this presence' who noted the greatest medical benefits. Regardless of their professed faith, people eliciting the response who experienced these sensations - an energy that seemed both internal and external to their bodies, and that felt good - had better health as a result" (p. 157). Experiences of many rebirthers (e.g. Rajski, 2002a) are consistent with these findings. As Conscious Connected Breathing also leads to a relaxation response, it can be seen as an experience stimulating spiritual or transpersonal growth.

- (3) Physical immortality is the issue strongly advocated for by Leonard Orr. One can consider the idea of physical immortality to be a by-product of the "thought is creative" principle. Orr purports that if someone assumes a proper frame of mind (i.e. Physical Immortality Philosophy) this person can in fact achieve physical immortality. He further proposes that unconscious death urge is behind the phenomenon of aging and many diseases (e.g. depression). Orr suggests that if someone holds a belief that death is inevitable, the body of this person will have to conform to this belief at some point. Such a person then will find a way to become miserable (e.g. senile), get sick and die. Orr points out that people often have a tendency to die according to the family traditions (e.g. at a similar age as their parents or for similar causes).

These hypotheses, although in contrast with the predominant social views, are quite viable scientifically (e.g. mind-body research supports the proposition that mind has an impact on body; for review of this research see Pelletier, 1992) and can be tested. However, this issue is highly controversial and thus cannot be a standard. First of all, this is the question of value. Some people value the possibility of immortality and others not. In therapy, it is important that we avoid imposing our values on clients.

In the same time, because of the interesting theoretical possibilities of this approach, Physical Immortality should not be easily discarded. For the time being the most rational approach appears to be as follows: rebirthers may mention Physical Immortality to clients. They may explain it in the context of our knowledge about the power of mind and spiritual purification, and see if clients would be interested in exploring this issue. They can also suggest that it is highly unlikely to achieve physical immortality for as long as clients believe that death is inevitable. While not imposing this value in any way on clients, rebirthers may at least want to entertain the idea of their own immortality.

- (4) Though improving the client's prosperity consciousness can have some therapeutic value, it is seldom that people seek contact with a rebirther to improve their finances. Thus, though a valuable tool, prosperity seminars or consultations cannot become a standard in Rebirthing-Breathwork understood as therapy.

- (5) "Five Biggies" is the original conceptualization of Orr and Ray that proposes five issues as stumbling blocks for human growth: birth trauma, parental disapproval syndrome, specific negatives, trauma from previous life times, and unconscious death urge. Manné (2002b) rightfully points out that there is unequal scientific support for these five domains. While birth, developmental and cognitive psychologies have collected a rich body of knowledge that could be used as support for the first three of the "Five Biggies," there is little scientific evidence for previous life times and death urge. The doctrine of incarnation is a matter of faith and is culturally sensitive. As such it shouldn't serve as a standard. Though the conceptualization of the "Five Biggies" contains interesting therapeutic ideas, there is no evidence that it would be therapeutically beneficial to take each client through all the "Five Biggies." Rebirthing-Breathwork as therapy should always start with the client's needs, and they may not include the "Five Biggies."
- (6) Both Leonard Orr (e.g. 1980) and Sondra Ray (1992), the most prominent writers about Rebirthing-Breathwork, became devotees of Haidakhan Babaji. They made the teachings of Babaji popular in the Rebirthing-Breathwork circles. Though inspiring, these messages cannot become one of the standards of Rebirthing-Breathwork for the obvious reason. Rebirthers, as all other counselors, must respect the faith beliefs of their clients.
- (7) Sondra Ray and associates developed Loving Relationship Training (LRT) in the 1980s. It seeks to use some elements of Rebirthing-Breathwork, such as breathing and the power of mind, in the process of healing or building loving relationships (see, for instance, Ray, 1980). LRT cannot become a standard because the majority of clients do not seek Rebirthing-Breathwork to satisfy relationship needs.
- (8) In one case a technique of psychodrama, in which a little girl was covered with blankets and asked to push to set her free, led to the girl's death. This technique was unfortunately called "Rebirthing" by the attachment therapists who used it. Use of Rebirthing as psychodrama was never intended or encouraged by Leonard Orr and has nothing to do with the mainstream Rebirthing-Breathwork.
- (9) It is now widely accepted that Conscious Connected Breathing does not need to induce hyperventilation. Hyperventilation may occur when the client pushes on exhalation. This is neither necessary nor desired. Even fast and dynamic breathing will not induce hyperventilation if the exhalation is relaxed. For further discussion on this subject see Manné, Taylor (1999).
- (10) Holotropic breathwork (HB) appears to be more concentrated on experiencing and analyzing visions during the session than on awareness of breath and emotional release through breathing. Unlike in Conscious Connected Breathing hyperventilation states are the goal of HB as a factor inducing strong experiences and therapeutic change. (see: Grof, 1985, Grof , 2000)
- (11) The following clinical advantages have been reported:
 - Integration of birth trauma and other early life conditionings (Rajski, 2002a, Delgado, 2002)
 - Quick detoxification of body - shorter alcohol withdrawal phase (Rajski, 2002a)

- Reduced tolerance for alcohol (Rajski, in 2002a)
 - Enhanced awareness of body, reduced "alienation from the body" (Rajski, 2002a, Delgado, 2002)
 - Better awareness of the "energy" of the body and "energy exchanges" (Rajski, 2002a, Delgado, 2002)
 - Satisfaction and integration of regressive tendencies (Rajski, 2002a)
 - Reduced resistance to the therapeutic process (Reggios, 1985-6, Heyda, 2000)
 - Reduced anxiety (Rubin, 1983; Heyda, 2000, Delgado, 2002)
 - Reduced depression (Heyda, 2000, Delgado 2002)
 - Reduced anger (Heyda, 2000, Delgado, 2002)
 - Increased locus of control (Rubin, 1983, Delgado, 2002)
 - Increased self-esteem and positive emotions of joy and satisfaction (Rubin, 1983, Delgado, 2002)
- (12) There are a couple of versions of this question. Insoo Kim Berg (1999) phrased it in the following way: "I am going to ask you a strange question. (pause) Suppose that while you were asleep the problem was solved. When you slowly come out of sleep tomorrow morning, what is the first sign that the miracle has happened?" (beginning of the solution picture).

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TOWARD EMPIRICALLY SUPPORTED REBIRTHING-BREATHWORK

BY

PIOTR RAJSKI, M.A.

As a psychologist I belong to this group of practitioners who consider Rebirthing-Breathwork to be a form of therapy. I define Rebirthing-Breathwork (2002a) as a method of self-improvement, originated by Leonard Orr, consisting of conscious connected breathing (CCB), spiritual purification techniques and cognitive techniques. Further standardization of this approach was achieved in Rajski, Delgado, Dowling, Heyda, Sudres and Vignali (2003). I have been observing the positive impact of Rebirthing on my clients for over 20 years. In my opinion Rebirthing-Breathwork is not only a legitimate therapy but is in fact one of the most effective therapies I know. However my personal experience may not be sufficient. If the Rebirthing-Breathwork community wants to prove to the society that this method has a power to transform individuals, it must stop treating the effectiveness of Rebirthing-Breathwork as a “given.” It must find ways to validate the method empirically.

Now, this is not an easy task. Practitioners of Holotropic Breathing produce more research (see, Shane, 2003) related to the effectiveness of their method than do practitioners of Rebirthing-Breathwork for their own (for the known research on Rebirthing-Breathwork review Rajski, 2002a). As with all new forms of therapy, Rebirthing-Breathwork does not have institutional or financial support from governments or educational/clinical organizations.

How we can show that Rebirthing-Breathwork as a valid clinical intervention? Here are some ideas as proposed by Amundson (2002) in reference to all new or non-established treatments. Amundson’s main thought is that “efficacy-focused research ought not to be the final arbitrator of what counts as real.”(P.9) He postulates that “research on general effects and commonalties within/between effective treatment” provides “an alternative frame of reference to which clinical practice can be indexed.” (P.9) Following this suggestion we can try to show that Rebirthing-Breathwork is a discipline “based in empiricism and critical thought,” though not necessarily based on “random clinical trials.”

In particular, those who practice Rebirthing-Breathwork as therapy and could do any of the following:

1. Demonstrate that Rebirthing-Breathwork is a form of cognitive-behavioral therapy.

Cognitive-behavioral therapies, initiated by Albert Ellis, Aaron Beck and others in 1960s, seem to have dominated North America’s psychology for the last twenty or more years. A majority of research about effectiveness of different therapies is done within the framework of this orientation or borrows from its methods and procedures. Cognitive-behavioral therapies are based on ABC formula, in which A stands for stimulus (event), B for cognition, and C for behavior. To review the research in

cognitive-behavioral therapies would be beyond the scope of this article (see, for instance, McMullin, 2000). I have already postulated (2002b) that the Rebirthing-Breathwork “thought is creative” principle, its work with affirmations, and its searching for “core beliefs,” expressed in Rebirthing-Breathwork as “personal laws,” are very close to the conceptualizations of cognitive therapy. Many cognitive-behavioral techniques use relaxation as a basis for their interventions. Deep relaxation is so often a result of CCB. By explaining Rebirthing-Breathwork as a cognitive-behavioral technique, and by embracing the model of Empirically Supported Treatments, practitioners of the method will be in a position to validate Rebirthing-Breathwork as therapy.

2. Study the effectiveness literature.

The effectiveness literature (again this is a vast domain, see, for instance, Lambert, 2002) can inspire rebirthers to find ways of demonstrating effectiveness of Rebirthing-Breathwork. Governments and institutions move these days toward “evidence-based decision making” and “evidence-based therapies.” In the absence of empirical evidence one can attempt, Amundson suggest, to show that a model is not as important as its application in clinical practice.

3. Become familiar with the emerging research on the Empirically Supported Relationship.

The new research on the Empirically Supported Relationship (Norcross, 2002) suggests that the therapeutic alliance and the ability to form therapeutic relationship, factors often omitted in Empirically Supported Treatments, play a crucial role in assessing effectiveness of any intervention. In other words, if a breathwork practitioner can demonstrate that he/she formed a successful therapeutic relationship with the client, leading to healing and improvement on the part of the client, he/she will be less compelled to prove on empirical ground that Rebirthing-Breathwork works, or how it works.

4. Demonstrate how Rebirthing-Breathwork is a vehicle for common principles of effective change.

Rebirthing-Breathwork can be validated by showing that the method is based on common principles of effective change. Instead of speculating how Rebirthing-Breathwork works, which often involves using concepts which are difficult to defend on empirical ground such as “energy,” or “trauma,” we can try to show how Rebirthing-Breathwork uses elements that are present in all good therapies (Fishman, 1999.) For instance, through proposing “Thought is Creative” Principle we try to encourage our clients to take responsibility for their thoughts and actions. Taking responsibility for one's own life is a common value in all therapies I know.

5. Show how Rebirthing-Breathwork appreciates the unique characteristics of clients.

Research (Beutler, 2000, Walmpole, 2000) suggests that what clients think about themselves and the world is often more important than the therapist's own theories. In principle, our clients don't need to understand the theories behind Rebirthing-

Breathwork to experience the beneficial effects of this method. What is important is that in their own minds they are being helped for the reasons intelligible for them.

6. Show that Rebirthing-Breathwork understands the importance of a model, however avoids rigid, orthodox applications of its methods.

With reference to 5 above, although we should strive to establish a theoretical model of Rebirthing-Breathwork, which could then serve as a basis for empirical research, this does not mean that this model will solely decide about the outcomes of Rebirthing-Breathwork. Rebirthing-Breathwork is as much an art, with many variables impacting on its final result, as it is a science. In clinical applications the art may be more important than the science.

7. Give up the belief in “final solution.” Adhere to empiricism at the most basic level.

Orr occasionally warns about treating Rebirthing-Breathwork as a “cure for all.” This “puffed up” attitude often makes other practitioners suspicious and hesitant to try Rebirthing-Breathwork. If we want to advance the cause of Rebirthing-Breathwork we should carefully observe the results of our work with humility and openness. One of the signs of this humble, empirical approach is an appropriate note-taking. We should carefully document each breathing session, all the physical, emotional and mental symptoms experienced by our clients, as well as our clinical hypotheses, suggestions, prescribed homework and so on. We should try to monitor the progress objectively. If there are no signs that the client actually benefits from the treatment, he/she should be referred elsewhere. We should be able to explain the limitations of the method and refrain from applying it in the presence of contraindications. For instance, if a client is stressed out by unemployment, doing Rebirthing-Breathwork may not help unless it is accompanied by some strategies to find work.

8. Know the research in the area in which you work.

We should strive to know research in the area in which we work and not only research on Rebirthing-Breathwork. For instance, if I use Rebirthing-Breathwork to treat patients addicted to alcohol, I should study literature related to alcoholism and other addictions. This research often brings information that is indirectly supportive of Rebirthing-Breathwork and its conceptualizations. For instance, research on depression is indicative of the importance of physical activity in recovery from this illness. In Rebirthing-Breathwork this element is often stressed (e.g. Karma Yoga) and is part of the spiritual purification component. Studying research literature can also inspire us how to design and conduct research in Rebirthing-Breathwork.

9. Appreciate the ethical principles, which surround all professional work.

We can demonstrate that the practice of Rebirthing-Breathwork is based on common ethical principles. For instance, the Association of Polish Rebirthers is in the process of accepting the Code of Conduct and the Ethical Principles of Rebirthers that is based on the American Psychologists Association’s code of ethics. I would encourage other national organizations of rebirthers to do the same.

10. Rigorous certification process.

Finally, we can validate Rebirthing-Breathwork by showing that rebirthers have to go through a standard educational process in order to be able to practice. This is common for medicine, psychology and many other disciplines that involve working with people. In the Rebirthing Movement it is commonly accepted that one should have ten individual sessions and take three persons through ten individual sessions under supervision of a certified rebirther before trying to practice Rebirthing-Breathwork as a profession. The International Breathwork Training Alliance (Morningstar, 2001) has established a set of principles under which different schools of breathwork teach and certify their graduates. These principles include models of breathwork certification, personal and social responsibilities of breathworkers, ethical standards, attestation and continuing education of breathworkers.

The certification process by national organizations of rebirthers plays a role here. In Poland, for instance, Association of Polish Rebirthers has been running a rigorous certification process since 1984. Every year, during a national convention, rebirthers-candidates have to prove to the Circle of Registered Rebirthers that they meet specific criteria and are ready to do Rebirthing-Breathwork for others. Only those who in such way prove themselves to the community are put on a central list of Registered Rebirthers and Rebirthers. Although perhaps not perfect this system protects the general public from unskillful rebirthers and prevents idiosyncratic modifications of the method. It also prevents the modifications and abuses of the original method of Leonard Orr that have so unjustly tarnished the reputation of the word "rebirthing" in the United States.

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BOOK REVIEWS

[Sparks, Tav](#), *The Wide Open Door: The Twelve Steps, Spiritual Tradition The New Psychology: a Practical Guide to the Mysteries, Joys, and Rewards of Continuing the Recovery Journey*. Minnesota: Hazelden, 1993.

[Lee, Ilchi](#), *Mago's Dream – Unchain your soul through communicating with the Earth's Soul*. Healing Society. 2002

[Lazarus, Arnold A.](#) & Ofer Zur (Eds.) (2002) *Dual Relationships and Psychotherapy*. New York: Springer.

[Belsky, Jay](#) and John Kelly (1994), *The Transition to Parenthood: How a First Child Changes a Marriage; Why Some Couples Grow Closer and Others Apart*. New York: Dell.

Sparks, Tav, *The Wide Open Door: The Twelve Steps, Spiritual Tradition The New Psychology: a Practical Guide to the Mysteries, Joys, and Rewards of Continuing the Recovery Journey*. Minnesota: Hazelden, 1993.

This is a book “that bridges traditional recovery and the transpersonal perspective.” (p. 6) It gives non-sectarian guidance about rediscovering the Twelve Steps of Alcoholics Anonymous “at a new and deeper level,” (p. 9) and especially on how to accomplish the eleventh step, “(We) sought through prayer and meditation to improve our conscious contact with God *as we understood Him*, praying only for knowledge of His will for us and the power to carry it out.” The author explains in the Introduction that he has been an alcoholic and an addict, and the book is intended for others in recovery. However, as he says, “Recovery, as well as modern planetary evolution, requires that we continually surrender our ideas about the way things are and be open to whatever our Higher Power may bring us.” (p. 1) This is true for everyone. One does not need to be or have been an alcoholic or an addict to appreciate the teachings of Alcoholics Anonymous and the message of this excellent book. The author has truly succeeded in his goal to “present the Twelve Steps as a true, world discipline.” (p. 175)

The first chapter considers the very real problem of what is to replace the alcohol or substance, and the difficulty of turning problems over the Higher Power, and remarks rightly, that this intention connects alcoholics in recovery to “the fellowship of persons who have chosen for whatever reason to pursue some form of spiritual practice.” (p. 15). On the difficulty of turning something over, Sparks so rightly observes, “We cannot let go of something we have not truly held.” (p. 13) Chapter Two is an exploration of the “Higher Power.” Chapter Three is about really letting go and changing ideas and habits, and includes a discussion on what spirituality actually is. Chapter Four gives the history of AA and shows how very seriously its founders were committed to spirituality. Chapter Five gives a clear and concise explanation of Psyche and Consciousness, and the contribution of Carl Jung, Joseph Campbell, Roberto Assagioli and Stan Grof, among others, to our understanding of how these work. Chapter Seven considers the various gifts these and other methods, including Shamanism, Native American spirituality, Bodywork, Prayer, Meditation, Yoga

and Breathwork have given with regard to exploring the Eleventh Step. Sparks' approach is wonderfully non-sectarian. He puts a menu 'a la carte' in front of his readers, from which they can choose "both and" rather than "either or."

Chapter Seven considers the process of death and rebirth that is inherent in every spiritual practice, and indeed of daily life, as we go through innumerable and various deaths of old understandings and births of new ones each day as we grow older and wiser. Here, Addiction is death, and the issue of the death of the Ego is well explained. The Twelve Steps "as continued death and rebirth" (p. 111) are set within the context of Mystery Schools. Sparks is a master on the mystery of surrender in a section (p. 121-126) and indeed throughout this book. Chapter Eight considers in depth, phrase by phrase, the Promises in the Big Book, as he refers to *Alcoholics Anonymous* (AA world Services, New York) and is about The Experience of Wholeness. In Chapter Nine he interprets "the Twelve Steps as a Western Yoga." Chapter Ten sets out the Twelve Steps as a process of development. There are case histories. Chapter Eleven widens the scope from the individual to the planetary. Here Sparks discusses Addiction and Recovery as archetypes, and shows the relationship between the Buddhists Four Noble Truths and the Twelve Steps.

Sparks paradigm for recovery is "wholeness" and he succeeds in showing that the Twelve Steps are a contribution to perennial philosophy.

There's no preaching in this book. Sparks is intelligent and knowledgeable, and his tone is sensitive and respectful. This is truly a book for everyone.

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Lee, Ilchi, *Mago's Dream – Unchain your soul through communicating with the Earth's Soul.* Healing Society. 2002

The floaty looking woman on the cover of this small book, holding the Earth in her hands, vaguely angelic looking, did not prepare me for what was inside. Dr. Ilchi Lee is a highly regarded Korean peace activist whose vision for planet Earth kept me awake until 2am. I found myself engaging with the mind of a poet, a visionary whose simple yet passionate beliefs contrast with the intellectual baggage that most of us Westerners carry with us. His visions have in fact begun to be materialised in the creation of centres for training, in USA, Korea, and recently in Europe, for a new way of thinking, and awakening the minds of ordinary people.

The author writes lucidly and simply, from an astronaut's viewpoint, from above and beyond our planet, awed by its beauty. From that position you cannot see any divisions between race, religion or intellectual arguments. He believes that we are all one, that we can re-connect to each other, stop all war, and do it now. We can unite in support of the Earth itself. "Earth is the Mother of all life, as we know it. The common central value around which we can rally. The "Earth human" is our highest common identity as human beings".

On the September 11th attacks, he says, "The only way to stop this violence is to erase bad information and to replace it with good information. that will allow your soul to grow, our consciousness to evolve to a higher level ... that will contribute to the betterment of the world's people and the Earth. This is the most fundamental way to heal society" (P 101)

Among the author's credentials listed on the cover are that "He is the creator of Dahn Hak and Brain respiration, a comprehensive system of physical and mental exercises that seek to use the energy, or "ki" of the body to attain spiritual awakening." He is designated one of the fifty pre-eminent spiritual leaders of the world, currently the chairman of the New Millennium Peace Foundation, and has written 16 books, concerned with the state of the society we live in today.

I read this book from the point of view of a new student of Dr. Lee's Brain Respiration programme, which arrived in UK about two years ago. I have followed it for one year. This book is a good introduction to this, and also clarified for me some of the basic ideas I am being taught. We can become one with the Earth's soul, Mago (Korean for mother) "Mago, Mother Earth is even now sending her life-giving breath to us with every breath we take," and communicating with the Earth itself through our breathing is a beautiful concept which he explains fully. The belief that the Earth itself has a soul was also believed by indigenous Native American Indians of Sedona. "Energy is the universal language that we humans must adopt in order to engage in spiritual growth. Energy is the language of the soul that provides the path that will lead you to Earth, and ultimately, to yourself."

Breathing with a tree might seem rather odd, but Dr. Lee is convincing. "From the Earth to the tree, from the tree to you, from you back to the tree, the cycle of life and energy can be sensed, not on an imaginative plane, but palpably, in reality ... Breathe with the tree, and you will feel the inescapable oneness that connects us to one another and to the Earth".

In the section entitled "Mago's dream" Dr Lee has more to say about breathing. Exhaling into a spiritual Civilisation" is the theme here, with criticism of the materialism and competition which dominate our society. We need a more harmonious civilisation, more mature, not decrying materialism but seeing it as a means to spiritual development. This spiritual civilisation will be above individual religions and nationalities, but will lead to Enlightenment and peace.

This is an idealistic book, expressing the wishes of many of us for a better world far different from the violent one we find ourselves in today. " We need a critical mass of one hundred million people ... we need a strong community of one hundred million enlightened activists, Earth Humans, to begin the process of breathing out. Humanity will have discovered the wisdom of breathing, the law of the cycle of life. Our breathing will be a sign of our maturity."

Creating Enlightenment on a world scale is Dr. Ilchi's vision,, but he also outlines an action plan. He has already put it into action so that there are programmes to train people in his vision,, turning the participants into Earth Humans, dedicated to their own spiritual development, and also creating a world wide alliance of at least one percent of the world's population. "With only one percent of the human population, we will form the critical mass needed to begin the construction of peace.. Peace in which every human being of every colour, religion and nationality can and will participate, with willingness and joy."

Proof reading of this book could have been better, as the errors are irritating and unnecessary. I understand that it may well be a translation from the Korean, but this is not acknowledged anywhere. But for me it did not detract from what was an almost sensational read, full of strong ideas and hope for the world.

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Lazarus, Arnold A. & Ofer Zur (Eds.) (2002) Dual Relationships and Psychotherapy. New York: Springer.

The authors motivation for this book was awareness that the very organisation set up to protect professionals, the American Psychological association, has a Big Brother role, imposing penalties on members who cross boundaries. Benevolent acts such as driving a client to a station during a taxi strike can be targeted.

Behaviourist author, Arnold A. Lazarus argues for a change to the ethical codes established to protect clients and therapists. Behavioural therapists who help clients get over fear of flying by going with them on aeroplanes, or deal with other phobias in practical ways, break psychoanalytical ethics of total avoidance of any contact with clients. They are guilty of practising dual relationships,

The subject matter of this book is of importance to all UK therapy practitioners. It considers the question: Is there a need for boundaries to be looked at more considerately and humanely? While Ethical codes are imposed for good reasons, to guide practice, it is obvious that in small towns, rural areas and ethnic and minority communities, that this can lead to ludicrous situations. If you belong to the same golf club as your client, how does that affect your golfing activities? If you attend his wedding, is this the “slippery slope” to a sexual relationship? The absurdity of trying to avoid such dual relationships in certain conditions, of always treating your client neutrally, is exposed here. The authors contend that it can be beneficial for clients to know something about their therapists, perceiving them as human rather than as a mere space for their transference.

In Chapter One, the editors rebut many of the well known psychoanalytic constraints. “We contend that exclusive reliance on analytic theory, which results in the eschewal of virtually all boundary crossings, has been detrimental to the overall impact of psychotherapy. Behavioural, cognitive-behavioural, humanistic, group, family and existential therapeutic orientations are the most practiced orientations today...” Lazarus, a leading Behaviourist and his co-editor argue that the psychotherapy field has for too long been dominated by the ethics of one particular school, the psychoanalytic, which is outnumbered by other practitioners.

Part One overviews the controversy about Dual relationships in Psychotherapy. In Part Two, Dr. Martin Williams PhD. (chapter 6) on Boundary Violations, examines whether some contended standards of care fail to encompass “Commonplace Procedures of Humanistic, Behavioural and Eclectic psychotherapies.” Here I found answers to a recent challenging situation I had encountered, when one aspect of my Humanistic supervision was considered inappropriate by a Psychodynamic Clinical Manager. The differences in viewpoints on boundary related behaviour are shown, also the risk of changing ones practice to avoid the appearance of wrongdoing.

Traditional arguments for careful Boundary Maintenance to avoid transference abuse, are countered by Humanistic and eclectic viewpoints. “Patients and therapists are two human beings, partners in a difficult, hazardous, and rewarding enterprise; it is unreal to expect otherwise.” (Bugental, 1987) Research tables show the diversity of boundary breaking over gift giving, dining together, nonsexual touching, and self-disclosure, and the rates of occurrence among groups of therapists.

Given there are dozens of theoretical perspectives, the restrictions and maintaining of clear boundaries may not be appropriate in certain kinds of psychotherapy. While Freud and Jung did not adhere to today’s ethical criteria in their work, there is now a fear of the risk of litigation by clients. ... “dedicated clinicians will be improperly sanctioned, and then the practice of psychotherapy will stagnate as practitioners become more concerned with risk management than with innovation.”

Dr. Tara Dineen, a disillusioned Canadian clinical psychologist, withdrew from practice to become a social critic of the ethical boundaries she was expected to observe. She traces the historical development of “the current obsession with boundaries” in psychotherapy (Chapter 9) and dynamics of power between therapist and clients. She makes the point that a code of ethics and its rigid rules on dual relationships can itself be considered unethical. Dual relationships in military, deaf, or spiritual communities are frequent, and labelling them unethical is inappropriate.

Dual Relationships in Special Populations (Part 5) takes this subject further. Dr. Lawrence Thomas shares his experience of bartering with clients who have no money. Brain damaged patients may not have earning power, and he cites cases where he has bartered in exchange for therapy. He gained craftsman designed bookcases. He considers when there are advantages of bartering and when it should be encouraged. This is a subject mostly ignored, but quietly practised.

The twenty-six distinguished contributors cover a variety of subjects, from the therapist as a matchmaker (seriously!) feminist ethics, and the effects of chance encounters on therapists and their clients. Dr. Ofer Zur, the second editor, who teaches ethics courses on dual relationships, strongly refutes the generally accepted view that they are unethical (Chapter 31)

The last word comes from Dr. Nicholas Cummings, former President of the American Psychological Association, who recalls many interesting examples of the benefits of therapeutic dual relationships, as practised by himself and other internationally esteemed figures in the psychotherapy world.

There is fascinating material here for anyone in the UK charged with creating and implementing ethical standards. Each chapter is well referenced, a useful resource for researchers..

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Belsky, Jay and John Kelly (1994), *The Transition to Parenthood: How a First Child Changes a Marriage; Why Some Couples Grow Closer and Others Apart*. New York: Dell.

Two people are in a relationship, and then a third comes to join it. As Princess Diana so famously said, a marriage with three people in it is crowded. And yet, whenever two people decide to have a child, they invite a third party into their relationship. Naturally it changes. This is a book about the nature of this change, and when it is for better or for worse. It is the outcome of the Penn State Child and Family Development Project. The book is divided into three parts and is structured around three case histories, which gives it a pleasant personal feeling.

Part One concerns The Transition to Parenthood. In Chapter One, “What’s Happening To Us,” the authors explain the project and the issues concerned:

What happens to a marriage after the baby’s arrival has its starting point not in stresses, but in the transition’s natural and normal tendency to polarize new parents. This polarization occurs in happy as well as unhappy marriages and ... has its roots in differences in the couple’s biology, socialization, personal experiences, and family background. (P. 5)

The project found that couples fell into four groups: Severe Decliners, Moderate Decliners, No Changer)s, and Improvers and identified the important characteristics that effected whether the marriage succeeded or failed after the birth of the first child. Chapter Two, “The His and Hers Transition” shows how men and women go through this transition differently. It discusses major issues such as the division of labour, money and social isolation.

Part Two is called “At the Starting Gate: The Couples.” The three chapters in it (Three to Five) describe the couples on whom the case histories are based, including details on how they came together, and the issues they deal with in their relationships. The study defined six transitional domains: Self, Gender Ideology, Emotionality, Conflict Management, Communication, and Expectations and the strengths and weaknesses, in couples’ relationships are presented in this context. One problem, for example, was one wife’s inability to really leave her father’s realm and become fully her husband’s wife. Another was the basic communication problems that originated in the husband’s traumatic childhood. These chapters are aptly named: “Big Dreams, Small Dreams,” “The Burden of the Past,” and “The Choice.”

Part Three is called “The Transition Domains” and contains the results of the one, three and nine-month in-home observations. The names of the chapters indicate the issues that came up: “Can we Work Together?” (Chapter Six), “Common Ground” (Chapter Seven), “The Good Companion” (Chapter Eight), “Constructive Fighters, Destructive Fighters” – in which there is a fascinating analysis of the differences in fighting styles between men and women (Chapter Nine), “How a Baby Changes Communication” (Chapter Ten), “Be Careful What you Wish For” – in which in-laws who do not respect boundaries threaten a relationship (Chapter Eleven) and “At the Finish Line” (Chapter Twelve). In the Epilogue we learn how the couples are doing several years down the line.

This is a very important book not only for those considering becoming parents and new parents, but for anyone who is involved in a project, of whatever kind, because the same

coping skills will be required. A baby is a project, and any project is also the baby of the people who create it. It is written in a way than involves the reader with the participants, hoping always that they will succeed, and feeling sad, with the authors, for those couples who do not. The factors for success or failure are well-diagnosed and illustrated. This study also shows that children are happier when their parents are happy with each other. For anyone interested, this book would be a sound basis for a relationship training for couples.

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