

# The Healing Breath

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## VOLUME 5, NUMBER 1, 2003

### Articles

The Holotropic Breathwork world: What is it? and Who are the people Involved? by Kylea Taylor .....	2
Creating AHBI: How <i>the Association for Holotropic Breathwork International</i> Came to Be, by Cary Sparks .....	6
A Journey through “The Inner Door” into a Book by Kylea Taylor .....	9
Radar to the Infinite: Holotropic Breathwork and the Integral Vision by Martin Boroson ...	15
Illness as a Path to Soul by Sandy Steckling, M.A. ....	22
Physical Manifestations of Emotional Disorders Observations from the Study of Non-Ordinary States of Consciousness by Stanislav Grof .....	27
Holotropic Breathwork and Rebirthing Breathwork: a Research Bibliography by Paul Shane, Ph.D. ....	48

### Book Reviews ..... 57

[David Hegarty](#) (1997), *Dynamic Health*. Marino Books, Dublin.

[Nick Duffell and Helena Lovendal](#) (2002), *Sex, Love And The Dangers Of Intimacy: A Guide To Passionate Relationships When The “Honeymoon” Is Over*. London:Thorsons. ISBN 0-00-710089-2 Price £9.99

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# THE HOLOTROPIC BREATHWORK WORLD:

## WHAT IS IT? AND WHO ARE THE PEOPLE INVOLVED?

BY  
KYLEA TAYLOR

### WHAT IS IT, WHEN DID IT START

Holotropic Breathwork is a powerful process for inner exploration, wisely designed for simplicity and safety by [Christina and Stanislav Grof, M.D.](#) The technique's format and the trained skills of its facilitators support participants' willingness to explore unknown parts of the psyche and provide participants security enough to experiment with both internal and external freedom of expression. In this atmosphere of trust conjoined with encouragement for one's process to unfold, a participant often experiences reconnection to parts of self, others, and spirit in a way that is healing, enlivening, and expansive to sense of self and relationship.

Stan and Christina began facilitating Holotropic Breathwork in groups in the 70's at Esalen Institute. Responding to invitations from all over the world, they spent years traveling to engagements where Stan made presentations about his transpersonal cartography of the psyche and the healing potential of non-ordinary states and both facilitated the Holotropic Breathwork. Tens (perhaps hundreds) of thousands of people have experienced life-changing experiences in the context of Holotropic Breathwork™ in workshops facilitated by the Grofs and those they have trained and certified.

### FORMAT OF HOLOTROPIC BREATHWORK

Holotropic Breathwork is usually done in a group setting with the following format: The workshop includes an introduction, two breathing sessions, creative artwork, and integrative sharing. The introduction includes a history and description of the technique of Holotropic Breathwork and of the experiences possible in non-ordinary states of consciousness. In the Breathwork session, each participant experiences one session as the *breather*, and one session as the *sitter*. The *sitter* provides one-on-one attention and assistance for the partner. Certified facilitators are available to assist as needed.

Participants are encouraged to express their inner experiences through art and in a group sharing session after the Breathwork session. Each breathing session is done to specially prepared music and averages three hours, although breathers finish at different times,

some sooner, and some having sessions that can last occasionally longer than three hours. An evening group gathering provides an opportunity for sharing with others about the experiences of the day. The sharing helps integrate the inner experience with the outer reality of ordinary life. The Grofs' descriptions of non-ordinary states of consciousness experiences and the technique of Holotropic Breathwork, which uses accelerated breathing, evocative music, and focused energy release work to facilitate a deep experiential process, are more fully described in the Grofs' books: *Realms of the Human Unconscious*, *The Holotropic Mind*, *The Adventure of Self-Discovery*, *Beyond the Brain*, and *The Thirst for Wholeness*; and in *The Breathwork Experience* by Kylea Taylor.

A significant percentage of the 827<sup>1</sup> certified practitioners are now facilitating regular group or individual sessions of Holotropic Breathwork around the world in 36 countries. Many are professional therapists, doctors, nurses, bodyworkers, but many are from a wide spectrum of professions. Some started the training to be certified to facilitate groups. Many others started the training to support their own unfolding processes and only later decided to facilitate groups to pass on the opportunity for such valuable experiences as they felt they had received.

In the Grof Transpersonal Training, facilitators are trained in “not-doing” and “untrained” in “doing”. This is a way of saying that in Holotropic Breathwork we try to work from “beginner’s mind”, not expecting any particular process or outcome and not having any pre-determined or “expert” way to work with any particular process. A kind of physical support to the process is often helpful and is called Focused Energy Release Work. This bodywork is only used in response to the process as it emerges and if it is requested or permitted by the breather. This bodywork does not try to accomplish any cognitive therapeutic objective. There are a number of ways to work with the body of the participant (always only with permission) so that resistance is provided and the breather can intensify what is already arising. Tender holding of the breather in a regressed state is also often very powerful as a corrective experience for the trauma of omission if the breather has asked to be held or has given permission for this kind of nurturing.

**The Grof Transpersonal Training (GTT)** is designed by Stanislav Grof, M.D., and staff to provide education in transpersonal psychology, certification in the facilitation of Holotropic Breathwork™, and a safe context for the experiential exploration of depth psychology. Participants may attend modules without commitment to the entire program, but a written application is required. Seven modules are required for certification. Four modules are mandatory for all those who want to be certified, and participants may choose three others among the optional modules given to complete the seven modules required. An additional two-week required Certification Module completes the training. The Grof Transpersonal Training has conducted its training sessions in Argentina, Australia, Austria, Brazil, Canada, Germany, India, Italy, Scandinavia, Spain, Russia, and the United States. Required modules include:

The Practice of Holotropic Breathwork, Part A and Part B;

Abnormal Psychology and Architecture of Psychopathology;

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<sup>1</sup> Figures as of December 2002.

Spiritual Emergency: Understanding and Treatment of the Crises of Transformation;

Optional modules include: Frontiers of Science and the Cosmic Game;

Birth, Death, and Transcendence in Psychotherapy;

Addiction and Spirituality;

Death/Rebirth in Modern Popular Culture;

The Experience of Death and Dying;

The Mystery of Death and Rebirth;

Shamanism: Archaic Techniques of Healing and Ecstasy;

Trauma and Transformation;

Ecstatic Remembrance; and

The Art of Integration.

## STAFF OF GTT

Grof Transpersonal Training staff includes of course [Stanislav Grof](#) and [Tav Sparks](#), who is the principal trainer and co-owner of GTT with his wife, [Cary Sparks](#), who coordinates the training. [Diane Haug](#) and [Kylea Taylor](#) have been trainers since the early 1990s. [Glenn Wilson](#) has done many staff functions for GTT, coordinating modules, organizing workshops in the USA and around the world, and running the GTT bookstore. [Diana Medina](#) and [Lynda Griebenow](#) staff the modules and are running the training in India. Many certified Holotropic Breathwork facilitators have attended modules occasionally to assist trainers in facilitating the Holotropic Breathwork there. Some facilitators have also provided special instruction as did [Ingrid Pacey](#) and Mary-Louise Gould at the Trauma and Transformation workshop. Other guest teachers in the forefront of the transpersonal psychology field, such as Angeles Arrien, Michael Harner, Andrew Harvey, Jack Kornfield, Colin Ross, Charles Tart, and Jai Uttal and Geoffrey Gordon, have been guest teachers.

## AHBI

The Association for [Holotropic Breathwork International \(AHBI\)](#) was initiated by Cary Sparks in 1988. The founding directors who registered the Association as a non-profit in the 1990s were Cary Sparks, Kylea Taylor, and Laurie Weaver. Laurie Weaver became its first president. AHBI's current president is Lenny Gibson who lives in Vermont. Other Board members include Kylea Taylor, Vice-President, Glenn Wilson, AHBI Office Coordinator and Secretary, Chery Cerise, Treasurer, Diana Medina, Mark Seelig, and Jack Silver. AHBI held three conferences in the early 1990s, created a website at [www.breathwork.com](http://www.breathwork.com) which contains a data base of contact information for certified fa-

cilitators. It also has information on *The Inner Door*, AHBI's ethical guidelines, etc. AHBI has published *The Inner Door* for 15 years. Current editor is Kylea Taylor and its staff writers are Elizabeth Gibson and Melody Sullivan. Ted Riskin is editor of its music column, *Sound Tracks*.

**CREATING AHBI:  
HOW THE ASSOCIATION  
FOR HOLOTROPIC BREATHWORK INTERNATIONAL  
CAME TO BE**

**BY  
CARY SPARKS**

After developing Holotropic Breathwork (HB) at Esalen in the mid-seventies, Stanislav and Christina Grof led many, many sessions there and in workshops around the world. Over time participants started asking Stan and Christina if they would train others to do this work as they did it.

In June of 1988, about thirty five people attended a monthlong training in Breckenridge, Colorado, led by the Grofs, and organized by Eupsychia Institute. Participants came from at least eighteen U.S. states, plus Germany, Switzerland and Japan. All had been involved with Holotropic Breathwork for some time and were known personally by the leaders or organizers, who felt they seemed ready to become certified to practice HB. Starting prior to this monthlong, another training format was taking place in three ongoing closed groups, one in Europe and two in the U.S. Each of these groups, organized by the Grofs, was meeting twice a year over three years, and those participants became certified in 1989 and 1990. (The current HB certification training, in place since 1990, is an open, modular format that consists of at least 600 hours of training, plus other requirements. The training takes no less than two years, but with no maximum time.)

I was thrilled to be among those attending the Breckenridge monthlong. I had first experienced Holotropic Breathwork in 1986, and recognized instantly that I wanted to pursue it as fully as possible. I enthusiastically began doing regular HB sessions, and trying to learn as much as possible about the practice and its theoretical underpinnings. As with most people who do deep inner work over time, my own process developed and deepened, taking me through various forms and stages of personal and spiritual death and rebirth in its own mysterious manner and timing.

At the time of the training, I was in a part of my own process that seemed to manifest in feelings of impatience, yet the positive side of that was wanting to make things happen and having the energy to do them. Usually, I am a more relaxed, accepting person, but that can also leave me without the impulsion to follow through on ideas. So my own process at the time was certainly a factor in getting an organization for Holotropic Breathwork started. Also, just a few months before the monthlong, I was fortunate to receive a small amount of money, much of which I used to attend the training. There was exactly enough left over to buy my first computer and printer, both of which were

bulky and user-unfriendly, but helpful in developing an organization, and essential for publishing its newsletter.

So during the monthlong, I had the thought that it would be a good thing if the people who were getting certified at that time could remain in contact with each other. It also seemed like a good way to connect people from the various training groups who, for the most part, did not know each other. I asked Christina if she and Stan would mind if I moved forward with this idea, to try to create an organization for all the people they were in the process of certifying to practice HB. The Grofs, in their usual generous and open spirit, were happy to have me go ahead with this project, so the first thing I did was put out a questionnaire at the training to assess people's interest. Most people did return the questionnaire and there was enough positive energy to support the effort.

I chose the name, Association for Holotropic Breathwork International, from various possibilities, because I liked the acronym -- it meant the group could be called AHBI (pronounced "abby"). Having international at the end instead of the beginning didn't bother me -- if it was international, it didn't have to be the usual American format which would have it at the beginning. (Weird as it sounds, I was thinking of the *Fédération Equestre Internationale*, which is the international governing body for horse sports.)

Once the idea, permission, and interest were established, the rest was just taking the steps to make it happen. I was fortunate to have the help of two friends and newly certified fellow HB practitioners at the beginning. Without them AHBI and its newsletter, *The Inner Door*, would probably not have come into actual existence. John Scherer helped me with all the legwork -- questionnaires, mailing, printing, phone calls, and many other tasks. He was also great in giving support and feedback in the early stages of AHBI, and especially in putting out *The Inner Door*. Carlin Scherer, provided a start-up grant for the new organization. Although we did have a membership and people paid dues, the money needed at the beginning for printing and mailing had to come from somewhere, and it came from Carlin.

The most interesting, and challenging part of starting AHBI was the newsletter. I had no previous editing experience or journalism training. I learned how to use a publishing program and asked people in the HB community to contribute articles. We started small and usually published late, but it must have been okay because the membership grew. In late 1988 I moved from the southwest to the southeast, and moved AHBI and *The Inner Door* with me. At that time, Tav Sparks began working with me on editing and publishing. The old issues are in storage somewhere, so I can't pull them out to be sure, but I think we started with four pages, and went to six or sometimes eight.

About two years after it began, AHBI's first membership meeting was held in California. (Tav and I had moved there to work with Grof Transpersonal Training and on International Transpersonal Association conferences.) Preceded by a HB session, the meeting successfully moved AHBI out from under my wing and into maturity, as it was to be run by a Board and would soon become a nonprofit organization. Kylea Taylor, Laurie Weaver, and others, but especially those two, put a tremendous amount of time and effort into AHBI at that point. I put out a few more issues of *The Inner Door* before it too moved on, into the more than capable hands of Kylea Taylor, who has done an absolutely fantastic job of editing and producing it, year after year. While I got them off the

ground, there is no question that the reason AHBI and *The Inner Door* have remained aloft so many years is due to the dedication and talent Kylea has brought to them. As a member of the Holotropic community, I am grateful to her and to the many people who have also contributed their time and skills so that we can have the continued benefits of a membership organization and newsletter, both dedicated to this work that we all so appreciate and deeply care about.

**A JOURNEY THROUGH “THE INNER DOOR”  
INTO A BOOK  
BY  
KYLEA TAYLOR**

**A BODY OF LITERATURE**

Cary Sparks has written ([in Creating AHBI](#)) about those first years in which she started the Association for Holotropic Breathwork International (AHBI) and published its newsletter, *The Inner Door*. When Cary felt ready to pass on the job of Editor, I volunteered. Holotropic Breathwork™ was a technique still new, and definitely on the fringe of mainstream psychology and spirituality. I, like Cary, was convinced that we needed a professional organization like AHBI. An important role of the organization would be to develop a body of literature to credibly document what we were observing, experiencing, and talking about among ourselves.

Since 1988 almost 827 people from 36 different countries of the world have completed the Grof Transpersonal Training’s comprehensive, structured, experiential training and have become certified to facilitate Holotropic Breathwork. A significant percentage of those certified practitioners are now facilitating regular group or individual sessions. As a result, tens (perhaps hundreds) of thousands of people have experienced life-changing experiences in the context of Holotropic Breathwork

During the decade and a half since 1988, practitioners trained by Stanislav and Christina Grof were returning to their far-flung communities around the globe and beginning to provide Holotropic Breathwork workshops to local participants. The practitioners originally wrote many of the articles for the newsletter, *The Inner Door*, in the spirit of sharing with each other their thoughts and experiences of the practice of Holotropic Breathwork. In this way, the accumulating professional experience was disseminated to the growing, worldwide Holotropic Breathwork community. In those earliest days, before the widespread use of the internet, practitioners who were geographically isolated (and most were) felt connected to their professional peers mainly through reading *The Inner Door*.

*Exploring Holotropic Breathwork* is the newly-published, large, hardcover reference text, which collects this body of literature so that those who are interested in the theory, practice, and history of Holotropic Breathwork (and in non-ordinary states in general) now can have easy access.

## THE SCOPE OF TOPICS RELATED TO HOLOTROPIC BREATHWORK EXPERIENCE

I had edited these articles for *The Inner Door* over a span of 12 years. Now, compiling them into a book manuscript, I re-read all during one concentrated period of time. I was impressed anew by the number of subjects covered and also by their authors' diverse and knowledgeable backgrounds. There are 144 articles and poems, five informed consent forms, and three research questionnaires in this book. The broad range of topics is congruent with the vast scope of the Grof cartography of the psyche and with the wide spectrum of possible experiences that can occur in Holotropic Breathwork. (See Marty Boroson's article, "Radar to the Infinite" in this issue of *The Healing Breath*, which serves in *Exploring Holotropic Breathwork* as an introduction to the work.)

It was difficult to choose subject categories for this book and even more arbitrary to place articles within a single category, because many articles included information and references for more than one subject. I settled on some categories (described below), but also included a 16-page Index and an 18-page annotated Table of Contents for *Exploring Holotropic Breathwork*, both of which I felt were necessary to make this 608-page book user-friendly and useful to the reader.

### The Sections of Exploring Holotropic Breathwork

In the *Practicing Holotropic Breathwork* section, there are several articles on aspects of skillful communication with participants, as well as discussions of ethics involved in non-ordinary states work, respect for 'resistance', and the ways to support integration of Breathwork experiences. Kelly discusses how to talk to someone about his or her emerging trauma memories, so that one does not take outward action prematurely on one's experience (e.g., confronting one's perpetrator) before fully exploring the inner experiences. Brightman alerts us, in an article entitled "My Heart is Shutting Down", to possible difficulties with getting accurate and complete medical information and informed consent.

In *Holotropic Breathwork & Related Theory*, Sullivan, after interviewing a number of facilitators, poses several possible theories about the phenomenon the small percentage of participants who report that 'nothing happened' during Breathwork. Gibson explicates his theory that consciousness is feeling. Cary Sparks discusses the confusion that sometimes occurs between experiences of "real" (historical) biographical trauma and perinatal or transpersonal trauma. Riskin writes about the therapeutic use of Grof's perinatal matrices in working with clinical depression.

Pacey, Gould, and Miller in the section on *Trauma Recovery* have been working with multiples<sup>1</sup> with severe trauma histories in Holotropic Breathwork groups for over a decade. They each describe in very practical ways what they have learned about using Breathwork as an adjunct to therapy with trauma survivors who live with a strong degree

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<sup>1</sup> Multiplicity is diagnosed psychiatrically as Dissociative Identity Disorder.

of dissociation and PTSD<sup>2</sup>. There are also several first-person accounts of trauma recovery work in *Breathwork*.

The *Addiction Recovery* section includes a primer on addiction recovery for facilitators who are unfamiliar with the 12-Step program and its phrases, and another article on how to translate transpersonal jargon into the language of recovery for persons unfamiliar with and likely to be resistant to New Age words. It also includes a number of first person accounts of how Holotropic Breathwork played a part in addiction recovery.

There is a short section on *Psychiatric Issues*, with two valuable primers by two psychiatrists on psychotropic drugs and their interactions with the emerging material of non-ordinary states. There is also an account of a study from a Canadian psychiatric hospital where they are facilitating Holotropic Breathwork groups for severely depressed in-patients and out-patients.

Stan Grof's 21-page article, "Physical Manifestations of Emotional Disorders", previously unpublished in its entirety, leads off the *Holotropic Breathwork & Physical Healing* section. Grof reviews the literature regarding somatization and psychosomatic disorder and recounts his observations during his own research with non-ordinary states. He concludes that the traditional concept of the "hyperventilation syndrome" is obsolete and has to be revised to reflect that faster breathing creates a biochemical situation in the body that facilitates emergence and resolution of old emotional and physical tensions associated with unresolved psychological and physical traumas. A number of other articles in this section describe such resolution or healing, including striking examples of the healing of rheumatoid arthritis, interstitial cystitis, lupus, and many more.

In a section called *Holotropic Breathwork & Living Life*, Jack Silver muses in "Here I Sit" that the real teaching in Holotropic Breathwork is the Sitting. The Breathing role, he imagines, may be only a means of distracting our attention away from attainment-oriented practices, while the affect of directed attention, compassion-in-action, and opening of the heart occurs and becomes manifest during Sitting. Kelly writes about an 'aha' experience in which he discovered that what he had learned in the Grof Training applies also to living and practicing caring life outside the Breathwork room. Kathleen Silver discusses the similarity between life review in Breathwork and life review during the dying process. Gilliland describes some of the psychic and physical effects from his own experiment of breathing for an hour or more a day for 40 days in a row. Browning writes about her journey through the dark night of the soul. Gibson shares how his mandala art after a Breathwork session showed prescience of his cancerous tumor and how Breathwork prepared him for the journey through the underworld of chemotherapy. Burns writes about the importance of the voice in Breathwork.

The section on *Holotropic Breathwork & Kundalini* includes an interview with Kundalini expert, Stuart Sovatsky, Ph.D., in which he answers questions posed by Holotropic Breathwork facilitators. Other articles describe first person accounts of Kundalini-type openings supported by Holotropic Breathwork. In a *Holotropic Breathwork & Shamanism* section, articles describe shamanic-type openings and processes. In *Holotropic*

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<sup>2</sup> Post-Traumatic Stress Disorder.

*Breathwork & Other Spiritual Systems*, articles include Boroson's description of the Kornfield/Grof *Insight and Opening* workshop which combines Vipassana meditation with Holotropic Breathwork, and other articles discuss combining chanting with breathwork, comparing lucid dreaming to breathwork, and describing the Sanskrit appellations for types of yogic sleep states that seem to occur during Breathwork. Dinan, in "Post-Modern Monk and Modern Shaman", incisively discusses the similarities and differences between the transpersonal theories of Stan Grof and Ken Wilber.

*Holotropic Breathwork & Astrology* offers introductory information on the correspondences between the Grof perinatal matrices and the archetypal functions and meanings of the outer planets. Stelzner provides some guidelines to consider in timing non-ordinary journeys. Several first person accounts of significant Holotropic Breathwork sessions relate the archetypal character of those events in those sessions to the archetypal meaning of the planetary transits occurring at that time. In addition, Richard Tarnas, eminent transpersonal astrologer, whose long awaited book, *Cosmos and Psyche*, is soon to be published, has allowed us to include his detailed discussion of how Stan Grof's astrological chart relates archetypally to Stan's life and work.

The *Holotropic Breathwork & Therapeutic Systems* section contains articles describing the interface between Holotropic Breathwork and talk therapies, hypnosis, Self-Relations, Voice Dialogue, and the Kubler-Ross stages of grief. Gresham writes about her clinical practice using both Breathwork and the Dialectical Behavioral Therapy of Marsha Linehan, a therapeutic system which has proven so effective with the symptoms of Borderline Personality Disorder. Persons writing articles for *Holotropic Breathwork & Other Breathwork Systems* are also trained in the systems they are comparing to Holotropic Breathwork: rebirthing and Hendricks Body-Centered Transformation

The *Holotropic Breathwork & Research* section begins with Stan Grof's self-described "beginning list" of suggested research topics for Holotropic Breathwork and continues as different articles describe studies that have already examined: the effects of Holotropic Breathwork and substance abuse recovery, transpersonal aspects of childbirth, the emergence of the P300 brainwave in Breathwork states, and the effects of combining shamanic strategy with breathwork.

In *Holotropic Breathwork History*, articles describe the historical and current activity of Holotropic Breathwork in several different countries (Czech Republic, Ireland, Russia, Scandinavia, Brazil, Argentina, Egypt, and India). Among the current events articles of *The Inner Door*, which were selected for the historical *News* section of this book, are descriptions of two International Transpersonal Association conferences — the ones held in Prague, Czechoslovakia and Manaus, Brazil, as well as an intimate descriptions of Stan Grof's visit with Albert Hofmann (discoverer of LSD) at his Swiss home, and of the Esalen conference (2000) on Grof's work, from which a book will be forthcoming. Two compelling articles describe the September 11, 2001 World Trade Center tragedy. In one of them, Sullivan interviews many participants and facilitators to discover how the event impacted Breathwork experiences afterwards (and even, in a few instances, *before*).

## **AUTHORS' BACKGROUNDS**

I asked the 85 authors for biographical descriptions. As I collected these biographies, I was impressed by their diverse and knowledgeable backgrounds. For the most part, these articles are written by people whose “day jobs” are not the practice of Holotropic Breathwork. The biographies of the authors in this book are notable for the breadth and depth of their experience and service in the world. Most of the authors have traditional degrees and jobs. They have quietly supported others in their communities in beginning to explore deeper realms of the psyche. The authors include medical doctors, psychiatrists, nurses, researchers, ecology activists, psychotherapists, philosophers, astrologers, bodywork practitioners, writers, artists, ministers, publishers, shamanic practitioners, university professors teaching in several disciplines in several countries, poets, salespersons, meditation teachers, students, specialists in recovery from chemical dependency or trauma, organizational consultants, directors of non-profit organizations, hypnotherapists, psychiatric social workers, professional and amateur musicians, an astronomer, a priest, a lawyer, a playwright, a radiologic technician, an acupuncturist, a cartographer, a stock trader, and a television producer. Some of the authors are trained in other breathwork schools as well, such as Integrative Breathwork, Hendricks Body-Centered Transformation, and rebirthing. The 85 authors’ native countries include: Argentina, Austria, Brazil, Canada, Czech Republic, Denmark, France, Germany, India, Ireland, Italy, Norway, Russia, South Africa, and the United States.

## **SYNERGY AND AMPLIFICATION RATHER THAN COMPETITION OR CONTRACTION**

Stan Grof has always pointed out that the map is not the territory. His life example teaches that we are enriched by our different experiences and the meanings we share from them. He has modeled this as a teacher by convening extraordinary thinkers, leaders, and practitioners of various disciplines at the International Transpersonal Association conferences he has organized and by inviting other prominent teachers to guest lecture or demonstrate their discipline within his workshops and trainings while he learns from them as well. In the same spirit, the authors of this book bring their unique educations, their own languages and cultures, their particular vocational expertise, and their life experiences to the tasks of describing their own and others’ Breathwork experiences and the effects of those experiences. They aim their own lenses to view the interface between Holotropic Breathwork and other psychological models and spiritual systems. They analyze the theory, practice and principles of Holotropic Breathwork and look for other venues to apply these. As Stan affirms during each certification ceremony, “we don’t want clones”. He asks only that certified facilitators adhere to the simple structure and principles of Holotropic Breathwork if they call their work Holotropic Breathwork and that, if someone’s work begins to differ in significant respects, that the work be called by a name other than Holotropic Breathwork.

## TRUSTING THE PROCESS

Most of the authors in this book trained directly with Stan Grof during this first decade and a half when the Grof Transpersonal Training has been certifying facilitators to practice Holotropic Breathwork. Stan gave each of us the great gift of learning to trust our own Inner Healer and healing trajectory. Stan did that not so much by talking about it, but by staying close to anyone who was on the edge of the unknown. He was always there as a presence for those deep experiences when the healing impulse was moving spontaneously in a new or active way to bring a “Breather” into more wholeness and reconnection with self and spirit. We could trust Stan’s trust in the midst of those deep experiences — because he had so many years’ experience researching LSD, because he knew so much from so many systems and mythologies, because he was a psychiatrist and he was sure to know if we were *really* to go crazy; but most of all, we trusted him because he had been to these deep places himself and had returned with greater wholeness. Stan Grof trusts completely the healing that occurs in non-ordinary states, given that there is available a safe container, and trusting, skilled facilitation supported by a broad transpersonal cartography. The great gift he has given all of us (and I imagine I speak for most of the authors in the book) is to be able to trust the process as it is unfolding, and therefore to be able (because it would be possible in no other way) to pass that gift on to others.

I discovered a quite wonderful thing. Somehow this legacy of trust has expanded beyond personal presence. *Trusting the process* permeates *Exploring Holotropic Breathwork*.

### About the Author

Kylea Taylor, M.S., M.F.T., is a California licensed Marriage and Family Therapist in private practice in Santa Cruz, California. She was certified as a Holotropic Breathwork practitioner in 1990 and has been a staff trainer for the Grof Transpersonal Training since 1993. She wrote *The Breathwork Experience*, *The Ethics of Caring*, and *The Holotropic Breathwork Workshop: A Manual for Trained Facilitators*. She has been Editor of *The Inner Door*, the quarterly publication of the Association for Holotropic Breathwork International since 1991 and edited its collection of articles, *Exploring Holotropic Breathwork*. [kyleat@hanfordmead.com](mailto:kyleat@hanfordmead.com). [www.hanfordmead.com](http://www.hanfordmead.com)

**RADAR TO THE INFINITE**  
**HOLOTROPIC BREATHWORK AND THE INTEGRAL VISION**  
**BY**  
**MARTIN BOROSON**

*The Inner Door*, 10(4)5-6, November 1998

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from Taylor, K. [Ed.] *Exploring Holotropic Breathwork: Selected Articles for  
a Decade of The Inner Door*. pp 29-34

**Abstract**

Boroson provides a major exposition of Holotropic Breathwork and its place as a meta-technique—one which embraces and assists many paths and processes.

In the last four decades, the West has seen a flowering of new forms of therapy, new spiritual paths, and the unprecedented availability of Eastern spiritual traditions. But with so many products in the supermarket of transformation, how do we find the product we need, when we need it? Many people have spent years — and a small fortune — in some form of therapy or spiritual practice that was not well-tailored to their needs. Finding the appropriate therapy is made even more difficult by the outright disagreement amongst the various schools of psychology and spiritual paths about technique, values, and even about the nature of reality itself.

**THE INTEGRAL VISION**

Ken Wilber, considered by some to be the “Einstein of consciousness,” has carefully developed a theory that gives coherence to this problem. It is a blueprint for a “total” path of self-exploration, a vision that he calls “integral.” Marshaling considerable evidence, he suggests that consciousness is arranged as a spectrum, encompassing matter, life, mind, soul, and spirit. In modern times, each of these levels has been the concern of a different branch of knowledge: physicists look at matter; biologists look at life; psychologists look at mind; and mystics have focused on soul and spirit. Unfortunately, each discipline tends to ignore or downplay the importance of the others. A truly holistic or integral path would encompass all levels of the spectrum, acknowledging that we are composed of all of these dimensions.<sup>1</sup>

Wilber suggests a “plan” for therapy or self-exploration that would address each level:

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<sup>1</sup> A truly integral path, he maintains, would also include the inner (“interior”) and the outer (“exterior”) of everything, as well as the cultural or social aspect of each level. Following his lead in the citation, I am simplifying his work here.

Take a practice (or practices) from each of those levels, and engage wholeheartedly in all of those practices. For the physical level, you might include physical yoga, weight lifting, vitamins, nutrition, jogging, etc. For the emotional/body level, you might try tantric sexuality, therapy that helps you contact the feeling side of your being, bioenergetics, etc. For the mental level, cognitive therapy, narrative therapy, talking therapy, psycho-dynamic therapy, etc. For the soul level, contemplative meditation, deity yoga, subtle contemplation, centering prayer, and so on. And for the spirit level, the more non-dual practices, such as Zen, Dzogchen, Advaita Vedanta, Kashmir Shaivism, formless Christian mysticism, and so on.

I hesitate to give that list, because, as you know, there are literally thousands of wonderful practices for all of those levels, and I shudder at excluding any of them. But please just focus on the general idea: take one or more practices from each of the levels of your own being — matter to body to mind to soul to spirit — and exercise all of them to the best of your ability, individually and collectively.<sup>2</sup>

This is a noble path, a truly royal road, and one that gives a radically new and expansive way for individuals to develop their potential. This spectrum idea, Wilber suggests, can also be used by physicians and therapists to diagnose patients — to ascertain where in the spectrum the patient’s illness originates, and then create an appropriate treatment plan.<sup>3</sup>

But Wilber’s approach, although typically thorough, probably strikes most people as an impossible challenge. Imagine coming home from a difficult day at work, after a long commute, and then doing the chores, spending quality-time with the kids, and then beginning a regimen of jogging, Tai Chi, psychotherapy, chanting, and meditation (not to mention community service and political activism). It is a great theory, but hard to imagine in daily life. However the work of another leading light of transpersonal studies, Stanislav Grof, may provide a more efficient and practical solution, embracing the entire spectrum in one path.

## THE HOLOTROPIC PRACTICE

Stanislav Grof, a Czech psychiatrist, is one of the pioneers of clinical consciousness research, and has been cited by Wilber as “arguably the world’s greatest living psychologist.”<sup>4</sup> With Christina Grof, he developed a technique called Holotropic Breathwork, in which clients gain access to a non-ordinary state of consciousness through deep, fast breathing. This process is strengthened by evocative music, and is supported by a consid-

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<sup>2</sup> Wilber, K. (1997.) “A Ticket to Athens”, an interview in *Pathways: A Magazine of Psychological and Spiritual Transformation*.

<sup>3</sup> Wilber, K. et. al.(1986.) *Transformations of Consciousness*. Boston: Shambala. 144-146.

<sup>4</sup> Wilber, K. (1997.) *The Eye of the Spirit*. Boston: Shambhala. 165.

erable degree of preparation and personal attention. Clients lie on a mattress and close their eyes, but are free to move their bodies, or cry, scream, sing, chant, shout, move, spit up, meditate, *etc.*, as the inner experience demands.

In this state of consciousness, clients can remember, discover and explore any level of the spectrum of consciousness. They can experience aspects of their own birth, repressed or unfinished trauma (*e.g.*, childhood abuse, car accidents), bioenergetic release, unconscious family dynamics, intuitive wisdom, psychic awareness, shamanic journeys, past lives, deities, angels, and formless mystical consciousness. In addition, each of these experiences is normally carried into consciousness by a particular *form* of practice (one of the “thousands of wonderful practices”), helping the client to explore it in the most appropriate way. *Holotropic* means *moving toward wholeness*, and Grof believes that each holotropic experience moves the individual to the next appropriate step on his or her journey toward wholeness.

We can now consider Holotropic Breathwork in three ways — as diagnosis, healing, and prescription — each illustrating its benefits as an integral or full-spectrum path:

### **1. Diagnosis: Holotropic Breathwork selects the level of the spectrum at which a person's effort is most effective.**

When we enter a holotropic state with an open mind and no agenda, the psyche seems to “select” the experience that is most charged or “ripe” at that time. Grof calls this the “radar function.” The experience that emerges could not have been predicted or planned, but it invariably turns out to be highly relevant to the participant's growth. It is as if we open ourselves completely to discovering what is really going on at the deepest levels of our being at that time, and we allow that experience to evolve and teach us. *In other words, the holotropic session brings an individual directly to the cutting-edge of his or her personal evolution.* From Wilber's point-of-view, we could say that Holotropic Breathwork determines the level of the spectrum that is most efficient for present growth. The radar function is like a highly sophisticated diagnostic tool that instantly pinpoints the problem or potential that is most charged emotionally and most significant. Like a form of internal triage, Holotropic Breathwork sorts out what is the most urgent. Some examples:

A person believes that he needs to express anger toward his mother, and has been talking about this for years in therapy. But during his holotropic session, he re-experiences a car accident he had many years ago. Revisiting the moment of impact, the sudden fright, the need to scream, and the way he froze in terror, he is able to release his scream from a frozen state. This unlocks his anger.

A person feels blocked in her practice of meditation, is starting to despair, and may give up practice altogether. During her holotropic session, she re-experiences a moment of her birth when the passage was blocked, and she went into fetal distress. She releases this trauma at a physical and emotional level, and then finds that her concentration and ability to sit still in her meditative practice has improved.

A person who has taken drugs recreationally is being overwhelmed by mystical images, and is desperately trying to avoid a psychiatric admission. During his holotropic session, he re-experiences a near-death experience in childhood in which he “left” his body. Working through this trauma emotionally and physically helps to “ground” him back in his body.

A person who has been in therapy for many years, working on issues of sexual abuse, feels locked in a pattern of blame. In her holotropic session, she encounters an angel who opens her heart. She is overwhelmed with compassion and is able to forgive her abuser.

In these cases, intensive work at the wrong level of the spectrum would be inefficient, if not actually counterproductive. It would be far simpler to invite the psyche to choose the appropriate level for the next step.

## **2. Healing:**

**Holotropic Breathwork selects the form of practice that is most appropriate to an individual’s present needs.**

Every form of therapy or spiritual path has its list of do’s and don’ts, and its own prescribed method for treatment or spiritual progression. In meditation, you sit absolutely still, and in trance-dancing, you move until you’re ecstatic. In bioenergetic therapy, you express your anger, and in kundalini yoga, you direct this energy internally. But Holotropic Breathwork is extraordinarily method-free. Clients are simply encouraged to allow whatever is emerging as they breathe deeper and faster. They are only “required” to keep their eyes closed, so that the experience is not projected onto others, and to stay on their mattress, so that they can be kept safe. There is no time limit, no noise limit, no rules of posture or diet, no institutional hierarchy, no guru, no sacred text, and no dress code. If the inner experience wills it, clients can scream, cry, chant, pray, regress to infancy, speak in tongues, meditate, move into yoga postures, leave their body, enter their body, punch a pillow, shake, sweat, gyrate — the list is endless. An inner healing mechanism is allowed to do whatever is necessary for healing and transformation of the individual, dictating the actual form of practice or therapy, without imposition of anyone’s academic framework, cultural background, or religious belief. The Holotropic Breathwork session provides a physical and emotional space in which the deepest dimensions of our being are given encouragement to work their magic. The actual form and method of transformation is chosen by the emerging experience. We could say that Spirit itself chooses the form and method of its evolution.

## **3. Prescription:**

**Holotropic Breathwork directs a client to forms of self-exploration that will be most effective outside of the holotropic experience.**

Holotropic Breathwork provides a prescription for other forms of healing. In this sense, it is like an all-embracing referral agency. If you are confused about what therapy or spiritual practice to pursue, simply gain access to a deep, non-ordinary state of consciousness,

and see what emerges naturally. One client found herself vacillating between a commitment to *T'ai Chi*, *hatha yoga* or Zen meditation. But after a series of holotropic sessions in which her body spontaneously went into yoga postures, each accompanied by physical healing and spiritual insight, her path was clear. She committed herself to a formal practice of *hatha yoga*. Another person found that in spite of his intense spiritual quest, his holotropic sessions focused on a lonely part of his childhood. This was an important “prescription” to do some inner child work, or supportive psychotherapy, outside of the sessions. In this sense, Holotropic Breathwork is not simply one of the “thousands of wonderful paths”, but is a meta-path, a post-modern clearing house for everything from biofeedback and psychoanalysis, to Alcoholics Anonymous and past-life regression, to Sufi dancing and *kriya yoga*. These additional therapies can augment the practice of Holotropic Breathwork, until, perhaps, the inner dynamic shifts and a different form of practice is “prescribed.”

## A BIG EXPERIENCE OF EVERYTHING

Grof acknowledges the importance of working through all levels of consciousness. From extensive clinical observation, he discovered an extraordinary phenomenon that is consistent with Wilber’s concept of the spectrum. Grof noticed that an individual’s issues are grouped along certain themes. There are common patterns linking one’s emotional issues, physical problems, birth dynamics, and profound universal spiritual questions. Grof calls these threads or chains “systems of condensed experience,” or COEXs for short.

Here is the way a COEX might emerge in a series of Holotropic Breathwork sessions:

Samantha has suffered most of her life from persistent throat infections. Emotionally, she feels inhibited from expressing herself. During her first Holotropic Breathwork session, she remembers a music teacher from elementary school who viciously told her that she “couldn’t sing a note.” In another session a childhood incident emerges in which her brother tried to strangle her. In re-experiencing this, she screams and screams — releasing long-held muscular tension in her throat. As her process deepens in subsequent sessions, she experiences a moment of her birth when the umbilical cord was around her neck, and she realizes that at a deep, unconscious level, she has always confused the drive to emerge and be free with a life-threatening, choking sensation. When her process deepens to the transpersonal level, she re-lives a past-life as a man beheaded for his religious convictions. And then one day, she has a shift on an entirely symbolic level. She experiences herself as a swan, singing as it dies. For the first time in her life, she has an image of singing *while* dying, rather than singing *or* dying. In this session she feels her voice restored to her, and her fear of death is diminished. Having released so much fear and tension in her throat through this process, she now rarely gets a throat infection.

According to Grof, COEXs are finally resolved when they have been addressed at all levels.<sup>5</sup> This embracing vision offers hope to those die-hard seekers who have been through encounter groups and re-birthing, psychoanalysis and magic mushrooms, but have found that the same old problems keep reappearing. To those many weary souls, Holotropic Breathwork offers the possibility that other dimensions of the psyche, and other forms of release, when accessed, will do the trick. The most transformative experience may have been right there all along, awaiting only the humility of the ego, the freedom from method, and the openness and safety of the setting.

Most spectacularly, in Holotropic Breathwork, we can have experiences that touch on several levels of the spectrum at once, or even embrace the entire spectrum. It is common for individuals to have a profound spiritual realization at the same time as a major physical release. In this simultaneous experience, we also become aware that all levels of Being are deeply interwoven. Long before the end of our journey, before we have solved all our problems or united with the Infinite Divine, we experience an ever-deepening awareness — in the fabric of our Being and the fibers of our body — of the seamlessness of Creation.

## **The whole spectrum embraced**

Ken Wilber has been credited with unifying Freud and the Buddha, creating an integral vision that spans the past and future of consciousness, and more. And Holotropic Breathwork, free to meander everywhere and anywhere across this spectrum, brings us directly to the cutting edge of our evolution. It requires only that we lean toward the truth that is emerging now and here, in the deepest and farthest reaches of the present moment. With unprecedented openness — in theory and method — it embraces all the ancient forms of worship and all the modern means of personal growth, and even holds space for those paths yet to be invented. Through it, we can gain access to the entire spectrum of consciousness, to all the magnificent dimensions of Being, and we can travel along any or all of wonderful therapies and paths, aiming always, steadfastly, at the one, integral goal.

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<sup>5</sup> In Grof's version of the spectrum, these are the sensory, personal unconscious, perinatal, and the transpersonal.

## About the Author

Martin Boroson is the director of the Temenos Project, an Irish-based organization that produces spiritual/art events ([www.temenosproject.org](http://www.temenosproject.org)). He is the author of *Becoming Me*, a modern spiritual parable based on his holotropic experiences of love and play at the heart of the Kosmos. ([www.becomingme.com](http://www.becomingme.com)). He was certified to facilitate Holotropic Breathwork by Stanislav Grof, M.D. in 1994.

**ILLNESS AS A PATH TO SOUL**  
**BY**  
**SANDY STECKLING, M.A.**

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**Abstract:** Steckling writes a personal account of radical healing of her severe rheumatoid arthritis through her work with Holotropic Breathwork and other related techniques.

Keywords: rheumatoid arthritis; Breathwork; Breathwork sessions bodywork; Inner Healer

I recently experienced a dramatic healing of rheumatoid arthritis after having it for four and a half years — persistently, painfully, and chronically. I have learned that disease is often not only a physical phenomenon, a thing apart, something separate, a curse or bad fate, but also, it can be a key to something more.

We have all experienced Breathwork sessions where physical symptoms arise and then resolve in the course of the Breathwork or bodywork; the symptoms are part of the story then, and sometimes help with the telling of it. In disease, a symptom sometimes appears to have a life of its own, with a context, a story, for the disease. Disease can be a great disguiser, coming to call us to a greater wholeness, urgently insisting we open to the soul. And the stakes may be very high. Breathwork can help us enter the story, open to the Gods there, and surrender, that we may be healed. I would like to share my story and the role Holotropic Breathwork played in my healing.

My initial intention to pursue Breathwork budded around October of 1991. I had a spirit of adventure about the Breathwork, and I longed to release the heavy emotional freight I was carrying. Shortly after this time I was in a car accident from which it would take two and a half years to recover. A month later, I was diagnosed with rheumatoid arthritis. My fate slowly sealed. I found I could barely squeeze a tube of toothpaste, turn the ignition in my car, or bend my knees while walking. The disease attacked my fingers and wrists, then spread to my knees, feet, and ankles. Because of the disease, nothing I did was automatic anymore, or unconscious.

I knew there was a greater intelligence underneath the symptoms, if I could just get to it and become conscious of it. I had a stark realization of some of these symptoms one afternoon while driving my car up to a stoplight. The awareness came, in bold stark relief, of how cut off I was from my life — from the flow and wholeness of it all as I had once experienced it. I clearly saw the energetic state of my internal mental and emotional conditions. What I saw was an enormous wall made up of angry emotions and constricted thought forms. On the other side of this wall, trapped behind it, was all the vitality and

well being I had known in my life, most strongly in my youth and adolescence. This healthy energy was spontaneous, flowing, accepting, buoyant, full of spiritual energy and present in the moment, but it was desperately out of reach. Instead, what I faced was constricting energy expressing through all levels and reaching its twisted tentacles right down into my body!

From this it was clear that my disease existed on all these levels, and healing would have to be directed toward these levels too. I wanted to regain the state of health I had witnessed and wondered how I might do this. It seemed to me I needed to enter into it somehow, or create an opening for it to enter me. I saw I had to remove the barriers that blocked and prevented connection to this healthy self, and I knew this would involve releasing the anger and grief I was carrying and from which I had been unable to free myself.

Four years prior to disease onset four important people in my life had died within a year and a half. First my father died. After him, Jerry, a dear friend of many years was brutally murdered. Then Jon, a great love of my life died suddenly, from an accident, at 34 years of age. Then Jon's mother, two months later, also died a sudden death.

Rather than working through this, I felt I had downloaded all of this into my body until it had gotten sick too, and I'd given my body a lot of negative messages about even being here at all. Jon himself was a great barrier to my health. I was so identified with him on a soul level that when he died, it seemed my soul was wrenched out of me and his presence occupied its place. Feeling Jon's presence within me energetically was a hindrance to my healing.

From my perspective now, I can see additional things were happening. My way of being in my life, in the world, and with myself had become too inadequate, too limiting. The evolutionary thrust was demanding movement into a larger self. What held me back were the stuck places in my life that I needed to work through. Before I could go forward with a new development, I had to get myself back. Places within me were stuck in the past. My psyche pressed for growth and profound tension resulted. The flow of vitalizing life force became cut off. This manifested in my life as pain and disease.

I began Breathwork at this point. Although I understood some things about how I got sick, and how I might get well, it was clear my disease was also the effect of something beyond me. Repeatedly, it impressed upon me the limitations of my little self. Disease signaled to me from a greater reality. If only this greater reality could enter my life more fully and change my troublesome inner conditions, then I could understand and heal my disease!

Breathwork became a vehicle for this to be possible. I learned to surrender to the process because I came to feel my life depended on it. Breathwork released layer after layer of repressed material. It forged a wholeness where mind-body and soul-body splits were healed. Many of the emotional and physical symptoms I experienced were transformed into larger stories that unfolded. Breathwork breathed me into life again. An essential self returned, healthier than before.

Along with Breathwork I applied a Jungian approach using active imagination to get well. I saw that symptoms were an expression of the Inner Healer. Symptoms were the psyche's efforts to right itself, and I engaged my senses and my imagination with the symptoms I experienced in order to get to the energies and images that underlay them. I

knew the soul often expressed itself through images. Connecting to the presence of soul within images led to further healing. Breathwork had cleared so much within me and had powerfully opened up the channels. My work with active imagination was thereby made more powerful and effective.

The biggest challenge for me, and the most distressing reality, was that, despite getting well emotionally and spiritually, my rheumatoid arthritis persisted. In fact, as it is a progressive disease, it continued to get worse. I was told I would be in a wheelchair in one to two years. This was hard to understand because I knew I had experienced a great deal of healing. I expected this health would be communicated to my body and that it would get well too. I thought the disease had followed this route, and it made sense that wellness would follow the same path. It took some time for me to see that my body was faithfully, automatically, running on past programming. My body did not know that I was well!

I found an inspired way to move forward from here when I learned of the work of Jeanne Achterberg. After reading her books, *Rituals of Healing* and *Imagery in Healing*, and consulting with her, I began doing imagery work directly with the cellular structure of my body. The idea of this work is to use your imagination and your senses to receive images from the cellular activity of the disease state in your body, and then to send images to these cells with the intention of changing them, moving them toward the desired state of health. This felt like the missing piece that I needed for healing.

I needed to get my immune system to recognize me. I had in mind that with my spiritual presence now more fully in my body, my task would be to get my immune cells to register this, and then healing could follow. The shift that I had been striving for came after I had been doing the imagery work at least an hour a day for about five weeks. I finally experienced my cells aware of my presence and communicating with me directly. Previously, I had been able to gain information about my cells only from the images and impressions I received through observation. This direct communication signaled to me that my body knew me again. At this point everything within me told me that my physical healing was very close. Healing came about a week later, from a surprising direction.

I was writing about a troublesome, recurring dream — one I had had often during the course of my illness. I applied information I had just learned about working with dreams and entered into the dream so that I could be receptive to it. For the first time, I accepted the dream. I thought perhaps I could finally understand it. I was struck that the dream resembled my body in the sense that there were many physical features (bathroom fixtures, water pipes, *etc.*) that were not functioning. My body was also physical and not functioning in places too. I was also struck by the compelling quality of the energy that emanated from the dream and seemed to be carrying it. I noticed this energy seemed to resonate with the energy that emanated from my body as a whole. I asked of my dream, “Is this my body?” I do not know if the energetic field of my body completely entered the dream, or if the dream’s field fully entered my body, but the two came together and became one.

The moment the two fields became one was the moment that I entered a sacred, rapturous state of being that lasted for several days. I knew something wonderful and important was happening, and I described it as the soul entering me and filling me. With this entering of the soul, I felt like I had been given a great secret of life again that I had al-

most forgotten. I experienced complete trust and faith and tremendous love and peace. I felt very much like a child. I experienced the presence of the gods, greater beings, all around me. I knew I was completely taken care of. I was a beloved child.

I was in the experience of being healed, but the thought that my disease was healing was not part of my conscious experience in any way I can remember. I was just completely in the experience. It was that evening when I went to bed that the realization came to me. I decided to do a short, mind-body imagery session. I became aware that where I had always felt the energetic layer of the disease — stagnant, static-like, an obstruction to cell activity — I was now experiencing tremendous energy releasing! I knew the soul was filling my being, but this was the first moment that I recall that I knew the soul was actually healing my body. It was lifting the disease right out of me.

The next morning, wondering if the disease would still be there once the releasing energy stopped, I shifted my focus into my body to where the disease had been. To my astonishment, there was nothing there. The disease had completely cleared. Instead, underneath the cells, coming from my inner being, was the presence of soul — powerful, potent and radiating forth. I knew I had been healed.

In the days after, the soul presence increased its tremendous energetic and magnetic wattage. Its world opened and unfolded in my life. There were moments when there was no differentiation between body and soul and the two were absolutely one. The healing was a lot like a Breathwork experience, only I didn't have to Breathe. Its intensity and immediacy lasted for days.

The transpersonal plane we experience with Breathwork expresses through dreams too, and as Stan Grof has said, “forms and informs” this plane of life. It is clear to me that Breathwork saved my life. Everything else seemed possible because of my Breathwork experiences. It is this other realm, this other side, that brings the healing. We can call it the sacred domain, or the archetypal world, or the transpersonal plane, or the plane of the soul, or the realm of God. In the sense that I mean, they refer to the same reality. Experiencing this reality was the single most important thing I did that led to my health. The more I experienced and became conscious of this dimension, the better off I was. The healing does not stop here, but continues. Now I have a new life, coexisting with the remnants of the old. The difference is I know where I am going — let me live in, and open to, the soul!

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**PHYSICAL MANIFESTATIONS OF  
EMOTIONAL DISORDERS  
OBSERVATIONS FROM THE STUDY OF  
NON-ORDINARY STATES OF CONSCIOUSNESS  
BY  
STANISLAV GROF<sup>1</sup>**

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As it is not proper to cure the eyes without the head,  
nor the head without the body, so neither is it proper  
to cure the body without the soul.  
~*Socrates*

It is well known that many emotional disorders, such as psychoneuroses, depressions, and psychoses have distinct physical manifestations — headaches, breathing difficulties, nausea, loss of appetite, constipation or diarrhea, heart palpitations, excessive sweating, tremors, tics, muscular pains, vasomotor disturbances, skin afflictions, amenorrhea, menstrual cramps, dyspareunia, orgasmic inability, and impotence. The sexual dysfunctions can often represent primary problems *sui generis* that are serious and long-lasting, rather than being transitory concomitants of neurotic reactions.

In some psychoneuroses, the physical symptoms are very specific and characteristic and represent the predominant feature of the disorder. This is certainly true in regard to conversion hysteria, a dissociative disorder in which the major symptoms are hysterical paralysis, aphonia, astasia, temporary blindness, anesthesia, vomiting, a motor seizure with the “arc de circle”, false pregnancy (pseudokyesis), and even stigmata. Here belongs also a group of disorders that classical psychoanalysts called pregenital neuroses; it includes various tics, stammering, and psychogenic asthma. They are characterized by an obsessive-compulsive personality structure, but the basic defense mechanism involved in symptom formation is conversion like in hysteria.

There also exists a group of disorders with striking physical manifestations in which the psychological component is so obvious and important that even the medical model calls them psychosomatic diseases. The term “psychosomatic” was first used by Heinroth in 1818 when he discussed psychosomatic aspects of insomnia and was later popularized

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<sup>1</sup> This article is reprinted with permission from *Exploring Holotropic Breathwork*" ([Hanford Mead Publishers, Inc.](#) 2003, pp 257-278)

by the German psychiatrists Jacobi and Nasse. Over the years, the term “psychosomatic” gained considerable popularity and has come to reflect the importance of psychological factors in medicine and also describe a large variety of medical disorders of psychogenic origin. Here belong migraine headaches, certain forms of hypertension, peptic ulcers, colitis, psychogenic asthma, psoriasis, and eczemas.

In 1935, psychoanalyst Franz Alexander, considered to be the founder of psychosomatic medicine, proposed a theoretical model explaining the mechanism of psychosomatic disorders, which underlies much of the clinical work and research until this day.<sup>1</sup> His key contribution was the recognition that psychosomatic symptoms result from the physiological concomitants of psychological conflict and trauma. Emotional arousal during acute anxiety, grief, or rage gives rise to intense physiological reactions; this leads to the development of psychosomatic symptoms and disease, but only in those individuals who are organically predisposed, not in healthy ones. This predisposition is a crucial but variable factor in the genesis of psychosomatic disease. There exist considerable disagreements as to what is the nature of this predisposition.

Alexander differentiated between conversion reactions and psychosomatic disorders, which were previously considered to be similar to neurotic reactions. Although the source of the underlying emotional state in these disorders can be traced to psychological trauma, neurotic conflicts, and pathological interpersonal relationships, the symptoms do not have symbolic significance and do not serve as a defense against anxiety (which is characteristic of neurotic symptoms). It is actually a failure of psychological mechanisms to protect the individual against excessive affective arousal.

In 1952, the American Psychiatric Association in its standard nomenclature recognized the ambiguity in the use of the word “psychosomatic” and coined the designation “psychophysiological autonomic and visceral disorder.” The symptoms of this category of disorders are seen as resulting from a chronic exaggerated state of the normal physiological expression of emotions; such long continued physiological and visceral states may eventually lead to structural changes in various organs. The field of psychosomatic medicine is characterized by fundamental lack of agreement about the mechanisms involved in the psychogenesis of somatic symptoms and no single theoretical model is considered entirely satisfactory

## **Theoretical models**

There exist considerable disagreements about the nature of the predisposition for psychosomatic disorders and the specific vulnerability that determines the choice of the organ. The models fall into the following three categories: 1. “Specificity models”, 2. Non-specificity models”, and 3. “Individual response specificity models”.

### **1. “Specificity models”**

The theoretical models that belong to this category assert that various psychosomatic symptoms and diseases can be traced to specific psychopathological events and affective states. Franz Alexander and other psychoanalysts used in their interpretations the com-

mon analytic concepts, such as unconscious dynamics, fixation on various stages of development of the libido and the ego, problems in object relationships, regression, psychological defense mechanisms, *etc.*

According to this view, various traumatic events induce anxiety with subsequent regression that has immature and pathogenic physiological concomitants (Alexander's "regressive innervation"). For example, peptic ulcer patients show a fixation on the oral period of libido development and have serious unresolved unconscious conflicts about dependency. Regression then leads to hypersecretion of gastric juices. Hypersecretion in patients with great dependency needs has been described by Arthur Mirsky.<sup>2</sup>

Another avenue in this category are various attempts to define the "personality profiles" of people conducive to specific psychosomatic disorders, a tradition started by Flanders Dunbar.<sup>3</sup> These studies linked, for example, the hard driving executive to coronary heart disease, distinguished A and B personality types, *etc.* Stewart Wolff and Harold Wolff developed techniques for studying psycho-physiological correlations, for example, emotional holding on and riddance leading to constipation and diarrhea.<sup>4</sup> Similar concepts have become very popular in psychotherapeutic circles, implying that psychological issues and conflicts can be expressed in symbolic body language: pain in the neck muscles in people who carry too much responsibility, stomach problems in people who are unable to "swallow" or "stomach" something, breathing difficulties caused by a mother who is "smothering" her offspring, oppressive feelings on the chest resulting from "heavy grief", *etc.*

Objections have been raised against the "specificity theories". Patients with various psychosomatic disorders can have a wide range of psychodynamic problems and psychiatric diagnoses that range from "normal" to psychotic. The psychological problems of the patients cannot be predicted from the nature of their psychosomatic symptoms and *vice versa*. The same "specific etiological variables" have been postulated for a wide range of psychosomatic disorders, *e.g.*, pathological dependency needs and loss of a significant relationship for ulcerous colitis, ileitis, rheumatoid arthritis, psychogenic asthma, and some skin disorders. In addition, some psychosomatic disorders can be modeled in animals, such as gastric hypersecretion induced by non-specific stress; naturally, here we cannot assume the role of unconscious fantasies, symbolic processes, interpersonal conflicts, *etc.*

## 2. "Non-Specificity models"

The models that belong to this category reject the notion of specific psychopathological factors in the genesis of psychosomatic disorders. They argue that any stimulus capable of causing psychological distress may evoke a diffuse affective state (chronic anxiety) and lead to the development of a psychosomatic disorder. The nature of the disorder cannot be predicted from the psychological trigger. According to Mahl, the physiological concomitants would be the same, irrespective of the stressor, whether it is bombing during the war, competitive medical examination, or interpersonal conflict involving a love object.<sup>5</sup>

Hans Selye showed that there exist universal manifestations of chronic stress, such as gastric and cardiovascular activation, and increase of adrenal steroid hormones.<sup>6</sup> However, the onset of psychosomatic disorders is often associated with a psychodynamically determined breakdown of psychological defenses that ordinarily protect the individual from intensive emotional arousal. Organ susceptibility can be a combination of constitutional factors and early experiences. This model, although too general, is consistent with clinical and research data.

### **3. “Individual response specificity models”**

The models in this category suggest that the type of the psychosomatic disorder the individual develops depends primarily on his or her specific response pattern rather than on the nature of the stimulus. Various individuals show highly characteristic and consistent patterns of emotional arousal, which may be evoked by a wide range of stimuli and lead to specific psychosomatic disorders. There are “gastric reactors”, “cardiac reactors”, “hypertensive reactors”, etc. The emotional reactions of adults with psychosomatic disorders tend to show specific foci of activation, in contrast to the diffuse and immature reactions of infants. The characteristic response pattern is developed early in childhood and is highly consistent over time. This is a very popular theory.

#### **Current status**

It is generally accepted that no single model explains satisfactorily all psychosomatic disorders and the opinion leans toward multicausality. Psychological factors play a significant role but are not the exclusive causative determinants. One has to take into consideration also constitution, heredity, organ pathology, nutritional status, environment, and social and cultural determinants. Psychological and somatic phenomena that were earlier seen as separate discrete processes are now seen as representing different aspects of a unitary phenomenon of affect engaged in reciprocal interaction. In addition, the brain structures which control emotions and visceral functions are identical or closely related. Fear, anger, sexuality, and the functioning of viscera and glands are all regulated by the limbic system and hypothalamic structures (also linked to cortical and subcortical levels of organization). The precise nature of these interrelationships has not yet been established.

### **Insights from consciousness research and experiential therapies**

The explanations of psychosomatic symptoms and diseases offered by most schools of depth psychology are generally unconvincing. They attribute causal role to memories of events witnessed in childhood or traumatic experiences from later life. They interpret psychogenic asthma as a cry for the mother or result of a restrictive “choking influence of the mother and explain hysterical paralysis as reflecting a conflict about doing something forbidden. Similarly, stammering is seen as resulting from suppression of verbal aggression and an urge to utter obscenities, a sense of being burdened can lead to severe shoul-

der pains, and the difficulty to “stomach” something can produce psychogenic nausea. In the same vein, severe skin disorders can serve as protection against sexual temptation, as suggested, for example by early pioneer of psychoanalysis Wilhelm Stekel.

More convincing insights concerning the nature and psychogenesis of psychosomatic disorders came from the work of the brilliant and controversial pioneer of psychoanalysis Wilhelm Reich.<sup>7</sup> He showed that the traumatic psychological events discussed in psychoanalysis are not sufficient to explain the development of emotional and particularly psychosomatic symptoms. He emphasized jamming and blockage of significant amounts of bioenergy in the muscles and viscera as the main factor underlying such symptoms (“character armor”).

According to Reich, this jamming of bioenergy results from the conflict between our biological needs and repressive society that does not allow a free and full satisfaction of the sexual drive. This blocked energy then finds deviant expression in the form of perversions, neurotic, and psychosomatic symptoms, and, on a large scale, to destructive societal movements. Reich also introduced into therapy, as new principles, breathing maneuvers and bodywork aimed at release of these pent-up energies. However, according to him, full emotional liberation required a revolution in human society. Reich became a Communist and after publishing his book on *Mass Psychology of Fascism*,<sup>8</sup> he was excommunicated both from the Psychoanalytic Association and the Communist party.

The work with non-ordinary states of consciousness, such as psychedelic therapy, primal therapy, rebirthing, or Holotropic Breathwork, reveals enormous amounts of blocked and jammed emotional and physical energy (bioenergy) underlying various psychosomatic disorders (and also emotional disorders in general). It thus confirms the Reichian theory, but only in the most general sense, not in specifics. While Reich believed that the pent-up energy was suppressed libido, which then was a manifestation of physical universal energy (*orgon*), the new observations reveal that much of this energy is of perinatal origin. It is the result of the excessive neuronal stimulation generated during the passage through the birth canal. In addition, much of this energy seems to be of transpersonal origin and can be traced back to the archetypal and historical domains of the collective unconscious and to ancestral, karmic, and phylogenetic memories.

An important contribution of modern consciousness research is the discovery of the critical role that unassimilated and unintegrated physical traumas play in the genesis of all psychosomatic manifestations. The psychodynamic schools tend to see psychosomatic symptoms as results of somatization of psychological conflicts and traumas and fail to see the critical role physical psychotraumas play in their genesis. Experiential work using non-ordinary states of consciousness leaves no doubt that the real source of psychosomatic symptoms is always events that involved physical insults.

In addition, the traumatic situations discovered during deep experiential work are not limited to the postnatal period; they often include biological birth and even episodes that are transpersonal in nature, particularly karmic material. For example, therapeutic work on psychogenic asthma will inevitably lead to unassimilated memories of situations that actually involved the experience of suffocation, such as near drowning, being strangled, choking on a foreign object, inspiration of blood during tonsillectomy, whooping cough, childhood pneumonia, birth, or being hanged or strangled in a previous lifetime. Simi-

larly, the material underlying psychosomatic pains can include memories of painful accidents, operations, or diseases, pain experienced during the birth process, and physical suffering connected with a past life injury or death.

One of the few systems that recognize the powerful psychotraumatic impact of physical traumas, has been Ron Hubbard's Scientology.<sup>9</sup> The psychological significance of traumas is assessed by *auditing*, a process of exploration and therapy that is objectively guided by galvanometers. The theoretical system of scientology does not include only physical traumas in postnatal life, but also somatic traumatization during birth, and in past lives. Hubbard referred to imprints of physical traumatizations as *engrams* and saw them as primary sources of emotional problems. In his terminology, the usual psychological traumas are called *secondaries*; in a sense, they borrow their emotional power from their associations with *engrams*. Unfortunately, the abuse of scientological knowledge for pursuit of power and money has discredited Hubbard's important theoretical contributions.

I would like to illustrate the observations concerning the dynamic structure of psychosomatic manifestation by three condensed case histories. The first of these involves Norbert, a fifty-one-year-old psychologist and minister who participated in one of our five-day workshops at the Esalen Institute in Big Sur, California.

During the group introduction preceding the first session of Holotropic Breathwork, Norbert complained about severe chronic pain in his shoulder and pectoral muscles that caused him great suffering and made his life miserable. Repeated medical examinations, including X-rays, had not detected any organic basis for his problem and all therapeutic attempts had remained unsuccessful. Serial Prokain injections had brought only brief transient relief for the time of the effect of the drug.

At the beginning of the session of Holotropic Breathwork, Norbert made an impulsive attempt to leave the room, since he could not tolerate the music, which he felt was "killing" him. It took great effort to persuade him to stay with the process and to explore the reasons for his discomfort. He finally agreed and, for almost three hours, he experienced severe pains in his breast and shoulder, which intensified to the point of becoming unbearable.

He struggled violently as if his life were seriously threatened, choked and coughed, and let out a variety of loud screams. Following this stormy episode, he quieted down and was relaxed and peaceful. With great surprise, he realized that the experience had released the tension in his shoulder and muscles and that he was free from pain. Retrospectively, Norbert reported that there were three different layers in his experience, all of them related to the pain in his shoulder and associated with choking.

On the most superficial level he relived a frightening situation from his childhood in which he almost lost his life. When he was about seven years old, he and his friends were digging a tunnel on

a sandy ocean beach. When the tunnel was finished, Norbert crawled inside to explore it. As the other children jumped around, the tunnel collapsed and buried him alive. He almost choked to death before he was rescued.

When the breathwork experience deepened, he relived a violent and frightening episode that took him back to the memory of biological birth. His delivery was very difficult, since his shoulder had been stuck for an extended period of time behind the pubic bone of his mother. This episode shared with the previous one the combination of choking and severe pain in the shoulder.

In the last part of the session, the experience changed dramatically. Norbert started seeing military uniforms and horses and recognized that he was involved in a battle. He was even able to identify it as one of the battles in Cromwell's England. At one point, he felt a sharp pain and realized that his shoulder had been pierced by a lance. He fell off the horse and experienced himself as being trampled by the horses running over his body and crushing his chest.

Norbert's consciousness separated from the dying body, soared high above the battlefield, and observed the scene from this perspective. Following the death of the soldier, whom he recognized as himself in a previous incarnation, his consciousness returned to the present and reconnected with his body that was now pain-free for the first time after many years of agony. The relief from pain brought about by these experiences turned out to be permanent. It has now been over twenty-five years since this memorable session and the symptoms have not returned.

The second case history involves Tanya, a 34-year-old teacher and divorced mother of two children. Her main reasons for undergoing psychedelic therapy were depression, anxiety states, and proneness to fatigue. However, one of her LSD sessions brought an unexpected solution to a severe physical problem, which had been considered purely organic in nature.

For the previous twelve years she had been suffering from chronic sinusitis with occasional acute flare-ups because of colds or allergies. The sinus troubles had started shortly after her wedding and represented a severe inconvenience in her life. The major symptoms related to this problem were headaches and strong pains in the cheeks and teeth, low-grade fevers, heavy nasal discharge, and bouts of sneezing and wheezing. On many occasions she was awakened by a coughing attack; some mornings these symptoms lasted three to four hours.

Tanya had numerous tests for allergies and was treated by many specialists with antihistamines, antibiotics, and flushing of the

sinuses with disinfectant solutions. When all this failed to bring any therapeutic results, her doctors suggested an operation involving scraping the interior of the sinuses, which Tanya declined.

In one of her LSD sessions, Tanya was reliving her birth and experiencing suffocation, congestion, and severe pressure on her head. She recognized that these sensations bore a close resemblance to the symptoms associated with her sinus problems, however, they were greatly amplified. After several sequences that were clearly of a perinatal nature, the experience suddenly opened into reliving of what appeared to be a past incarnation memory.

In this context, the experiences of oppression, choking, and congestion that had earlier been part of the birth trauma became symptoms of drowning. Tanya felt that she was tied to a board and was slowly being pushed under water head first by a group of villagers. After dramatic emotional abreaction associated with screaming, violent choking, coughing, and profuse secretion of enormous amounts of thick, greenish nasal discharge, she was able to recognize the place, circumstances, and protagonists related to this episode.

She was a young girl in a New England village who had been accused by her neighbors of witchcraft, because she was having unusual experiences of a spiritual nature. A group of villagers dragged her one night to a nearby birch-grove, fixed her to a board, and drowned her in a cold pond. In the bright moonlight, she was able to recognize among her executioners the faces of her father and ex-husband in her present lifetime.

At this point, Tanya could see many elements of her current existence as approximate replicas of the original karmic scene. Certain aspects of her life, including specific patterns of interaction with her husband and her father suddenly appeared to make sense, down to the most specific details.

This experience of the New England drama and all the intricate connections Tanya made, as convincing as they were on the subjective level, clearly do not in themselves constitute proof of the historical validity of the episode and of a causal link between the event and her sinus problems. Nor could her conviction that she was dealing with a karmic pattern be considered evidence for the existence of reincarnation. However, to the astonishment of everybody concerned, this experience cleared the chronic sinus condition that had plagued Tanya for a period of twelve years and that had proved completely refractory to conventional medical treatment.

I would like to conclude this discussion of the multilevel dynamic structure of psychosomatic systems and their connection with birth and the transpersonal level by the most dramatic case history of my entire psychiatric career. The following events happened at the time when I was involved in clinical research of psychedelic substances.

While working at the Maryland Psychiatric Research Center, I was invited to a staff conference at the Spring Grove State Hospital. One of the psychiatrists was presenting the case of Flora, a 28-year-old single patient who had been hospitalized by then for more than eleven months in a locked ward. All available therapy, including tranquilizers, antidepressants, psychotherapy, and occupational therapy, had been tried but failed, and she was facing transfer to the chronic ward.

Flora had one of the most complicated combinations of symptoms and problems I have ever encountered in my psychiatric practice. When she was sixteen years old, she was a member of a gang that conducted an armed robbery and killed a night watchman. As driver of the get-away car, Flora spent four years in prison and was then placed on parole for the rest of her sentence. During the stormy years that followed, she became a multiple drug addict. She was an alcoholic and a heroin addict, and frequently used high doses of psychostimulants and barbiturates.

Her severe depressions were associated with violent suicidal tendencies; she frequently had impulses to drive her car over a cliff or to collide with another automobile. She suffered from hysterical vomiting which occurred easily in situations where she became emotionally excited. Probably the most agonizing of her complaints was a painful facial cramp, "tic douloureux," for which a Johns Hopkins neurosurgeon had suggested a brain operation consisting in severing the nerve involved. Flora was a lesbian and had severe conflicts and guilt about it; she had never had heterosexual intercourse in her life. To further complicate the situation, she was court committed because she had severely wounded her girlfriend and roommate while trying to clean a gun under the influence of heroin.

At the end of the Spring Grove case conference, the attending psychiatrist asked Dr. Charles Savage and me if we would be willing to consider Flora for LSD psychotherapy. We found this to be an extremely difficult decision, especially because this was at the time of the national hysteria concerning LSD. Flora had a criminal record already; she had access to weapons, and had severe suicidal tendencies. We were well aware that the atmosphere was such that if we gave her an LSD session, whatever happened after that point would automatically be blamed on the drug and our treatment, without regard to her past history. On the other hand, everything else had been tried without success and Flora was facing a lifetime in a chronic ward. After some deliberation, we decided to take the chance and accept her into the LSD program, feeling that her desperate situation justified the risk.

Flora's first two high-dose LSD sessions were not much different from many others I had run in the past. She had to confront a number of situations from her stormy childhood and repeatedly re-

lived sequences of the struggle in the birth canal. She was able to connect her violent suicidal tendencies and painful facial cramps to certain aspects of the birth trauma, and to discharge large amounts of intense emotion and physical tension. Despite this, the therapeutic gains seemed to be minimal. In her third LSD session, nothing extraordinary happened during the first two hours; her experiences were similar to those of the previous two sessions. Suddenly, she started complaining that the painful cramps in her face were becoming unbearable. Before our eyes, the facial spasms were grotesquely accentuated and her face froze into what can best be described as a mask of evil.

She started talking in a deep, male voice and everything about her was so different that I could not see any connection between her present appearance and her former self. Her eyes had an expression of indescribable malice and her hands were spastic and looked like claws. The alien energy that took control over her body and voice introduced itself as the devil. "He" turned directly to me, ordering me to stay away from Flora and give up any attempts to help her. She belonged to him and he would punish anybody who dared to invade his territory.

What followed was a barrage of explicit blackmail, a series of dismal descriptions of what would happen to me, my colleagues, and the program if I would not obey. It is difficult to describe the uncanny atmosphere which this scene evoked; one could almost feel the intangible presence of something alien in the room. The power of the blackmail was further increased by the fact that it involved certain concrete information to which the patient in her everyday life could not have had access.

I found myself under considerable emotional stress and experienced intense fear which had metaphysical dimensions. Although I had seen similar manifestations in some LSD sessions, they were never so realistic or convincing. It was difficult for me to control my fear and a tendency to enter into what I felt would be an active combat with the presence. I found myself thinking fast, trying to choose the best strategy for the situation. At one point, I caught myself seriously considering that we should have a crucifix in our therapeutic armamentarium. My rationalization for this idea was that this was obviously a Jungian archetype that was manifesting and that the cross could, under these circumstances, function as a specific archetypal remedy.

It soon became clear to me that my emotions, whether of fear or aggression, were making the entity more real for me. I could not help thinking of scenes from Star Trek, a popular American science fiction television program involving an alien entity that fed on emotions. Finally, I realized that it was essential for me to remain calm and centered. I decided to put myself into a meditative mood,

while I held Flora's cramped hand and tried to relate to her in the form in which I had known her before. At the same time, I tried to visualize a capsule of light enveloping us both, which intuitively seemed to be the best approach. The situation lasted over two hours of clock-time; in terms of the subjective time-sense these were the longest two hours I have ever experienced outside of my own psychedelic sessions.

After this time, Flora's hands relaxed and her face returned to its usual form; these changes were as abrupt as the onset of the peculiar condition. I soon discovered that she did not remember anything of the two hours preceding. Later, in her write-up, she described the first two hours of the session and continued with the period following the "possession state." I seriously questioned if I should discuss the time covered by her amnesia with her and decided against it. There did not seem to be any reason to introduce such a macabre theme into her conscious mind.

To my great surprise, this session resulted in an astonishing therapeutic breakthrough. Flora lost her suicidal tendencies and developed new appreciation for life. She gave up alcohol, heroin, and barbiturates and started zealously attending the meetings of a small religious group in Catonsville. One of the most remarkable aspects of her clinical improvement was a dramatic alleviation of her painful facial spasm. For most of the time she now did not have any facial cramps at all; the energy under lying them seemed to have exhausted itself in the "mask of evil" that she had maintained for two hours. The occasional recurrence of the pain was of negligible intensity and did not even require medication. The neurosurgical operation was not necessary any more and was cancelled.

Flora also started experimenting with heterosexual relations and eventually got married. Her sexual adjustment was not good, however; she was capable of intercourse, but found it painful and not very pleasant. The marriage ended three months later and Flora returned to lesbian relationships; this time, however, with much less guilt. Her condition was so improved that she was accepted as a taxi driver. Although the following years had their ups and downs, she did not have to return to the psychiatric hospital that could have become her permanent home.

We can now summarize the observations from consciousness research concerning psychosomatic disorders and use these findings to clarify some of the inconsistencies and disagreements about their nature and origin. The psychodynamic structure underlying these disorders has the form of multilevel constellations of memories and other unconscious material for which I coined the term COEX systems (systems of condensed experience).

The most superficial layers of this system involve episodes from postnatal biography, in this case memories of both physical and psychological traumas. A deeper layer of these systems is formed by memories related to biological birth, an event which is by its very nature both physical and psychological. The recognition of the pathogenic impact of birth thus helps to resolve the conflict between psychological and biological theories of psychiatry. The deepest layer of the COEX systems are then matrices of transpersonal nature, such as past life material, archetypal patterns, or phylogenetic elements.

The postnatal psychological traumatizations have specific links to developmental stages of the libido and the ego, specific parts of the body, and problems in interpersonal relations. They are also connected with various psychological defense mechanisms and symbolic elaborations. While postnatal physical traumatizations and particularly perinatal dynamics also involve differences in engagement of various organs (*e.g.*, suffocation in near-drowning situations, pain of fractures or operations, pressure on the head and suffocation at birth, *etc.*), they represent an extreme form of raw and undifferentiated stress.

This certainly seems to be relevant for the conflict concerning the specific and unspecific triggers of psychosomatic disorders, as well as the difference between psychosomatic disorders and neurotic conversion reactions emphasized by Franz Alexander. It could explain why both specific and non-specific stress can induce psychosomatic symptoms, as well as the fact that non-specific stress can repeatedly induce the same symptoms in a particular individual. Birth is a major psychophysical trauma and involves the first major loss of an object, separation from the mother, followed by a situation of extreme dependency. Its involvement in the genesis of psychosomatic disorders could thus account for the fact that loss of an important relationship and extreme dependency needs are factors that play significant role in psychosomatic disorders of various kinds.

The observations from modern consciousness research concerning the close connection of psychosomatic disorders with physical traumatization and the depth of their roots make it clear that psychotherapy limited to verbal means has very little chance to influence them. Words alone cannot solve the problem of suffocation, painful muscular spasms, or severe nausea; this requires deep experiential work that involves reliving of the underlying memories and abreacting the emotional and physical energies associated with them.

The conceptual framework within which this process is undertaken has to provide a plausible and non-pathological explanation for experiences of extreme intensity and to include perinatal and transpersonal experiences. This seems to be related to the fact that abreaction during hypnosis and narcoanalysis was found useful in the treatment of war neuroses, but not psychoneuroses. The therapists knowing that the client had been exposed to drastic situations were able and willing to tolerate emotional and physical reactions of extreme intensity without fear that the clients were entering a psychotic terrain.

Very often people at the lectures on experiential work ask the question why “reliving” of traumatic events is therapeutic and does not actually represent a retraumatization. The best answer can be found in the article “Unexperienced Experience” by the Irish psychiatrist Ivor Brown.<sup>10</sup> He suggested that we are not dealing here with an exact replay or repetition of the original traumatic situation, but with the first full experience of the ap-

appropriate emotional and physical reaction to it. In addition, the individual who is now facing it is not any more the helpless and vitally dependent child, but a grown up. He or she can handle the traumas that for the infant and small child were excessive and overwhelming.

## **HOLOTROPIC BREATHWORK AND THE 'HYPERVENTILATION SYNDROME'**

Breathing is the basic rhythm of life.  
*Hippocrates*

As I have shown, therapeutic methods using various breathing techniques for inducing non-ordinary states of consciousness throw interesting light on the genesis of psychosomatic symptoms and represent an effective method of treating psychosomatic disorders. However, they also bring new and revolutionary insights concerning the response of the human body to an increased rate of breathing. They help to correct the deeply ingrained misconception found in medical handbooks on respiratory physiology which indicates that the mandatory physiological reaction to rapid breathing is a stereotypical pattern, the so called 'hyperventilation syndrome.' The new insights from experiential work have far-reaching implications for the understanding of the nature of emotional and psychosomatic disorders and for therapeutic strategies.

### **Ancient and modern understanding of breathing**

I will begin this discussion with some general remarks about breathing and its physical, psychological, and spiritual aspects. In ancient and pre-industrial cultures breath and breathing have played a very important role in cosmology, mythology, and philosophy, as well as an important tool in ritual and spiritual life. Since earliest history, virtually every major psychospiritual system seeking to comprehend human nature has viewed breath as a crucial link between the body, mind, and spirit.

In the ancient Indian tradition, the term *prana* meant not only physical breath and air, but also the sacred essence of life. Breathing exercises played an extremely important role in yoga and particularly in Tantra. The use of breathing in spiritual practice was the subject of a special science of breath called *pranayama*. In ancient Greece, the word *pneuma* meant both the air or breath and spirit, the essence of life. Breath was also seen as closely related to the psyche; the term *phren* was used both for the diaphragm, the largest muscle involved in breathing, and for the mind. In modern psychiatry we find this meaning in the diagnostic labels of oligophrenia, paraphrenia, and schizophrenia. Imbalance of breathing was seen as a major cause of physical and mental diseases.

In the old Hebrew tradition, breath and creative spirit *ruach* were also seen as identical. In the creation story in the Old Testament, it is the breath of God that brings Adam to life: "And God formed man of the dust of the ground and breathed into his nostrils the breath of life, and man became a living soul" (Genesis 2:7). For the Essenes, the entry into the Kingdom of Heaven was between inspiration and expiration, between breaths.

In traditional Chinese medicine, the *chi* energy has spiritual, as well as biological and physical dimensions. It means the cosmic essence and the energy of life as well as the natural air we breathe with our lungs. In Japan, the corresponding word is *ki*. *Ki* plays an extremely important role in spiritual practice and in martial arts.

In Western science, breathing was stripped of its sacred dimensions and is seen only as an important physiological function essential for life. In addition, the physical and psychological manifestations that accompany various respiratory maneuvers, such as hyperventilation, withholding of breath, or special attention paid to breathing, have all been pathologized. Although in the West, the sacred dimensions of breathing have been rejected and discredited by science, many researchers emphasize its critical role in medicine.

One of the most dedicated researchers of the relationship between breathing and various medical conditions, Fried, wrote a book called *The Hyperventilation Syndrome*.<sup>11</sup> According to him, physicians should pay much more attention to breathing. Stressed and distressed human beings hyperventilate. Hyperventilation can be found in 50-70% of medical complaints and 90% of hypertension are anticipated by disruptions of breathing. Faulty breathing can be seen as the etiological common pathway for many problems.

It is well known in academic circles that hyperventilation is closely related to anxiety, but there is no agreement as to whether hyperventilation causes anxiety or *vice versa*; it is clearly a problem of 'the chicken and the egg.' Anxiety-prone people hyperventilate when they are exposed to stress; panic sufferers often have a respiratory alkalosis. According to Goldberg,<sup>12</sup> "hyperventilation is one aspect of the anxiety reaction and it causes psychosomatic symptoms." Hyperventilation plays an important role in all anxiety disorders and possibly emotional disorders in general. Christie called hysteria and anxiety neurosis respiratory neuroses.<sup>13</sup>

These observations disprove the original idea expressed in W. B. Cannon's book, *The Wisdom of the Body*.<sup>14</sup> Cannon believed that breathing, being so fundamental to life, is so heavily protected by homeostatic mechanisms that it can take care of itself. It has since become clear that, in spite of its apparent automaticity, breathing is not excluded from the influence of many physiopathological and psychological processes that can interfere with it. In turn, abnormalities of the breathing patterns can cause physiological and psychological problems.

## **The hyperventilation syndrome**

About 10-15% of people spontaneously hyperventilate. Traditional handbooks of physiology describe the 'hyperventilation syndrome,' considered to be a mandatory and stereotypical physiological reaction to faster breathing. It involves the so called 'carpopedal spasms' (tetany of the hands and feet), coldness of the feet, sweating, and general hyperexcitability of neurons. This is associated with neurological changes that can be objectively detected. Here belongs Chvostek's reflex (hyperexcitability of facial muscles) and Trousseau's reflex (spasm of muscles in the forearm and hand after compression of the brachial artery with a tourniquet).

However, there is much lack of clarity in the medical literature in regard to the hyperventilation syndrome. Fried, who conducted systematic research of the effects of rapid breathing, pointed out that the stereotypical reaction described in the handbooks of respiratory physiology is in sharp contrast with clinical reports about the unusually broad range of phenomena that can occur in hyperventilating persons. These vary widely from person to person and also from episode to episode.

These symptoms include tetany, dizziness, vertigo, vasospasm, seizure-like activities, chest pains, muscular tensions and pains, headaches, syncope, various neuromuscular disorders, anxiety states, and a rich spectrum of emotions. The range of possible reactions to faster breathing is so great that hyperventilating patients have been called 'clients with the fat folder syndrome' (Lum), because they make frequent fruitless visits to physicians. The following is a list of symptoms that have been attributed to faster breathing by traditionally trained clinicians.

### **1. Cardiovascular system symptoms**

Hyperventilation has effects on the vessels; it can increase the blood flow in the forearms and other large muscles and decrease it in the hands, feet, brain, and intestines. Slow breathing is used in the treatment of high blood pressure and tends to lower it, but occasionally hyperventilation can cause a drop of blood pressure and syncope (blacking out, unconsciousness). This vasodepressor effect can be caused by many other factors, including vaginal distention during a gynecological examination. This is seen by traditional medicine as paradoxical and mysterious, since most of the people who have a syncope do not have any heart problems.

Hyperventilation can affect the heart and cause sinus tachycardia, increased cardiac output, and slight shortening of the conduction time. Occasionally, hyperventilation can mimic a heart problem and trigger chest pains and pseudoangina (Prinzmetal). Changes on the ECG are transitory and fully reversible; their interpretation varies.

### **2. Muscular apparatus in hyperventilation**

Many people respond to hyperventilation by tetany. Traditional medical literature emphasizes tetany of hands and feet ('carpopedal spasms') and considers them to be a standard and mandatory reaction to rapid breathing. However, these spasms can occur in any muscle of the body or group of muscles.

### **3. Metabolism symptoms**

Fast breathing causes changes in the acidity/alkalinity balance in the organism (pH). Faster elimination of carbon dioxide (CO<sub>2</sub>), which is acidic, tends to induce alkalosis of the pH of the blood. The capacity of the blood pigment hemoglobin depends on the pH of the blood; it binds more oxygen in an acidic milieu and less in an alkaline milieu. This is a compensatory homeostatic mechanism that guarantees effective oxygen supply during

physical exertion, which is typically associated with increased production of acidic metabolic products. The alkalosis during rapid breathing thus leads to reduced oxygen transfer to the tissues.

#### **4. Central nervous system symptoms**

Hyperventilation can cause hyperexcitability of the neurons and change the functioning of the cortex; some cortical cells depolarize, others hyperpolarize. There can be a shift to anaerobic metabolism with increase of lactic acid (a mechanism that plays an important role during biological birth) and a decrease in neurotransmitters. These changes are related to lowered oxygen supply to the tissues resulting from hypocapnia (decreased blood level of carbon dioxide) and vasoconstriction.

On the electroencephalogram (EEG) hyperventilation leads to decreased frequency and higher voltage. Typical spikes and waves in epileptics can be increased threefold in the resting EEG. This observation is used in medicine for diagnostic purposes; if there is a suspicion of epilepsy, clients are asked to hyperventilate during EEG examination to accentuate the electrophysiological manifestations of epilepsy. Self-regulation of breathing has been suggested as a remedial measure in epileptic patients.

In normal subjects, hyperventilation increases the incidence of alpha waves, in psychiatric and epileptic patients it decreases it; in epileptics it decreases beta. Psychiatric patients may or may not show elevation of theta. Like in the LSD studies, this might be correlated with the activated material and the resulting psychological state, rather than some permanent psycho-physiological characteristics of these groups.

LSD does not have a predictable effect on the EEG and the changes it causes are independent of the dosage and stage of the session. Experiential episodes characterized by emotional turmoil and psychomotor excitement are associated with faster brain waves, while episodes of relaxation and inner peace typically show slow brain waves. Clearly, we need new EEG studies that are not based on the current simplistic mechanical model and take into consideration the complex psychosomatic variables governing the changes during rapid breathing.

#### **Hyperventilation and medical diagnosis**

Traditionally, hyperventilation is seen as a symptom, rather than a contributing factor. Clinicians usually do not believe that something as simple as hyperventilation can cause so intense and variegated changes; they tend to look for other causes. According to Huey and Sechrest, who studied 150 hyperventilating patients, hyperventilation can mimic the following medical diagnoses (these were actually given originally to these patients):<sup>15</sup>

1. Cardiovascular: coronary heart disease, rheumatic heart disease, hypertensive heart disease, congenital heart disease, acute rheumatic fever, cor pulmonale, paroxysmal auricular tachycardia
2. Respiratory: asthma, emphysema, respiratory tract infection

3. Gastrointestinal: cardiospasm, peptic ulcer, cholecystitis, cholelithiasis (bile stone)
4. Musculoskeletal: fibrosis, myositis, arthritis
5. Endocrine: islet cell tumor of the pancreas, pheochromocytoma, hyperthyroidism, insulin reaction, 'glands'
6. Immunobiological: allergic reaction, eczema
7. Neurological: epilepsy, brain tumor, poliomyelitis, cerebrovascular accidents
8. Psychiatric: neurosis, 'nerves,' 'functional disorder'

### **Hyperventilation and psychiatric patients**

Spontaneous episodes of hyperventilation often occur in neurotics, particularly hysterical patients. Freud described in a number of case histories the extreme feeling of suffocation and marked respiratory distress that occurs in panic attacks. That is why he entertained for some time the idea that the birth trauma, being associated with suffocation, could be the source and prototype of all future anxieties. Klein called the feelings of suffocation that accompany panic attacks 'false suffocation alarm.'<sup>16</sup> This panic cannot be alleviated by breathing 5% carbon dioxide, which should prevent any respiratory alkalosis.

It has been noted that in psychiatric patients the symptoms induced by rapid breathing are more intense, colorful, and variegated. Patients with abnormalities of the central nervous system show a greater diversity of symptoms and persons suffering from pain have a lower threshold for hyperventilation. In psychiatric patients, hyperventilation tends to produce what has been described as 'an astonishing array of sensory, emotional, and psychosomatic symptoms.'

This long list includes dizziness, faintness, apprehension, depression, anxiety, panic, phobia, chest pain, muscle spasms, various physical sensations, headaches, tremors, twitches, blurred vision, nausea, vomiting, 'lump in the throat,' and many others. These symptoms are not explainable in traditional medical terms and can mimic a variety of organic diseases. Fried also found that the mean breathing rate of control groups is lower (12 breaths per minute) than of psychiatric patients (17 per minute) and seizure patients (17 per minute).

### **Hyperventilation and Holotropic Breathwork**

Hyperventilation tends to aggravate many symptoms and disorders, such as Raynaud's disease, migraine headache, angina pectoris, and the panic anxiety syndrome. Fried therefore suggested an approach to these disorders that teaches these clients slower breathing as a 'therapeutic' measure.' This is exactly opposite to the practice of the Holotropic Breathwork based on the observation that continuation of hyperventilation can resolve the problem by exteriorizing it fully and bringing it into consciousness. Psychiatry treats the hyperventilation syndrome by interventions aimed at calming the patient, reducing alkalosis, and increasing the CO<sub>2</sub> content in the respiratory pathways. This is achieved by injections of tranquilizers and intravenous calcium and by placing a paper bag over the mouth.

The practitioners of Holotropic Breathwork have a unique opportunity to study the psychological and somatic effects of rapid breathing, since they observe such changes daily *in statu nascendi*. In this context, only a small proportion of the clients experience a response that the handbooks of respiratory physiology describe as typical and in a sense mandatory (carpopedal spasms, coldness of the feet, *etc.*) Instead, the observations from this work show that faster breathing produces an extraordinarily rich spectrum of emotional and psychosomatic symptoms. They thus support Fried's critique of a simplistic understanding of the hyperventilation syndrome.

For Fried, who views this 'amazing array of symptoms' from the point of view of traditional medicine, "it remains a mystery how such a simple physiological function as breathing can produce such a broad spectrum of symptoms." The practice of Holotropic Breathwork provides deep insights into the dynamics of the 'hyperventilation syndrome' and offers a simple solution to this 'mystery.' It shows that the richness of the response to faster breathing cannot be understood in simple physiological terms, because it is a complex psychosomatic phenomenon that reflects the entire psychobiological and even spiritual history of the individual.

The symptoms induced by rapid breathing can appear in all areas of the body and in all possible combinations. Systematic study of these reactions shows that they represent intensification of pre-existing psychosomatic symptoms or exteriorization of various latent symptoms. Continuation of accelerated breathing makes it possible to trace these symptoms to their sources in the unconscious — to memories of traumatic biographical events, biological birth, prenatal traumas, and even various transpersonal gestalts (*e.g.* phylogenetic memories, past life experiences, and archetypal motifs).

This is true even for some extreme physical phenomena that can occasionally be observed during Holotropic Breathwork, such as seizure-like activity, apnea, cyanosis, asthmatic attacks, or various dramatic skin manifestations. These phenomena represent exteriorization of historically determined imprints that are associated with specific events, such as near-drowning episodes, serious accidents, operations, childhood diphtheria, whooping cough, biological birth, prenatal crises, or past-life experiences. As precarious as they might appear, they are not dangerous if we are working with physically healthy people, who can tolerate the emotional and physical stress involved in such reliving. Naturally, it is important to respect the contraindications for deep experiential work and screen out persons with serious problems, particularly serious cardiovascular disorders.

Another surprising but consistent finding of therapeutic work involving rapid breathing is that the symptoms initially keep increasing in intensity, but continued breathing actually brings about their resolution and permanent disappearance. This fact is in direct conflict with the assumption that the psychosomatic symptoms are a mandatory physiochemical response to hyperventilation. Permanent disappearance of these symptoms after full emergence of the unconscious material with which they are connected shows that they are psychodynamic in nature and not simply physiological manifestations. We see in our work many people who do not develop any tensions during several hours of intense breathing. This type of reaction increases with the number of holotropic sessions and eventually becomes a rule rather than an exception.

Even the vasoconstriction occurring in various parts of the body as a result of faster breathing is not an invariable and mandatory effect of hyperventilation. The observations from Holotropic Breathwork show that bioenergetic blockage in a certain area typically leads to vasoconstriction. The origin of this blockage can be psychological or physical traumas from postnatal history, the trauma of birth, or transpersonal matrices. Faster breathing tends to bring the unconscious material to the surface and release this blockage after its temporary intensification; this is typically followed by opening of circulation in the afflicted area.

An extreme example is Raynaud's disease, a severe disturbance of peripheral circulation in the hands associated with feelings of cold and even trophic changes of the skin. I have had the opportunity to work with a number of persons suffering from this condition who were able to heal this disorder by doing Holotropic Breathwork. In their initial Holotropic sessions, they all showed extreme and painful tetany in their hands and forearms. With continued hyperventilation, these cramps suddenly released and were replaced by experiences of powerful flow of warm energy and tangible energy fields enveloping the hands like giant gloves. After these experiences, the peripheral circulation remained permanently opened.

I have also repeatedly observed that the same mechanism can play a critical role in many chronic infections, such as sinusitis, pharyngitis, tonsillitis, bronchitis, or cystitis, which are traditionally considered to be purely medical problems. These conditions are usually caused by bacteria which are normal inhabitants of those areas (*Pneumococcus*, *Escherichia coli*), not by invasion of vicious and exotic microbes. The real cause of these conditions is the reduced vitality of the tissues due to bioenergetic blockage and the ensuing inadequate blood flow, not the presence of the bacteria.

These tissues cannot protect themselves against the bacteria, because the bioenergetic blockage of these areas causes vasoconstriction. This means inadequate presence of leucocytes, lymphocytes, antibodies, and other factors that play an important role in immunological defense. If we succeed in releasing the bioenergetic blockage, the circulation opens up and these 'chronic infections' clear as if by magic. It is also conceivable that the same mechanism is involved in the genesis of peptic or duodenal ulcers and ulcerous colitis. The vitality of the gastric or intestinal mucous membranes that do not have good circulation might be compromised to such an extent that they cannot protect themselves against the effects of hydrochloric acid and digestive enzymes.

These observations show that in many instances disease is related to blocked emotional or physical energy and resulting fragmentation, while healthy functioning is associated with a free flow of energy and wholeness. This is related to one aspect of the term 'holotropic' which literally means 'moving toward wholeness' or 'aiming for wholeness.' These findings are consistent with the basic principles of Chinese medicine and of homeopathy. They are also related to the modern concept of 'energy medicine.' The representatives of this orientation assert that medicine would become much more effective if it complemented or even replaced its organ-pathological strategy with an approach based on understanding and use of the bioenergetic dynamics of the body.

## Conclusions

The experiences and observations from Holotropic Breathwork show that the traditional concept of the 'hyperventilation syndrome' is obsolete and has to be revised. The tensions that develop as a result of rapid breathing do not have to involve the hands and feet, but can occur anywhere in the body. Continued breathing typically leads to culmination and resolution of such tensions. They can also be easily removed by emotional and physical abreaction. Repeated sessions tend to eliminate the occurrence of these tensions. Some people can breathe for hours without showing any signs of tension; they actually become progressively more relaxed and ecstatic.

What seems to happen is that faster breathing creates a biochemical situation in the body that facilitates emergence of old emotional and physical tensions associated with unresolved psychological and physical traumas. The fact that during rapid breathing symptoms surface and become manifest is not a pathological phenomenon, as it is traditionally understood. This situation actually represents a unique opportunity for healing. What emerges under these circumstances is unconscious material with strong emotional charge that is most ready for processing. This understanding of the symptoms of hyperventilation accounts for the enormous inter- and intra-individual variability of the responses to hyperventilation. That seems to be analogous to the situation concerning the extraordinary richness and variability of the experiential content of psychedelic sessions.

In the light of the observations from Holotropic Breathwork, spontaneous episodes of hyperventilation, occurring in psychiatric patients and normal population, should be seen as attempts of the organism to heal itself and should be supported rather than suppressed. With skillful support and guidance, the emergence of symptoms during hyperventilation can result in healing of emotional and psychosomatic problems, positive personality transformation, and consciousness evolution. Conversely, the current practice of suppressing the symptoms can be seen as interference with an important spontaneous healing process involving the psyche and of the body.

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## About the Author

Stanislav Grof, M.D., is a psychiatrist with more than forty-five years of experience in research of non-ordinary states of consciousness. In the past, he was Principal Investigator in a psychedelic research program at the Psychiatric Research Institute in Prague, Czechoslovakia, Chief of Psychiatric Research at the Maryland Psychiatric Research Center, Assistant Professor of Psychiatry at the Johns Hopkins University in Baltimore, Maryland, and Scholar-in-Residence at the Esalen Institute in Big Sur, California. Currently, he is Professor of Psychology at the California Institute of Integral Studies (CIIS) and Pacifica Graduate Institute in Santa Barbara, CA, conducts professional training programs in Holotropic Breathwork and transpersonal psychology, and gives lectures and seminars worldwide. He is one of the founders and chief theoreticians of transpersonal psychology and the founding president of the International Transpersonal Association (ITA). Among his publications are over 100 papers in professional journals and the books *Realms of the Human Unconscious*; *The Human Encounter with Death* (with Joan Halifax); *LSD Psychotherapy*; *The Adventure of Self-Discovery*; *Beyond the Brain*; *Books of the Dead*; *The Holotropic Mind*; *The Cosmic Game*; *The Transpersonal Vision*; *The Consciousness Revolution* (with Ervin Laszlo and Peter Russell); *Psychology of the Future*; *Beyond Death*; and *The Stormy Search for the Self* (the last two with Christina Grof). He also edited the books *Ancient Wisdom and Modern Science*; *Consciousness Evolution and Human Survival*; and *Spiritual Emergency* (the last with Christina Grof).

# **HOTROPIC BREATHWORK™ AND REBIRTHING BREATHWORK: A RESEARCH BIBLIOGRAPHY**

**PAUL SHANE, PH.D.**

The following article is essentially a working research bibliography that describes dissertations, theses, journal articles, books, and book chapters devoted to holotropic breathwork and rebirthing. In a sense, this constitutes an informal literature review without commentary, and is based mainly on reviewing abstracts of the various studies as found in the standard research databases including Dissertation Abstracts/Digital Dissertations (UMI Proquest), PsyINFO, and others.

## **DOCTORAL DISSERTATIONS AND MASTER'S THESES**

**Hanratty, Patrick M. (2002). Predicting the outcome of holotropic breathwork using the high-risk model of threat perception. Unpublished doctoral dissertation. Saybrook Graduate School & Research Center, San Francisco, CA.**

A research study into the effectiveness of holotropic breathwork, and the nature of that efficacy. The research selected risk factors from the High Risk Model of Threat Perception to evaluate efficacy using outcome measures on the Brief Symptom Inventory, Positive Affect and Negative Affect Schedule, the Marlowe-Crowne Scale, and Templer's Death Anxiety Scale. Results indicated an overall significant reduction in symptoms from pretest to posttest after breathwork on (a) negative affect and on (b) the Brief Symptom Inventory. At six-month follow-up, half of the original subjects scores were compared on pretest, post-test, and follow-up. All scales together were found to be significantly reduced at post-test, and follow-up, compared to pretest. Negative affect scores were significantly reduced at posttest, compared to pretest, but rebounded at follow-up to a non-significant level. Positive affect, as well as death anxiety scores were not changed at posttest, but were significantly reduced at follow-up when compared to pretest although there were missing data points on the death anxiety measure. Therefore, caution must be exercised in interpreting these results. Subjects in this study were highly educated, high on trait absorption, and largely female in makeup with openness to Eastern beliefs. The unique personality traits and demographic composition of the participants makes the results difficult to generalize to the larger population. Also, another weakness of the study is that the researcher tested less than a third of the entire workshop's participants, and therefore cannot even generalize these results to the workshop as a whole. The significant reductions found on psychometric clinical scales indicate some lasting beneficial effects as a result of holotropic breathwork for this particular group of subjects. (From UMI Proquest.)

**Murray, Marianne (2001). Deepening presence: How experiences of no-self shape the self, an organic inquiry. Unpublished doctoral dissertation. California Institute of Integral Studies, San Francisco, CA.**

The author argues that contemporary Western society tends to distrust non-ordinary states of consciousness, typically identifying them as some kind of psychopathology. Consequently, there is little, if any, recognition in general of the potentially beneficial effects of non-ordinary states. This study looks into the experiences of the researcher and five subjects while experientially exploring non-ordinary states of awareness during holotropic breathwork. The researcher defines this experience as a unitary consciousness or “no-self.” Using the qualitative method of organic inquiry, a transpersonal research approach based on feminist inquiry, the study explores how the subjects, or “co-inquirers,” as they are termed, have been shaped by no-self experiences. The participants verbally recall their stories of changes in personal and interpersonal ways of knowing and being. Additionally, conducts a self-reflective process to enter into a synergistic relationship with the participants’ narratives to elucidate her own experience further. This qualitative inquiry method, its narrative data, and self-reflective process sheds light on (a) the relationship between individual development and transpersonal experience, (b) the role of personal retreat to further psychic self-integration, and (c) how the experience of no-self influences an understanding of action. The author includes a discussion of the potentially transformative effects of working with holotropic states in the context of learning and education. (From UMI Proquest database.)

**Lapham, Julie Ann (2000). Holotropic learning: The language of holotropic light, unpacking the experience. Unpublished doctoral dissertation. The Union Institute, Cincinnati, OH.**

The author posits a special state combining pedagogy and direct personal experience she terms “holotropic learning.” Insight into the presence of this cognitive-experiential state began with the author’s near-death experience in 1972, many holotropic breathwork sessions, and an experiential contemporary rite of passage including a ten-day wilderness quest incorporating four days of fasting with sleep deprivation in solitude with nature. The author proposes that these three methods can induce non-ordinary states of consciousness, and can be combined with a subject-oriented application and in-depth examination form to develop a triple-tiered learning process. This tri-partite model is based on the author’s own subjective experience and is developed in more detailed through an essay outlining current theory and research grounded in the Transpersonal paradigm. The main framework for the author’s study, however, is drawn from the cartography of consciousness developed by Stanislav Grof. The author reports that the research literature reveals little evidence of formalized, subjective, anecdotal data collection of holotropic learning using this triple-tier approach, although experiences of bilocation have been reported throughout history, usually occurring as a result of a consistent and intense daily spiritual practice. Holotropic learning outlines methodologies that make the induction of a bilocated state of consciousness possible. The author provides experiential evidence for her model in a manuscript entitled: *The Language of Holotropic Light: Unpacking the Experience* which details drawn from her (a) six-month preparation for a 10-day wilderness quest experience, (b) the wilderness quest experience itself, and a (c) subsequent six-

year process of process integration. The author includes a description of improvements in health and physiological functioning, and increased sense of emotional well-being, and deepened sense of spirituality. (From UMI Proquest database.)

**Marquez, N. Anne (1999). Healing through the remembrance of the pre- and perinatal: A phenomenological investigation. Unpublished doctoral dissertation. Institute of Transpersonal Psychology, Menlo Park, CA.**

The author conducted in-depth, qualitative interviews with 7 adult subjects who report having recovered from various negative physical and emotional conditions including syncope (sudden fall of blood pressure or failure of the cardiac systole leading to dizziness or loss of consciousness), phobias, arthritis, asthma, migraines, depression, suicidal ideation, obsessive-compulsive behavior, side pain, and dysfunctional interpersonal behavior. The interviews focused on the experience of healing as it reportedly occurred during the conscious recall of pre- and perinatal memories and used the existential-phenomenological method of analysis. The participants—including the researcher herself—consisted of 3 men and 4 women, were Caucasian Westerners, educated to the Associate of Arts level and above, with a mean age of 44. The aims and goals of the study were to: (a) illuminate the experience, (b) examine the healing benefits, and (c) underscore the impact of obstetric intervention. The research literature review included writings and research dealing with the transcendent, fetal, cellular, and somatic memory/consciousness within a holonomic paradigm; current repression and false memory debates; hypnosis, holotropic breathwork, psychedelic and primal therapies, and somatotropic therapy with infants and children. Richard Hycner's 15-step analysis of interview data revealed seven individual themes, two unique themes, and two general themes. All co-researchers related pre- or perinatal trauma, and subsequent child abuse. Three co-researchers related remembering deleterious effects from obstetric intervention: long-term depression and slowed labor from anesthesia, pain from forceps, and vertigo from inversion at birth. Follow-up questionnaires indicated enhanced quality of life for all participants. Results imply fetal/neonatal consciousness, and the need for research into the long- and short-term effects of obstetric procedures. Full resolution of some physical and psychosomatic conditions may necessitate intervention at the pre- or perinatal levels. These reports appear to be unprecedented in the literature, and may support for Stanislav Grof's systems of condensed experience (COEX). (From UMI Proquest database.)

**Vose, Susan Elizabeth (1998). The therapeutic use of altered states of consciousness in emotional healing. Unpublished master's thesis. Prescott College, Prescott, AZ.**

The research consists of interviews with practitioners of various non-traditional healing modalities to attempt to gain insight into the therapeutic use of altered states of consciousness. Interview subjects included practitioners of psychotherapy, guided imagery, music therapy, Kahuna holistic healing, somatic emotional release bodywork, Holotropic Breathwork, shamanic healing (Mayan origin), and hypnosis. The results indicate that despite differences in therapeutic modalities, altered states of consciousness were universally viewed as a significant factor in emotional healing. (From UMI Proquest database.)

**LaFlamme, Donna Maria (1994). Holotropic breathwork and altered states of consciousness. Unpublished doctoral dissertation. California Institute for Integral Studies, San Francisco, CA.**

LaFlamme's study was focused on whether or not holotropic breathwork induces an altered state of consciousness (ASC). These changes in consciousness were measured by changes in subject scores on the Phenomenology of Consciousness Inventory (PCI) and the Altered States Graphic Profile (ASGP), as moderated by scores on the Tellegen Absorption Scale (TAS). The PCI is a 53-item questionnaire that reliably and validly assesses 12 major dimensions and 14 subdimensions of subjective experience. These dimensions include: altered experience (time sense, meaning, body image, perception), positive affect (joy, sexual excitement, love), negative affect (anger, sadness, fear), visual imagery (amount, vividness), attention (direction of attention, absorption), rationality, arousal (relaxation), self awareness, memory, volitional control, internal dialogue, and altered state of awareness. The ASGP consists of two scales: the Arousal Continuum and the Hedonic Continuum. The Arousal Continuum is a 7 point scale from deep trance/sleep to aroused /excited (+3). The Hedonic Continuum is a seven-point scale agony/"hell" to ecstatic/"heaven" (+3). The TAS is a 34-item scale which taps 8 content areas: imagination and obvious involvement; affective responsiveness to engaging stimuli; responsiveness to highly 'inductive' stimuli; vivid re-experiencing of the past; expansion of awareness; powerful inductive imagining; imaginal thinking and cross-modal experiencing. The independent variable was active participation in holotropic breathwork or non-participation as an observer in holotropic breathwork. The main dependent variables were changes in scores on the PCI and the ASGP. Results show that subjects experienced greater change in consciousness during the holotropic breathwork sessions in which they were participants as compared to sessions in which they were Observers. Participants in a holotropic breathwork session entered an ASC more often as compared to the observers. The ASGP Hedonic Scale score correlated significantly with both the positive affect and the negative affect dimensions of the PCI. The TAS correlated significantly with the absorption subdimension of the PCI. The respondents' change scores on the ASGP and the PCI were moderated by their score on the TAS. (From UMI Proquest database.)

**Holmes, Sarah W. (1993) An examination of the comparative effectiveness of experientially and verbally oriented psychotherapy in the amelioration of client identified presenting problems. Unpublished doctoral dissertation. Georgia State University, Atlanta, GA.**

This study had two aims: (a) investigate the effectiveness of an experientially-based form of psychotherapy, or holotropic breathwork; and (b) to investigate the usefulness of employing aspects of intensive quantitative, extensive quantitative, and qualitative analysis in psychotherapy outcome research. The subject pool consisted of two groups: 24 subjects participating in an ongoing holotropic breathwork group along with regular psychotherapy sessions and 24 subjects participating in regular psychotherapy only. Both groups completed repeated administrations of four questionnaires over a period of six months. The questionnaires included Templer's Death Anxiety Scale, the Affiliation and

Abasement subscales of the PRF-E, and a Problems Questionnaire designed for this study. The Problems Questionnaire asked subjects to identify and rate the severity of the top three problems for which they were seeking help through psychotherapy, and to rate the degree to which they experienced four core problems. Data analysis indicated that both groups improved across time in the measures of death anxiety, self-esteem, depression, addiction, and the self identified problems. They did not, however, show change on either of the two measures of sense of affiliation with others. The breathwork group exhibited more improvement than the therapy group in the measures of self-esteem and death anxiety. This finding provides support for claims that experiential approaches to psychotherapy are useful in resolving psychological problems. (From UMI Proquest database.)

**Pressman, Todd Evan (1993). The psychological and spiritual effects of Stanislav Grof's holotropic breathwork technique: An exploratory study. Unpublished doctoral dissertation. Saybrook Graduate School, San Francisco, CA.**

This research study was aimed at investigating the psychological and/or spiritual effects of holotropic breathwork on a subject pool of 40 volunteers (25 female, 15 male) using a pretest-posttest control group design. Subjects were randomly assigned to a treatment or a control condition. The treatment condition consisted of six holotropic breathwork sessions. The control condition consisted of six sessions where subjects listened to the music of holotropic breathwork while lying down with closed eyes. No specialized breathing, bodywork or mandala drawing was involved. The methodology included three questionnaires that yielded quantitative data and interviews that recorded the subjects' responses to five questions. The six sessions of both treatment and control conditions were held once every two weeks, and the questionnaires were administered before the first and after the last of these sessions. The interviews were conducted after each of the six sessions. The data obtained from the questionnaires provided only partial validation of the hypothesis, while the interview responses provided strong evidence that holotropic breathwork has beneficial psychological and spiritual effects. No deleterious effects were found. (From UMI Proquest database.)

**Henebry, John Timothy (1991). Sound wisdom and the transformational experience: Explorations of music, consciousness, and the potential for healing. Unpublished doctoral dissertation. The Union Institute, Cincinnati, OH.**

The author a "project demonstrating excellence" as part of his graduate studies program. It was a created theoretical study of the relationship of music, consciousness, and the implications for healing. Each chapter of the study explored various aspects of this experience including background of the transpersonal or contemplative realms of consciousness; the theme of music, consciousness, and the implications for healing (an understanding of the vibrational nature of ourselves and the universe at large, the effects of music and sound on the body are examined); and an exploration of those qualities of music that appear to access and facilitate changes in level and depth of consciousness. The study suggests that there is a correspondence between three levels of being (states of consciousness) and associated characteristics in music. The author further proposes that

depth in any given consciousness state is effected by elements in music creating ostinatos and droning sounds. The study concludes with a speculative discussion of music as a metaphor representative of an organizing principle paralleling our experience of reality. (From UMI Proquest database.)

**Myerson, John G. (1991). *Rising in the golden dawn: An introduction to acupuncture breath therapy*. Unpublished doctoral dissertation. The Union Institute, Cincinnati, OH.**

The author studied the dynamic relationship between acupuncture and holotropic breathwork. It was hypothesized that acupuncture somehow changes the effects of holotropic breathwork. Combining the two methods resulted in the finding that acupuncture breath therapy (ABT) is different from holotropic breathwork. The concept of ABT was inspired by the work of Stanislav Grof and the author's experience with Oriental medicine and transpersonal practices including Zen meditation, and Taoist practices. The author speculates that even though ABT and holotropic breathwork produce similar results, their respective processes appear different. Thus, the purpose of this paper was a pilot study describing the introduction, development, and preliminary results of ABT. (From UMI Proquest database.)

**Rubin, Beverly Kam (1983). *Cognitive, affective, and physiological outcomes of rebirthing*. Unpublished doctoral dissertation. The American University, Washington, DC.**

This is the first known empirical study of rebirthing, a holistic self-improvement process. Its design is remarkably comprehensive as it combines psychological testing and physiological measurements in a control group design. In the first experiment, 26 subjects were randomly assigned to a Treatment Group or to a control group. Treatment consisted of a rebirthing training weekend. Subjects in the treatment group showed improvement on the Rotter's Internal versus Internal Locus of Control Test, Self Esteem Scale, Affirmation Scale, and Multiple Affect Adjective Checklist. These measures were administered within one day, two weeks, and six months after the rebirth training weekend. The results showed increased ability to be the locus of control in one's life, increased self-esteem, increased positive thinking, and decreased anxiety. The scores on the Marlowe-Crown Social Desirability Scale did not differ, indicating that the improvements after treatment are not attributable to lying to produce socially acceptable answers. Cohorts of the subjects as well as psychologists noticed positive changes in these subjects after rebirthing.

In the second experiment, two subjects first rested, then were rebirthed, and then rested again, while eight of their physiological functions were automatically recorded. Volume of air exhaled, oxygen and carbon dioxide expired, pulse volume, pulse propagation time, skin potential response, and electromyograph changed during the rebirth. The interbeat interval did not vary significantly. The changes documented in both experiments appear to support the beneficial claims made in the past by rebirthers. Subjects appeared to derive beneficial cognitive, affective, and physiological results from the treatment.

## JOURNAL ARTICLES

**Winkelman, Michael (2001).** *Alternative and traditional medicine approaches for substance abuse programs: A shamanic perspective.* *International Journal of Drug Policy*, 12(4), 337-351.

The author contends that understanding the relationship of altered states of consciousness (ASC) to culture and human psychobiology provides insight into new approaches to addressing substance abuse and dependence. He cites research from across cultures that illustrate the omnipresent human drive to alter consciousness, as well as the almost universal presence of institutionalized healing practices based on ASCs. The author speculates that the presence of the practices may be a function of adaptive mechanisms not currently present in contemporary societies. He then examines the effectiveness of ASCs in treating substance abuse disorders as found in ethnomedical treatments of addiction, the addiction literature, Alcoholics Anonymous, and the physiological effects of shamanistic practices. A review of shamanic therapeutic mechanisms shows their potential utility as an intervention technique in drug addiction. The utility of natural ASC practices to reduce substance dependence problems is illustrated by clinical research on the treatment of drug dependence through the use of meditative practice and models of their psychobiological dynamics. Past studies have shown that shamanistic practices induce the relaxation response (see Herbert Benson), enhance theta-wave production, and stimulate endorphin and serotonin production. The author sketches out a model for a shamanic based-ASC therapy for substance abuse. (From PsycINFO Database.)

**Terekhin, P. (1996).** *The role of hypocapnia in inducing altered states of consciousness.* *Human Physiology*, 22(6), 730-735.

Hypocapnia, or hypocarbia, is defined as abnormally low levels of carbon dioxide in the blood. This study measured external respiration, evaluated its function, and assessed the contribution of hypocapnia to some respiration-related physiological mechanisms inducing altered states of consciousness (ASC) during holotropic breathwork. Seven 20 to 40-year-old patients were studied during holotropic breath work. Results of the test on external respiration during the holotropic session confirmed the ASC-inducing mechanisms. Given this finding, it appears that the hypocapnia induced by voluntary hyperventilation directly affects regional and local cerebral hemodynamics, and therefore, can modify the functional state of brain structures. Findings show that the subjects were able to maintain the hypocapnia level necessary for inducing and maintaining ASC throughout the entire breathwork session by voluntary hyperventilation. (From PsycINFO Database.)

**Holmes, Sarah W., Morris, Robin, & Clance, Pauline Rose (1996).** *Holotropic breathwork: An experiential approach to psychotherapy.* *Psychotherapy, Theory, Research, Practice, Training*, 33(1), 114-120.

The investigators studied the relationship between holotropic breathwork and changes in levels of distress associated with self-identified problems, death anxiety, self-esteem, and

sense of affiliation with others. Two groups of 24 subjects between the ages of 22 and 50 were compared using a repeated measures design. One group participated in a combination of experiential psychotherapy plus six monthly sessions of holotropic breathwork. The second group participated in experiential psychotherapy sessions only. Dependent measures were the Death Anxiety Scale, the Abasement and Affiliation subscales of the Personality Research Form-E (PRF-E), and a questionnaire regarding self-identified problems. The breathwork group showed significant reductions in death anxiety and increase in self-esteem as opposed to the therapy group. (From PsycINFO Database.)

**Spivak, L.L., Kropotov, Yu D., Spivak, D.L., & Sevostyanov, A.V. (1994). Evoked potentials in holotropic breathing. *Human Physiology*, 20(1), 17-19.**

Six female subjects diagnosed as neurotic were given holotropic breathwork sessions while their brain-evoked potentials (Eps) were measured in correlation with altered state of consciousness (ASC). The depth of the change of consciousness of the subjects correlated with the degree of EP activity. That is, the deeper consciousness alterations were followed by more pronounced changes in EP. (From PsycINFO Database.)

**Spivak, L.I. (1992). Changed consciousness during neuropathic disorders treatment (using holotropic breathing technique). *Human Physiology*, 18(2), 22-26.**

The author studied the effects of holotropic breathing on twenty male and female Russian adults between the ages of 19 and 39. Nineteen of the subjects were diagnosed with reactive or somatogenic neurosis, while one subject was diagnosed with psychopathy with hypochondria. Five holotropic sessions were conducted over 14 days. The database abstract does not include the research results. (From PsycINFO Database.)

**Small, Jacquelyn (1987). Spiritual emergence and addiction: A transpersonal approach to alcoholism and drug abuse counseling. *ReVision*, 10(2), 23-36. (From PsycINFO Database.)**

Small, a therapist whose specialties include substance abuse disorders and the use of holotropic breathing argues in favor of the application of the transpersonal approach to the study and treatment of addiction. She observes that a fundamental principle of transpersonal psychology is to restore a respect for the wholeness of the self while offering understanding and validation of the client's process, and acknowledging his or her work as portions of the "journey" through life. Small suggests that, if the recovering addict is not taught how to connect with his or her own inner wisdom, and leaves treatment believing that someone has effected the cure, then he or she is more likely to fall back into some other form of psychological or spiritual dependence. Small describes models of healing based on the physical, mental, spiritual, and emotional/relational aspects of the human experience of dis-ease. (From PsycINFO Database.)

## BOOKS

**Hover-Kramer, Dorothea (2002).** *Creative energies: Integrative energy psychotherapy for self-expression and healing.* New York: Norton and Co.

## BOOK CHAPTERS

**Mack, John E. (1993).** Nonordinary states of consciousness and the accessing of feelings. In Ablon, Steven L., and Brown, Daniel (Eds.), *Human feelings: Explorations in affect development and meaning* (pp. 357-371). Hillsdale, NJ, Analytic Press, Inc.

The author argues that psychotherapy is based on the induction of non-ordinary states of consciousness. He begins his argument with a historical sketch starting with how psychoanalysis first originated in the use of hypnosis to explore repressed traumatic material through the method of abreaction. He then continues to the contemporary era with the work of Stanislav and Christina Grof using NOSCs to access access intense affective states. (From PsycINFO Database.)

## UNRELATED, BUT RECOMMENDED

**Fried, Richard (1993).** *The psychology and physiology of breathing: In behavioral medicine, clinical psychology, and psychiatry.* New York: Plenum Press.

## BOOK REVIEWS

[David Hegarty](#) (1997), *Dynamic Health*. Marino Books, Dublin.

[Nick Duffell and Helena Lovendal](#) (2002), *Sex, Love And The Dangers Of Intimacy: A Guide To Passionate Relationships When The “Honeymoon” Is Over*. London:Thorsons. ISBN 0-00-710089-2 Price £9.99

[Karina Schelde](#) (2002), *The Magic Power in the Human Voice*. Kaiku, Hawaii: Kaleo Sound Publishing.

[Jeannine Parvati Baker](#) (2002), *Prenatal Yoga and Natural Childbirth*. Monroe, Utah: Freestone Publishing; Berkeley, CA: North Atlantic Books.

**David Hegarty (1997), *Dynamic Health*. Marino Books, Dublin.**

David Hegarty is a health and fitness expert who has operated a gym in Dublin, Ireland for over 20 years. His gym contains all the normal huffing and puffing gym equipment but for those who want to do it a little differently, Hegarty has developed a health and fitness programme that he calls yogametrics. And central to yogametrics is a series of breathing exercises.

His underlying belief is that while mind does affect body, this also works the other way around. What we do to and with our body affects the way we think and feel. Hegarty's starting point in this book is, therefore, the body. While he mentions thoughts and emotions frequently throughout the book, he does not go into detail. Nor does he speculate about their origins beyond his comments on the stresses of modern life.

For those who are horrified at the very thought of weight machines and aerobics but who are realistic enough to know that getting fit and healthy takes a little bit more than positive thinking, this book could be their salvation. Yogametrics was developed out of exercises Hegarty discovered during a severe childhood illness that made breathing agony for him. Therefore breathing is the cornerstone of the programme outlined in the book.

He begins with a chapter on posture. Poor posture restricts the breathing thus depriving the body of the benefits of free breathing. Hegarty outlines these benefits at several points in the book. For those of us who are accustomed to working primarily with the mental, emotional and spiritual results of breathwork, it is enlightening to read about the very practical physical effects of good, healthy breathing. And they are many and affect pretty much every organ in the body. It is difficult to breathe when slouching so he gives simple exercises for improving posture.

He then moves on to several very simple breathing exercises which are described clearly and with diagrams. They focus on volume, control and rhythm and would actually be very good starting points for introducing clients to breathing techniques like Rebirthing.

This is followed by a section on exercise. For those who have a phobia about exercise and are tempted to skip this section, the author quickly outlines what he sees as the point of exercise, and it comes as a pleasant surprise.

“Why do people exercise? ... Is it because it makes you sweat? Or because it makes your muscles pump? Or because it makes the blood surge around your body and tones up your heart?

Yes, it does all these things – and what wonderful things they are - ...But exercise does something more basic and profound than these things: it makes you pant, breathe more deeply and quickly so that your body becomes drenched in oxygen...” p. 28

This book is not about the usual feel the burn, no pain no gain kind of exercise. Most of the techniques described are variations on yoga postures. Breathing is an integral part of them and when all the elements of yogametrics are worked together, exercises is no longer exercise but something much more holistic, almost a form of meditation.

The book concludes with a chapter on something can be even more off-putting than exercise – the dreaded ‘diet’. Here we find the usual lists of foods to avoid and of course they contain chocolate, cakes, ice cream, etc. But again Hegarty has a different approach. He does not advocate any particular type of diet or any radical reduction in food intake. He asks simply that the reader observe what they eat and the way they eat it. Chewing for longer is a very simple way of reducing the amount of food we eat while deriving greater pleasure from it. And as with everything else, he brings in breathing. Food is burned by oxygen so full healthy breathing is an important part in controlling weight.

Hegarty’s writing style is zippy, lively, easy to read. And he pulls no punches. Throughout the book he reminds his readers that if they want the benefits of yogametrics, they have no choice but to do the exercises. The book seems to be aimed at anyone who wants to improve their health, fitness and/or sense of well-being and I have no doubt that following the yogametrics programme would bring great changes in all these areas.

The book’s weakness, if there is one, is that it does not discuss the possible psychological reasons for poor posture, restricted breathing, over-eating and not exercising. These can be very entrenched and difficult to work through and they are not addressed here. However, it does provide the most accessible, non-threatening and sensible programme of exercises for mind and body that I’ve come across. Following this programme is likely to be far easier and more rewarding than the usual fitness routines. So people whose fitness issues are emotional and psychological are more likely to stay the course and integrate healthy activity into their lives with yogametrics than with other programmes, or the gym.

Catherine Dowling

**Nick Duffell and Helena Lovendal (2002), *Sex, Love And The Dangers Of Intimacy: A Guide To Passionate Relationships When The “Honeymoon” Is Over.* London: Thorsons. ISBN 0-00-710089-2 Price £9.99**

The subtitle of this book perhaps more accurately describes it than the main title since it takes a wide ranging look at how to make relationships work on emotional and psychological levels after the initial excitement has worn off, and there is not much about sex. The authors, married to each other, and both experienced psychotherapists, and couple counsellors, share their findings about the conflicts inevitable in all relationships. They are honest about learning from their own personal struggles, as well as from their fifteen years of professional work for couples, and counsellors in training. Their joint writing is enlivened by their own relationship personal anecdotes.

The book is divided into four parts, each covering a different stage of any relationship. Part One presents an overview of relationship and intimacy, and management of the different patterns of bonding that each partner brings with them. The need for a parenting partner, or a good listener, may be what attracted each initially. But those needs may be only temporarily met by the other, and irritations can soon intrude. The letting go of fantasies of perfection in each other is the start of moving towards seeing relationship as a teacher or spiritual path. Transformation can then begin, if the couple are strong and determined enough to take on the hard work required. The authors compare this with yoga, which needs commitment and regular practice for both physical and spiritual results.

The crisis in our society, with its increased divorce and frequent lack of commitment, and the wide variations of relationships, and frequent uncertainty, can be seen as a Western “adolescent” trait. The falling in love process, irrational and magical, and the falling out of love following it, are part of the process of development. The authors see falling out of love as a starting point from which the relationship transforms in an alchemical way from imperfection to something new and far more satisfying.

Part Two, *The Dance In The Dark*, tackles the stage of despair and conflict. Getting your unreasonable expectations out of the way, and overcoming being “stuck” are necessary. Polarisation and antagonistic attitudes may have arisen, with archetypal gender and power issues now on the stage. In addition each partner brings their own projections into the relationship, with needs for belonging and independence. The authors use Transactional Analysis and Voice Dialogue as tools to unravel the complexities of all this. There is plenty of help here for couple counsellors, as well as illumination for couples floundering and not able to see how to move on.

Part Three, *In The Mud Of Eden* looks at the differences found in male and female, in other cultures, in their psychic energies, and sexuality. The work of Dr. T. Popeliers, of the Netherlands, on Sexual Grounding Therapy is connected with the sexual energy ideas of Hinduism and Taoism. “It is the soul which is sexual ... it is the soul which is intimate with another ... at the level of our hearts, human beings are the same” is the message.

Part Four, *New Life*, contains compelling ideas about soul connection. The meeting of two souls, and how they can journey together in the grown up stages of a relationship, is described in poetic language, providing an inspiring blueprint for anyone wanting

to know what a truly alive relationship can be like. Self empowerment and self actualisation are the potential rewards.

The Relationship becomes the third party, which needs to be recognised and treated with love and emotional literacy skills when Conflict arises. The difficulty in dropping all the early conditioning, projections, old expectations and despair, as well as changing behaviour towards each other, is not underestimated, but that is the only way to keep The Relationship healthy. Self-worth, personal growth, and commitment to the Relationship are required. All this as well as facing issues of personal power and anger means learning new skills, which the authors teach in their workshops.

Duffell and Lovendal give practical suggestions and personal evidence that if you are true to yourself, expressing your feelings, then a relationship can move over the rough path towards the reward of unity of spirit. The chapter on Compassion and learning to love is very moving. But of course the struggle to change is not always going to suit both partners, one or both may feel it is not worth the effort, or there is no longer the hope that the two souls can re-connect.

The authors offer a personal synthesis of what they have learned together, put into a transpersonal and transformative framework. They have selected poems by Rumi, Bly and others which echo their approach to fulfilling long term personal relationships and illuminate their ideas sensitively.

Vivienne Silver-Leigh

**Karina Schelde (2002), *The Magic Power in the Human Voice*. Kaiku, Hawaii: Kaleo Sound Publishing.**

This book sings and chants and makes glorious sounds from the very first page. “Sound brings us back to the original language where everything begins and exists,” it says. Of course! And everyone who has ever been lucky enough to participate in a workshop run by Karine Schelde will be reminded of the sheer joy of discovering the original language of their voice.

“In the beginning was the Word, a sound vibration: the sacred sound created the Light, and so it is. All energy is sound vibration.” (p. 14)

Chapter One, “Voice as Vibration and Medicine” talks about our human voice as a mirror to our inner universe, an expression of our personality and “an extension of our body’s memory.” There are exercises which will help us become “a strong and clear channel for God’s creation.” One starts “Make an intention for your inhaling breath. (p. 20) What a lovely idea. There is also an exercise for sending healing sound into the parts of our body that need it.

Chapter Two, “Voice Beyond Separation,” Schelde starts with the babble of infants and reminds us how many people have been stopped from singing, and separated from their voice by teachers who called us out of tune. “Each sound is a unique expression. Each sound has a message. There are no wrong notes or wrong sounds,” she tells us. (p. 28) I have personally experienced this freedom in a workshop with her. When we allow the sounds that need to come out their freedom, our voice becomes freer and we learn to trust

more deeply. “The so-called off key-notes represented your emotional self that wanted to be expressed.” (p. 28f) Through Karina Schelde’s method we learn to allow these, and thus move further in our development.

Chapter Three, “Sound Your Humanbeingness,” is about the breath, and how singing exercises also free the breath. Among the many exercises, we are encouraged to make animal sounds, a shamanic practice, and taught how to use sound to access our sexuality. There is also a section on listening.

Chapter Four, “Release Into Freedom,” is about releasing the suppression we all carry in our throat chakra, the grief, the pain, the anger. In Chapter Five about The Inner Child’s Expressions, Schelde advises, “Sing to the child falling asleep, sing to the inner child, and sing to your hurt heart.” (p. 61) Many people who teach Inner Child work forget that the Inner Child needs a Competent Adult to look after it. Not Schelde, who advises so wisely. “You need to find and connect with the adult self within, the wise and practical part of you that (is) able to communicate and encourage you to express.” (p. 63)

Chapter Six is about “Becoming A Sound Healing Instrument.”

“Your sound frequencies today are the sum total of all your life experiences as essence. It is like taking the very best of all that you are and consciously expressing it through your voice and sound vibrations.” (p. 73)

Schelde describes the vast range of sounds used in healing, including overtone chanting.

Chapter Seven is called “The Voice is Calling you Home,” and consists of inspiring stories and poems. Chapter Eight contains “Exercises And Practices,” including Dolphin Sounds, a Pain Release Exercise and Telepathic Sound Healing.

This is a wisdom book. It contains gems like

“We are taught that others know better and have the answers. People love to give their power away to follow somebody else’s truth. You do it repeatedly, because it is convenient and comfortable, it becomes a habit. It is dangerous to give your power away to anyone ....” (p. 30)

and

“Life is a school of learning and teaching. The more you have traveled on the inner planes and pathways, the more refined the work will become. Practice effortlessness and play in all your actions and endeavors, so the hard work can cease and you can do what you are here to do with more joy, ease and grace.” (p. 79)

This is a wonderfully inspiring book,. It is a psalm to the human voice and indeed contains many poems. It’s style is delightful. It is simply and clearly written. I find I want to quote and quote. Its many exercises are thrilling to do. The next step is to work with Karina herself, and I thoroughly and personally recommend you give yourself this experience.

And even if you never release a note, there is so much wisdom in this book, it can be used, a paragraph a day as an inspiration workbook. I encourage you to buy it, read it and give it as a present to all your friends.

Karina Schelde's website is [www.SoundAndVoice.com](http://www.SoundAndVoice.com). She has made two CD's, *Sound Healing Songs* and *The Song of the Soul*, available through her website or Amazon.

Joy Manné

**Jeannine Parvati Baker (2002), *Prenatal Yoga and Natural Childbirth*. Monroe, Utah: Freestone Publishing; Berkeley, CA: North Atlantic Books.**

This is the third, and the silver anniversary celebration edition, of this very famous, seminal book on natural childbirth. It was a pioneering book when it first came out in 1974 and (sadly) remains a pioneering book today. Women are still having medicalised births in hospitals! Its theme is that “giving birth is initiation into women’s mysteries” (p. xii) and this theme is well explored through the births of Baker’s six children (including one pair of twins). Nature certainly turned her into an expert through experience and each time she took the challenge and deepened her knowledge.

After some brief introductory pieces, there is a chapter is about yoga in childbirth, with a beautiful series of exercises, including breathing exercises, exquisitely described.

#### Neck Rolls

... Your neck will make many sounds if you roll slowly and consciously, a cacophony of stories—some the freeing of energy and some the cracking of tension released. Calcium deposits and gases, and nerves, muscles, ligaments, blood and bones are being pleurably massaged al over. (p. 11)

Then follow chapters dedicated to the births of her children, and of her first grandchild. Baker empowered her daughter to do as she herself had done, to be her own midwife.

Going through these chapters we become participants in Baker’s very practical learning process, which is the foundation of her well-known international work with and around birth. The familiar theme of birth and character is explored for her own birth and each of the births of her children. Baker experimented with lotus birth very early and describes this. (See the book review of Shivam Rachana’s *Lotus Birth* and the article on ‘Placenta Trauma’ by Nemi Nath, both in *The Healing Breath*, Vol. 4, No. 2. ([www.i-breathe.com/thb14/index.htm](http://www.i-breathe.com/thb14/index.htm)).

Despite being twenty-five years old, this book has not dated at all, except that these days photos can be reproduced better. It is a wise book and it is compelling – I had to read it at one sitting. Its spirituality is both practical and profound. Its yoga sequence is so inspiringly described as to make one want to follow it.

This book is a must for every couple who wishes to become pregnant or is pregnant, and anyone who is close to them. It is therefore an appropriate wedding present to both the future parents and grandparents. I don’t think every pregnant couple is able to take full responsibility for a birth, without the presence of a doctor or midwife, nor am I against hospital births in general (although I am against “hospitalised” and “medicalised” births, i.e. the imposition of constraints, conditions, and drugs where these are not absolutely necessary). Whatever the degree of one’s capabilities, gifts and intentions for independent birthing, this book brings good ideas, imagination and courage to all aspects of the birthing process. It is not doctrinal.

As I'm a grandmother too, here's a quotation which is specially meaningful to me:

When I carried my daughters beneath my heart in gestation, I also carried my grandchildren. As eggs forming in my babies' bellies, I gestated my grandchildren. Therefor by extension, I also gave birth to my grandchildren in this cellular dimension when I gave birth to my six babies. From this perspective, each birth of a grandchild is a reunion." (p. 102)

Now I understand.

Joy Manné