

# ***The Healing Breath***

*a Journal of Breathwork Practice, Psychology and Spirituality*

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## **VOLUME 6, NO. 1, 2005**

Condolences to the victims of the Tsunami.....	2
Editorial By Joy Manné Ph.D., editor.....	3
Bonding-tendresse and <i>De Aegypto</i> By Małgorzata Chodak.....	6
Rebirthing: The Micro and Macro Levels of integration By Catherine Dowling .....	16
Breathwork: a naturally integrative psychotherapy by Joy Manné, PhD .....	21
BreathExperience: An Intriguing Approach to Health and Well-Being by Margot Biestman and Faith Hornbacher .....	33
Somebody Always Loved Me By Lynne Jenkins .....	37
Book and CD reviews.....	48

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## **CONDOLENCES TO THE VICTIMS OF THE TSUNAMI**

The Healing Breath extends its heartfelt condolences to all of the people who lost loved ones in the tsunami that struck on 26<sup>th</sup> December.

May they be granted the faith and strength to begin their lives again.

May the help and support that this catastrophe has elicited from all over the world be the beginning of a new period of world solidarity. Then those who lost their lives will not have done so completely in vain.

## EDITORIAL

BY

JOY MANNÉ PH.D., EDITOR<sup>1</sup>

*The Healing Breath: A Journal of Breathwork Practice, Psychology and Spirituality* is the first and the only breathwork peer-review journal. I began it in 1999 and remain its editor. The creation of *The Healing Breath* – THB for short – was made possible through the existence of the International Breathwork Foundation (IBF) – [www.ibfnetwork.org](http://www.ibfnetwork.org). That organisation was started in 1994, and I am proud to have been among its founder members. Under the encouragement of Gunnel Minett,<sup>2</sup> whose patience and persistence brought about the first IBF meeting, breathworkers began to produce research papers for IBF conferences. Research in breathwork was a new and an important development. Eventually there was enough interest in research to start a peer-review journal.

Breathworkers also offer workshops, i.e. practice, at IBF conferences. It is significant that the word “practice” comes first in the full title of THB. I would like to take this chance to acknowledge Judee Gee’s contribution towards choosing the full title. Having written an excellent book on Intuition (called *Intuition*<sup>3</sup>), and as a teacher of intuition, she fully lived up to expectations when advising on the order of the words in its title: practice, psychology, spirituality!

In 2004, to celebrate five successful years, THB went from the shelter of my website ([www.i-breathe.com](http://www.i-breathe.com) – a lovely name given to me by my son, Ben Lewis) to its own website [www.healingbreathjournal.org](http://www.healingbreathjournal.org). And then, a sabbatical year was imposed. I was unable to find the time to work on it. Producing THB means the editing of articles by breathwork scholars who are used to writing academic articles. It also means working with people who have never written at this level before, and it means working on translations from other languages into English, or to help people whose native language is not English to express their thoughts in English. This is a lot of work, and other demands in 2004 made it impossible for me to produce even one number of THB.

*The Healing Breath* is a service to professionals working in the field. This is attested by the rate of downloads – up to 70 per day – that it was achieving in 2003! It was always my plan to charge for THB and now I realise that in order to be able to continue to provide this service this has become imperative. Usually, peer-review journals are produced by salaried academics who are employed at universities. Web-

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<sup>1</sup> Author of *Soul Therapy* (Berkeley, CA: North Atlantic Books, 1997, and translated into Spanish, Polish, German and French); and *Conscious Breathing: How Shamanic Breathwork Can Transform Your Life* (Berkeley, CA: North Atlantic Books, 2004, and forthcoming in Polish and French); *The Way of the Breath* – a Breathwork shamanovel – being prepared for publication in English and immediate translation into Polish); and many articles for THB.

<sup>2</sup> Author of *Breath and Spirit, Rebirthing as a Healing Technique* (UK: Aquarius, 1994) and *Exhale: An Overview of Breathwork* (UK: Floris Books, 2004), and editor of *The Spirit of Breathwork: Lectures from Global Inspiration 1949 [should read 1994] – 1999*. (Cambridge, UK: The International Breathwork Foundation, 2001).

<sup>3</sup> *Intuition : Awakening Your Inner Guide : A Beginner’s Book ; Complete Instructions*. (York Beach, Maine: Samuel Weiser, Inc.)

sites and assistance are provided by their institutions. As yet, there are no breathworkers employed by universities, despite the fact that the Breath is such an important and vast topic in itself.<sup>4</sup> Charging for THB will make it easier for me to organise time for its editing. I am hoping too that enough money will be generated to create a not-for-profit organisation. Then, through this organisation the following can be funded:

1. The editor's work in producing THB.
2. Sending the editor and/or members of the editorial board to conferences to make breathwork better known.
3. Organising conferences where equal time is given to research papers and to practical, teaching workshops.
4. Bringing out THB in hard copy.

### **1. The editor's work in producing THB**

I've already explained that the editor's work has to be remunerated so that THB can continue.

### **2. The presence of the editor and/or members of the Editorial Board at a wide range of conferences**

Breathworkers need to attend a variety of conferences. Increasingly they are being invited to international conferences on psychotherapy, on spirituality and on other topics, sadly – however – without their costs being met. In 2004 I was invited to give two lectures and a workshop at the Society for the Exploration of Psychotherapy Integration (SEPI) conference in Amsterdam. In the end, the demands of 2004, and a cancelled KLM flight, made it impossible for me to attend. Two of the Board of Editors were there, however: Catherine Dowling<sup>5</sup> and Wilfried Ehrmann.<sup>6</sup> They generously took over, and Tilke Platteel-Deur generously read one of my conference papers, and I thank them all for their own individual contribution to Breathwork and for their support on that occasion. I am regularly invited to other conferences where breathwork could begin to have a place, and cannot always go, through lack of time, or because it is too expensive. This is true for others on the THB Board of Editors as well. I hope that THB will generate enough income for THB's Board of Editors to go regularly to international conferences

### **3. Organising Breathwork conferences**

The IBF is an excellent organisation. When I speak to university colleagues about it, they are awestruck at how it succeeds in uniting a membership from almost all countries in the world. Its conferences are mainly concentrated on the practical – on workshops. It is part of the strength of Breathwork as a growing discipline that it now wants another kind of conference *as well!* It seeks for a conference in which equal time is given to research papers and to practical, teaching workshops. I hope that THB will generate enough income for it to support such a conference.

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<sup>4</sup> See my article 'Breath is a Language' in THB, Vol. 3, No. 1, 2001)

<sup>5</sup> Author of *Rebirthign and Breathwork : A Powerful Technique for Personal Transformation* (London: Piatkus, 2000) and many articles in THB.

<sup>6</sup> Author of *Handbuch der Atemtherapie* (Ahlerstedt, Austria : Param Verlag, 2004) and editor of ATMAN.

#### **4. Bringing out THB in hard copy.**

It has always been my hope to bring out THB in book form. It is an easier way to read than in a pdf file. A book has indexes. A book can find its way into libraries and homes where, perhaps, people have not yet heard of breathwork. I hope that charging for THB will enable me to bring out annual volumes as well as collections on particular topics.

#### **THANK YOU**

All that remains is for me to thank you for reading THB. As I said, THB was being downloaded at the rate of up to 70 per day in 2003 – an enormous number. I have never known who its faithful readers were. Now, because I will be charging, I will discover who you are, and what your wishes and hopes are for Breathwork – hopefully – be able to offer you even more, if the goals above are realised.

# BONDING-TENDRESSE AND *DE AEGYPTO*

BY

MAŁGORZATA CHODAK

## Abstract

This paper describes a process of recovery in a fifty-year old female patient in an extreme state. She was in bed with severe stomach pains, and continuously connected to an intravenous drip. There were contraindications against any surgical operation because of her allergy to anaesthetics. No signs of a will to live or recovery were present and she even manifested a willingness to pass away.

"Bonding-tendresse," a form of bonding psychotherapy that I considered to be useful, and to work in such a serious case, was employed. This form of physical contact provided the patient with the warmth of another human body and tenderness. At the same time she was shown a television film *De Aegypto* illustrating motifs from *The Egyptian Book of the Dead*. This session and connected breathing led the patient to a deep transcendental and cosmic experience. The final outcomes of the process were that her body warmed up. There were also effects on her autonomic system and psyche.

The experience of timeless eternal reality, power and her own rebirth were triggered by *Sky*, a piece of music by Zbigniew Preisner (Elzbieta Towarnicka – soprano). This inspired the patient to make sense of her life and to understand her own role in existence. It appeared as if she had been reborn into life when she made the remark: "I think I still may be useful". After this one session a dramatic improvement was observed in the patient. Her vegetative functions, e.g. her appetite for food and drink, were restored, the pain disappeared and she actively returned to normal family life.

## INTRODUCTION

This paper is a report of treatment of a female patient with a severe health condition in which the simultaneous psychotherapeutic application of bonding-tendresse, a film entitled *De Aegypto* which is based on motifs of *the Egyptian Book of the Dead*, and connected breathing were used. The use of the above-mentioned techniques had not been planned beforehand – they were a spontaneous product of the situation. And they resulted in health recovery.

## BONDING PSYCHOTHERAPY

Bonding psychotherapy (known previously as D. Casriel's New Identity Process – NIP) is a specific interactive action designed for treating emotional and mental disturbances related to the neurobiological reinforcement of basic psycho-social needs (Bagneres, 1996). It is a dynamic therapeutic process which allows for releasing emotions (distress), developing an insight into one's situation and life, integrating newly discovered behavioural patterns and undertaking constructive action (see: *Understanding and Clinical Definition of Bonding Psychotherapy, 2001-2003; What is*

*Bonding Psychotherapy, 2001-2004*). The pre-requisite of that change is developing a safe bond, which plays the key role in the therapy ( Bowlby, 1969; Ainsworth, 1978). The bond is, first and foremost, a biologically based behavioural pattern (Lefevre, 1990; Maunder, 2001).

Bonding psychotherapy is a corrective method, incorporating the non-verbal level and anticipating experiences that flow from the body. Providing the close physical contact (embracement) and emotional expressions it results in dysfunctional behaviour being pushed up into consciousness, where it undergoes integration, and then remodelling (Stevens, 2001-2003; Grodzki, 2001- 2003).

“Bonding-tendresse” psychotherapy (“bond” in English means “connect,” “tendresse” is the French word for “tenderness”) is one of the applied forms of bonding. It satisfies the need for a bond, bodily and mental intimacy, tenderness and warmth. By creating a sense of security, it makes it possible to go through an experience which, working on several levels, triggers the healing process and change in behavioural patterns. On the muscular level there is change towards finding an expression of emotions. On the vegetative level the change reinstates self-regulatory processes (Krens,1991,1996). The experience of physical and emotional proximity and emotional contact brings with it more intense self-awareness and emotional perception, and a greater sense of one’s own identity and existence. Using bonding in somatoanalysis, R. Meyer, writes about a relationship reminiscent of merging, emotional symbiosis (Meyer, 1996).

A neuroscientist Candace Pert (Pert, 1998), autor “Molecules of Emotions” wrote an interview about emotion and healing (*What is Bonding Psychotherapy, 2001-2004*):

“ My personal experience using catharsis was with the New Identity Process. I think the NIP bonding might serve to relax the cortex and let the emotion come through. I believe that the process of catharsis is not complete without saying things, because we must involve speech and the cortex, to know that the emotion has come all the way up and is being processed at the highest level. To feel and understand means you have worked it all the way through. It's bubbled all the way to the surface. You're integrating at higher and higher levels in the body, bringing emotion into consciousness”.

In my clinical practice, I have watched this method implemented in the therapeutic work by a psychiatrist, Prof. Marilyn Zwaig Rossner of the Institute of Integral Human Sciences in Montreal, Canada (Zwaig,1990). Additionally, I have been taught it in France, at the European School of Socio-Somato-Analytical Psychotherapy in Strasbourg (Meyer, Chidharom, 1996; Meyer 1999).

## **THE CASE HISTORY**

### **The client and the circumstances**

It was 1 November, 1997, a clear afternoon. While we were driving, an orthopaedist was giving me an account of his mother-in-law’s problems. Her name was Elena. She was over 50. Elena had been bed-ridden for a month suffering from acute severe stomach pains. An operation was out of the question as she is allergic to anaesthetics. She had stopped eating and drinking, and was on drip infusion twenty-four hours a

day. The only painkiller administered to her was Dolargan, a strong synthetic narcotic.

Elena's daughter and her husband, both physicians, had exhausted all the medical options. They were distraught, devastated and weary through their efforts and also through hearing their mother saying that she was dying, that she did not want to live any more and indeed wanted to pass away.

When I entered her room, she said to me, "Do not do anything, as I am going to die anyway."

I stepped closer to her, and answered, "It is all-right, I will do nothing."

At first, I felt helplessness but then a thought crossed my mind: "Bonding – that is all that left". So I asked, "Could I hug you, then?" I took up the direct form of addressing each other [Polish has polite forms which can create distance], which she spontaneously continued. This was intended to create considerably less distance between us so that we would feel less like strangers towards each other.

Without hiding her astonishment, she agreed that I could indeed hug her. Apart from her being surprised, there were no signs of hesitation or apprehension. She was clearly stunned but not scared. From my own experience, I know that the drip is not something one should lie on, so I asked her son-in-law to disconnect the drip infusion.

### **A personal note**

At this point I would like to add that the timing of that visit was inconvenient for me as I had planned to watch a TV programme, which started just as I lay on Elena's bed (*De Aegypto*, 1995). I was in conflict. My thoughts of the programme were so insistent that as well as requesting that her son-in-law disconnect the drip infusion, I somehow also managed to ask him to video-record the programme without switching the TV on, so that the therapy could go on undisturbed.

I asked Elena's daughter and her husband to leave.

### **The Treatment**

I was left alone with Elena and was still thinking about the TV programme. I lay down next to her, on my side, and embraced her gently – paying due attention to her stomach pain and considerable weakness. We were lying covered with a duvet as Elena complained of cold and the fact that it was difficult to get warm.

I told her that the TV film entitled *De Aegypto* was being recorded. I told her that this film is based on motifs from *the Egyptian Book of the Dead* and features music by Zbigniew Preisner. I asked her whether this was ok with her. She had no objections, and added that "if it was about dying, she could watch it but did not care".

Although given an indirect permission from Elena, I was still thinking about the programme. I cannot hide the fact that the conflict between my willingness to help a dying person resulting from my professional background, and my personal desire to have the thing recorded, as well as my nervousness about it possibly not being recorded made me call the patient's son-in-law, whom I asked to switch on the image and sound (Chodak, 1995a, b, 2000).

We lay embraced for around 45 minutes. Gradually, the contact was becoming more intimate and her body started to relax. Her breath was also becoming more regular.

At first, Elena paid no attention to the television programme, although the screen was within both of our sight. I noticed that it was on the bodily level that her stronger response and co-operation could be felt.

The first moment of her effective interest came at the specific time when the dead man rose – an act accompanied by a loud, ear-splitting cry – and began to pass through consecutive stages of the gates of the Egyptian labyrinth. In deep half-darkness, in murky tones, the dead man was walking past naked bodies of both sexes, writhing in effort and hardship. He was passing individual subterranean caves with heralds, guards and protecting deities. In an atmosphere of growing tension and against a leading melody, in vapours of smoke and fire, he was walking past demons and a hall with a group of characters moving in a dynamic, frenetic cathartic dance. The following images also featured characters from Egyptian frescoes being brought to life, who then, in turn, became immobile and froze in consecutive movement sequences. The dead man was moving in a different time-space, which was shown as his transverse moves both in horizontal and vertical plane.

Egyptian eschatology, with its unique transcendental character of life and death, was contained in the leading melody and song, performed by Elżbieta Towarnicka (soprano), featuring the following lyrics.<sup>1</sup>

You are yesterday,  
You are today,  
You are tomorrow  
And you have the power  
to be born for the second time.  
You are the divine soul  
Who created gods.  
You are strong.  
Light resides in your heart.  
May he journey in peace.  
May he pass over the sky.  
Let him adore the radiance.  
Let him,  
Let him,  
Let him.  
I am yesterday,  
I am today,  
I am tomorrow  
And I have the power

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<sup>1</sup> A selection of excerpts from the 64<sup>th</sup> Chapter of *The Egyptian Book of the Dead* made by Jolanta Ptaszyńska, the director of *De Aegypto*.

to be born for the second time.  
For the second time.

The spectacle's colours began to lighten up when the dead man recounted his life and passed into eternity.

When everything was over, I noticed that we were both breathing in the same way. For a long while, we lay in silence and warmth. Using the remote-control, Elena switched the programme off herself.

She broke the silence by saying, "Our religion has slightly different prescriptions. And this light is different, as I was already dying once. But that was so beautiful!" Humming, she started repeating the following:

"I am yesterday,  
I am today,  
I am tomorrow  
And I have the power  
to be born for the second time."

and added, "There is hardship there and there is hardship here. I think I still may be useful."

She lay peaceful, as if made whole – internally integrated. She said that she was warm then and she wanted to fall asleep, and that that was enough for her. She remained in the same position, without any additional responses, so I slipped from beneath the duvet and asked her son-in-law to re-connect the drip infusion.

The next day, she asked to be given something to drink and soon started to eat. Her health rapidly began to recover. The pain went away. After about three weeks, she left the country. Right to this day, she is actively involved in her marital and family life. She takes care of her granddaughters. She comes to Poland and hosts large family gatherings.

## Personal Reflections

In retrospect, six years later, while writing this article and watching *De Aegypto* again, I realised that I had lain with the patient for about 45 minutes, as recommended by Daniel Casriel (who developed the method). This was the length of the film. I have to admit that many details skipped my attention then, yet, putting the usual forgetting of details aside, I was clearly focused more on physical contact with the sick woman than on watching the programme I was so interested in.

*De Aegypto* has been a great contribution. It introduced the element of a different time, a different eschatological and religious dimension, a fact recognised by Elena herself. But it also brought some universal values which she found of merit.

We faced the occurrence of a certain historical fact with a time coincidence. This related to the importance of the right moment in time and/or synchronicity (C. G. Jung). Now, when I look back at that event, I feel that the combined method of bonding and the film gave the patient a global somatotherapy process. This included individual contact as well as watched group contact in which she could not participate due to her health condition, but which constituted a supplement and expansion of her inner

space. The watched group contact included focus on the now, work on one's voice, crying, intensifying dynamism and cathartic dance.

A major role was played here by *par excellence* non-verbal means, such as Elzbieta Towarnicka's beautiful singing, music by Zbigniew Preisner as well as superb images. Through their symbolism, the images did somehow resound in the context of the patient's problems and stimulated her on a deeper body perception level.

## CONNECTED BREATHING AND EXPERIENCE OF TIME

Within those 45 minutes, I was with Elena not just by bonding our bodies and in the process of connected breathing. This process was initiated spontaneously, was regulated by the body to the level the severe state of Elena's health enabled and in condition of medically controlled. The connected breath, in the meaning of the symbol of life, can result in intensive emotional expressions, states of regression and lead to widen consciousness states, as also to the contact with the deepest person oneself (Manné, 1997).

Healing therapeutic changes can exist in the space produced for the breath that shapes the experience of time. (Ehrmann, 2003).

As it was mentioned before, Elena started watching *De Aegypto* film very carefully since the moment of heavy scream of the dead person. That scream was the element accompanying composed Egyptian ritual of "opening the mouth" that was designed to give the life back to the senses when the body is in Egyptian "kingdom of death".

Together with her (Elena), I was experiencing atemporality on a much deeper unconscious level. Setting it free from the cycle of time symbolically comprised in Egyptian adoration: "I am yesterday. I am today. I am tomorrow" caused the transformation and real entrance into "daylight", that means towards life (Kolpakchty, 1999). That sense of being free of temporal constraints let us breathe another time - space allowing for self-transformation, i.e. transformation of Elena and myself.

That experience grew in me for the next three years. During my doctoral studies in psychology, I wrote a paper entitled 'With time in time,' for a seminar in philosophy. It was awarded the highest mark at the exam and my philosophy professor noted that **I had had to "touch", "experience" time** to have been able to produce a paper of that kind (Chodak, 2000). He was right.

## PARALLEL OF BONDING PSYCHOTHERAPY IN THE BIBLE

The event of Elena's recovery has resounded throughout the psychology community and brought me, among other things, a variety of information about its religious context. There was first of all a false piece of information, namely, that the healing motif through the body embracing had been already described in the Old Testament in the context of the healing of Hezekiah (2 Kings 20, 1-11). Then I was informed that this description is included in 2 Kings (4, 32-35) and refers to miracles worked by Elisha (Meyer, 1997; *The Holy Bible*, 2000):

"And when Elisha was come into the house, behold, the child was dead, and laid upon his bed. He went in therefore, and shut the door upon them twain,

and prayed unto the Lord. And he went up, and lay upon the child, and put his mouth upon his mouth, and his eyes upon his eyes, and his hands upon his hands: and stretched himself upon the child; and the flesh of the child waxed warm. Then he returned, and walked in the house to and fro; and went up, and stretched himself upon him: and the child sneezed seven times, and the child opened his eyes.”

## FOLLOW UP

Six years later, Elena has not suffered any equally serious health crisis during the period. She has asked twice whether she could meet me in that same way, i.e. experiencing intimacy, should she need that. And it was enough that I agreed. In 1999, she went to Egypt with her husband. After they were back we watched video recordings, and looked at photographs and souvenirs together in an atmosphere of remembering the ancient State from the time of which *The Egyptian Book of the Dead* comes, originally called *The Coming into Day*.

## THE EGYPTIAN BOOK OF THE DEAD AS THE INSPIRATION IN PSYCHOTHERAPY

The event described, with the profound experience of change that accompanied it, has become an inspiration for my further studies of old Egyptian eschatology, timeless and universal meaning of ancient symbols, understanding images as codes of existence and archetypes, as well as interpretation of myths from the standpoint of depth psychology ( see: Andrzejewski, 1951; Kolpaktchy, 1999; Lipińska, 1986; Mirkowicz, 1995; Schwartz, 1998; *The Egyptian Book of the Death*, 1999).

As for myself, I was gradually discovering Egyptian issues, backed by excerpts from *The Egyptian Book of the Dead*, in papers and therapies applied by such eminent psychotherapists as Stanislaw Grof (Grof, 1994, 1995), Amy Mindell ( Mindell, 1999) or Eugen Drewermann (Drewermann, 1989).

Having heard my presentation entitled ‘Bonding-tendresse and De Aegypto,’ which I accompanied by a screening of fragments of De Aegypto, during the 8<sup>th</sup> International Congress of Somatotherapy, 8<sup>th</sup> European Symposium on Somatotherapy, 2<sup>nd</sup> International Congress of Somato-analysis, *Man – Medicine - Culture, West East* (Cracow, Poland, 20-25 October 1998), the French psychotherapist Aime Hoffbeck sent me a recording of a therapeutic session utilising excerpts from *The Egyptian Book of the Dead* conducted by the psychoanalyst Pierre Solié in Paris (see *La Voyage de Laure*).<sup>2</sup>

### Acknowledgements

My heartfelt thanks go to Tomasz Mirkowicz, Aime Hoffbeck and Eryk Ender for their accompaniment and assistance in my Egyptian, unusual and transcendental search. „Bonding – tendresse and De Aegypto” was presented in shortened version

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<sup>2</sup> *La Voyage de Laure*, a TV France programme in a series entitled *Oceanique*. A presentation of psycho-analytical therapy of a borderline case conducted by the Parisian psychoanalyst Pierre Solié (late 1980’s/early 1990’s – an oral source).

during International Conference in Dresden <Vom anderen lernen – sich der gansheit zuwenden> Dresden, 31.05.-04.06.2000 and during Journées Européennes d’Ecole de Psychothérapie Socio et Somatoanalytique. 19 -20.05.2002, Lipsheim Strasbourg.

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# **REBIRTHING: THE MICRO AND MACRO LEVELS OF INTEGRATION**

## **BY**

### **CATHERINE DOWLING**

**Keywords:** Rebirthing (Breathwork); psychotherapy; psychotherapy integration; integration; psychoanalysis; psychodynamic psychotherapies; cognitive behaviour therapy; spirituality; peak experiences.

#### **Abstract**

Rebirthing breathwork provides an experience of profound integration on the 'micro' level (i.e. within the client, the psychological, physical, spiritual and emotional are affected as one) and on the 'macro' level (it combines with approaches from almost any other school of psychotherapy). I will discuss both levels of integration showing the relationship between rebirthing and other psychotherapeutic approaches as it occurs in practice.

#### **INTRODUCTION**

The form of psychotherapy I practice is Rebirthing. The name Rebirthing can be misleading because it implies a sole focus on the re-experiencing of birth and is often associated with forms of regression therapy that bear the same name. Rebirthing, in the context of this article, is a deep breathing technique, a form of breathwork. When I use the word Rebirthing in this paper, I am referring to this technique and not to a process of re-experiencing birth, although this can and does happen during Rebirthing.

For historical reasons Rebirthing breathwork is short on theory and the theory of human development that did evolve centred on birth and its effects. Over the past 30 years, and particularly the past decade, practitioners have been slowly expanding this theoretical base. In the process, the practice of Rebirthing itself has evolved. Within this development of both theory and practice, the word 'integration' is of major significance on two levels. Firstly, it is the word rebirthers use to describe the essence of what happens in a Rebirthing session, the curative factor. Secondly, it quite aptly describes the potential and actual relationship of Rebirthing to other forms of psychotherapy. I have labelled these the micro and macro levels of integration.

#### **INTEGRATION: THE MICRO LEVEL**

In its earliest manifestation rebirthing was near enough to pure breathwork. That is, a session could consist of breathing with little or no other therapeutic interventions. Over the years professional Rebirthers have assimilated techniques and theories from a wide range of psychotherapeutic systems (often without knowing or acknowledging their indebtedness to other disciplines). Rebirthers have taken freely from Freud, Adler, Gestalt, Systemic therapy, Cognitive therapy, Jung, Reichian bodywork and

the psychology of selves for example. The result of this process has been a change in the way Rebirthing is practised. The assimilation has brought accommodation. Most rebirthers of my acquaintance now offer a session of approximately two hours. At the core of the session is approximately an hour of breathwork. But before and after this period of breathwork the client and therapist interact using other, often verbal, techniques. Although it must be stressed that the professional practice of Rebirthing is by no means standardised

Many psychotherapists have assimilated breathwork into their non-breathwork practices. They use short periods of conscious breathing to assist clients in accessing material on an experiential level, to uncover that which is not readily accessible through talking in all its forms. And breathwork performs this function beautifully. But once accessed, verbal interaction between client and therapist is often used to resolve the uncovered material and integrate it safely into the client's frame of reference and daily life.

Initially a Rebirthing session can look fairly similar to other forms of therapy. Rebirthers often use verbal and other techniques to ease the client into an internal focus, to begin the process of working with the material of therapy. In this context breathwork is then used as an experiential technique to go beyond the verbal. But there is a step beyond this again which distinguishes breathworkers from therapists who use breathwork, and that is what Rebirthers call integration. The breathwork itself, if left uninterrupted by the therapist, leads naturally to the resolution of uncovered material very quickly and very profoundly. So in this form, breathwork is at once the principle tool of discovery, of exploration *and* of resolution and integration. This is essentially a two step technique – Verbal and other techniques followed by breathwork which is allowed to run its course to integration.

Material that arises during Rebirthing is experienced by the client on the physical, emotional, mental and spiritual levels all at once. This is the mind-body-spirit continuum. Each person naturally favours one of these modes and is more aware or more comfortable with experiencing phenomena on that level. For example, a person may be acutely aware of their emotions while physical sensations register only vaguely. But whatever the relative levels of awareness, the experience in Rebirthing integrates all four modes. These could be described as peak experiences, and they happen so regularly as to be routine. When they happen, the client can make sense of the what, the how, the why of an issue, can see and understand the effect it has had in his life and has arrived at the place where he can say "I let it go". The material is safely integrated into the client's frame of reference and life. The process can take as little as a few minutes.

## **INTEGRATION: THE MACRO LEVEL**

This is the micro level of integration. On the macro level, how does Rebirthing integrate with other forms of psychotherapy? In terms of a theoretical base, Rebirthing may be in conflict with the general principles of some forms of psychotherapy. For example, the emphasis on the here and now that can be a part of behaviour therapy is in marked contrast to Rebirthing's focus on past events. But in practice rebirthing breathwork can be integrated into a wide range of psychotherapeutic approaches. Both levels of integration – within the client and with other forms of psychotherapy – can best be illustrated through an examination of the practice.

## **Psychoanalysis**

Rebirthers have borrowed much from psychoanalysis. While analysis is not seen as a stand alone curative factor in Rebirthing, free association, the exploration of dreams and other techniques from Freudian psychoanalysis are frequently used within the context of a rebirthing session. Through working with the client's dreams, free association and so forth, the client gains invaluable insight and understanding of his/her issues. However, breathwork has the power to allow entry to the unconscious beyond the level of analysis. Often, during rebirthing, unconscious memories surface in a literal way. The memory of birth is one example of this. But sometimes the experience is a symbolic and surreal as any dream. Either way the journey into the unconscious in rebirthing is multi-dimensional. It can be felt physically throughout the body with the full engagement of the emotions and the analytical mind. The body, the emotions and one aspect of the mind are experiencing a past event or trauma while another aspect of mind, the analytic mind, is witnessing that re-experiencing in the here and now. This here and now witnessing provides safety for the client, analysing the experience as it is happening. Through this parallel process of witnessing and experiencing, past trauma are resolved in the body as well as on the emotional and mental levels.

Psychotherapists who do not use breathwork often raise the issue of re-traumatisations in relation to breathwork. In rebirthing when a past event is re-experienced another aspect of the person, the mature adult in the here and now is witnessing themselves going through the event. A well-trained breathworker does not intervene to inappropriately push the client beyond their safety zone and ensures that the natural breathing cycle is completed before the session ends. When the cycle is completed integration has taken place, therefore re-traumatisation through this form of breathwork is rare. It also eliminates the need to repeatedly revisit old trauma over a months or years of therapy.

## **Psychodynamic Therapies**

Theoretically, Rebirthing fits most snugly into the framework of psychodynamic therapy. This is a very large umbrella encompassing a huge range of approaches and interventions. Such theory as has been developed in Rebirthing focuses on psychodynamic exploration of conscious and unconscious motivations, relationships and experiences. The experiences that are the material of Rebirthing can go as far back as conception and they certainly include in-utero, birth, childhood events. For those whose spiritual beliefs encompass the concept of re-incarnation, past life experiences are also the material of rebirths, as are recent developments in the client's adult life. An exploration of a here and now event often, though not always, begins a journey back into the client's past. There is a good theoretical match here, and in practice Rebirthing can and is integrated with many of the various forms of psychodynamic therapy.

Rebirthing itself is as non-directive as possible in that for approximately an hour the rebirther sits with the client saying and doing very little. This is not to say that they have no input. Their presence, their relationship with the client, their choice of instructions in relation to the client's breathing, the quality and intensity of their 'witnessing' all have a bearing on the quality and depth of the client's experience. A lot is going on, including transference. The client sometimes wants to be held or to look into the eyes of the rebirther for example. But the rebirther has much less influ-

ence, if any, on the content of that experience. The client is embarking on an internal exploration, the depth and range of which is determined largely by the client's own readiness and perception of safety. As such it is an ideal experiential technique for therapists committed to the non-directive approach. Material explored verbally through reflection, mirroring and the other interventions of non-directive therapy can be taken into the breathwork where the therapist's main function is to be present with their client in an attitude of total acceptance. Rogers called it unconditional positive regard. Rebirthers would probably call it love.

Techniques from the more experiential psychodynamic therapies are often used in conjunction with rebirthing. Variations on the empty chair, body awareness, movement, voice dialogue, the writing of letters and creative methodology are part of various Rebirthers' repertoire of techniques. In the framework of the gestalt for example, rebirthing can begin with an awareness of the incomplete or unresolved experience. During the breathwork the client can drop through the layers of awareness – what can begin as a physical sensation in part of the body often translates into an emotion which in turn can be a step towards recalling the memory of an event. The unresolved or incomplete experience is worked through and completed in breathwork, the circle is closed.

## **Cognitive-Behaviour Therapy**

The theoretical dissonance between rebirthing and Cognitive Behaviour therapy is similar to that between any psychodynamic therapy and the Cognitive-Behaviouralist approach. Yet from its discovery in the late 1960's, rebirthing theory has always focused very heavily on the quality and nature of the client's thoughts and belief systems. This very strong emphasis on cognition was enshrined in the phrase "thought is creative" which became a mantra for rebirthers. Many rebirthers tended to interpret this phrase quite literally and the zeal of their commitment to the concept had an almost religious fervour to it. Over the years this has softened into the more grounded and realistic appreciation that the way we think shapes our behaviour and that behaviour shapes much of our reality. Rebirthers still devote time to helping the client uncover his/her thought patterns and to examining the effect the client's thinking has on their experience of the world. The technique of choice for effecting change in this area has been the use of affirmations or auto-suggestion, techniques widely used in Cognitive therapy and closely related to hypnotherapy.

During rebirthing clients can work with their thoughts in any number of ways, each of which is unique to that particular client. However, for present purposes I would like to explore just two. Firstly, whether clients have explored their thought patterns prior to commencing the breathwork session or not, the awareness of their belief systems that comes through breathwork is on a level that engages their whole being. In the non-ordinary state of awareness brought about by this form of breathwork, thoughts can be experienced throughout the body-mind-spirit continuum. The effect can be to bring about change in the thought pattern thus reducing the need for methods of thought control on a daily basis. The second aspect of working with thoughts through rebirthing is that the client can move from this profound awareness of their thought patterns into an experience of the origin of those patterns. They can, within minutes, move from the thought through the emotional punch that often accompanies limiting beliefs to an awareness of the origin of their thoughts in past events. From there the breath can carry them on to integration.

## Spirituality

Rebirthing has always had a very strong ‘spiritual’ dimension, often dogmatically so. Many schools of psychotherapy – Jung, Assagioli, Frankel for example – have also placed emphasis on a transpersonal or spiritual dimension as a curative factor in therapy. This element goes beyond the cognitive, emotional or psychological into the realm of meaning, of connection with that which is greater than the self. This can be given shape in various ways from concepts such as the collective unconscious, archetypes, the development of psychic abilities through shamanism, to a communion with the divine which is traditionally the province of religion. Such moments, when they are experienced throughout the full mind-body-spirit continuum, can be profound agents of change.

It is common at the moment not to distinguish between experiences which could be related to an expansion of awareness or the symbolic workings of the psyche – contact with spirit guides, shamanic visions, past life experiences, seeing energy fields – and the felt experience of contact with the divine, god, the great spirit. I prefer to reserve the word spiritual for the latter. Both forms of experience happen regularly and quite naturally in Rebirthing.

For some clients each rebirthing session is an occasion for visits by various characters similar to Jung’s own guides. Sometimes these characters are unknown to the client and sometimes they are family and friends who have died. Whether real entities or a figment of the client’s imagination, these guides lead people through an internal journey with wisdom, compassion and love. It is a privilege to witness the effects. When people move into a connection with the divine, the atmosphere in the room becomes numinous, connections with people move to a plane beyond personality and shared history. The rebirther doesn’t just witness the effects of these experiences, they share in the experience itself.

## CONCLUSION

Most psychotherapies have gone through a period of being on the outside, the ‘new kid on the block’. Breathwork is hardly new and at this stage Rebirthing is not so new either. I believe that the integration of breathwork and Rebirthing into the family of psychotherapies would be of exceptional mutual benefit.

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# BREATHWORK: A NATURALLY INTEGRATIVE PSYCHOTHERAPY<sup>1</sup>

BY

JOY MANNÉ, PHD

**Keywords:** Integrative psychotherapy, shamanism, Breathwork, consciousness, pattern of development

## Abstract

Breathwork is a naturally integrative psychotherapy. This paper shows that there is a common integrative pattern of development that unites Buddha's pattern of development; the shamanic pattern of development, and the Breathwork pattern of development. This pattern describes a universal path through which the potential for personal and spiritual development comes to fruition during the initiatory process which is Life.

## INTRODUCTION

I want to start by saying that I believe that a truly integrative psychotherapy is possible. I envisage this integrative psychotherapy as a puzzle with a few very large pieces. In this paper I talk about three of these pieces: consciousness, method, and pattern of development.

## ABOUT CONSCIOUSNESS

I will ask you to be intuitive about what I mean by “consciousness,” – as I know there are many schools of thought about what it is, and that the definition is not yet agreed upon. Yet all psychotherapies work with consciousness, so all psychotherapists must have an intuitive understanding of what it is.

Consciousness is what we all have in common, no matter how it is defined. What's more, *consciousness is one* – we all share the same type of consciousness, no matter our culture, no matter our race or religion – and no matter how we define it. So consciousness is in itself one integrating factor in integrative psychotherapy. It is one of the large pieces of our puzzle.

## ABOUT METHOD

The question that has to be answered here are: “What does psychotherapy do?” because the method has to serve this goal. I think it is a fair answer to say that the purpose of all psychotherapies is to enable consciousness to develop. All psychotherapies

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<sup>1</sup> Paper prepared for the Society for Psychotherapy Integration, and given by Tilke Platteel-Deur in the author's absence. The author thanks Tilke Platteel-Deur for her generosity.

have that in common. A truly **integrative** method must be in the service of consciousness. It must enable consciousness to develop while not interfering with its natural pattern of development.

I claim that Breathwork does just that.

## ABOUT BREATHWORK

As much as consciousness is one, so too is the breath.<sup>2</sup> We all breathe!

The fundamental element in Breathwork is that the way we breathe creates and controls our state of consciousness, and the opposite is also true: our state of consciousness influences the way we breathe. For example, if we are afraid, we breathe faster high in our upper chest; when we breathe fast in our upper chest, we feel fear. When we feel calm, our breath is slow and deep; when we slow down and deepen our breathing, we feel calm.

In many languages the word for “soul” or “spirit” is the same as that for breath.<sup>3</sup> We are our breath! Breathwork has always been an integral part of all spiritual disciplines and religions, implicitly or explicitly. Throughout time, particular breathing rhythms have been used to induce diverse altered states of consciousness through singing, devotional chanting, drumming and dancing—all of these are *implicit* forms of Breathwork. In Buddhist Vipassana and Zen Meditation the breath is observed—an *explicit* form of Breathwork—and this results in a change of consciousness.<sup>4</sup>

Since the mid 1970s, Breathwork has become a popular contemporary Western means of personal and spiritual development and therapy. It is hard to say how this began. Wilhelm Reich used the breath as an integral part of the bodywork he developed. Alexander Lowen continued Reich’s work and developed Bioenergetics. Arthur Janov used the breath in his Primal Therapy, Leonard Orr developed Rebirthing Breathwork. Stanislav and Christina Grof created Holotropic Breathwork™. Many traditions of Buddhist breathing meditations, including Vipassana and Zen came increasingly to be practiced and had their influence as did many ancient practices such as yoga and the martial arts that, too, use the breath as an integral element. Now many recently developed forms of therapy, such as Bert Hellinger’s Family Constellation work, use the breath as an integral element. Breathwork, in fact, can be used to strengthen and support all forms of therapy.

Leonard Orr is the founder of Rebirthing Breathwork. Rebirthing Breathwork is also called Conscious Breathing, Consciously Connected Breathing, and Circular Breathing and most contemporary forms of Breathwork psychotherapy are based upon it. This is how Leonard Orr describes Rebirthing Breathwork:

Rebirthing means to learn to breathe from the Breath Itself—directly from God—the source of the Breath of Life. Rebirthing Breathwork is a physiological, emotional and spiritual experience of Divine Energy through a simple, relaxed, gentle connected breathing rhythm. ...

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<sup>2</sup> Manné, Joy (1999).

<sup>3</sup> Manné, (1999a).

<sup>4</sup> Manné, (1999b).

The ultimate benefit of Conscious Breathing may be to liberate us from the stress and tension of every day Life and give us peace, relaxation, healing and energy. (Orr, 2002, p. 1)

The *only* bodywork element in Leonard Orr's Rebirthing is conscious breathing

There are today several schools of Rebirthing Breathwork, among them "Modern (Early 20<sup>th</sup> Century-ish) Rebirthing," Catherine Dowling's expression and the title of one of her articles.<sup>5</sup> She avoids Leonard Orr's extreme positions on such issues as the notion that "Thought is Creative," while respecting the role of this concept in the development of self-responsibility. She also avoids Leonard Orr's spiritual teachings, which are intrusive and inappropriate in a psychotherapy, and concentrates rather on Rebirthing Breathwork's potential as a psychotherapy and for personal development. I consider this to be a very good development.

There are also schools of breathwork that have evolved from Rebirthing Breathwork, including my own way of working which I have described in my book *Conscious Breathing: How Shamanic Breathwork Can Transform Your Life*.<sup>6</sup> Conscious Breathing Techniques is the term that I use to describe the many ways I work with the breath.<sup>7</sup> Others use this term too.<sup>8</sup> Although there is an overlap in the techniques we use, the question must be asked whether we share one unified method of working.

## Is there a Breathwork Method

If there are many approaches to Breathwork, can we say that there is a Breathwork method? When I began Breathwork, in 1984, it was in Rebirthing Breathwork which was founded by Leonard Orr. Despite what Orr says in his books about many different subtle breathing rhythms, we were required to hyperventilate – to do rapid upper chest breathing. After about 15 minutes of this unpleasant breathing, "experience happened." Since the early days, there is much more work with the gentle breathing rhythms, and less emphasis on reliving birth trauma. Whichever way a breathworker works, the essential points in common to breathworkers are:

1. A respect for the relationship between breath and consciousness.
2. An understanding that breath is a language. It includes understanding the meaning of where the breath is occurring in the body, what its length or shortness means, what its flow or 'blockedness' means or its easiness or forcedness – in short, it means understanding everything about the breath and of course, knowing how to work with it.
3. The acknowledgement that the Breath itself is the guiding element in a Breathwork session, not the therapist, nor the Ego, nor will of the therapist or client.
4. A consistency in the pattern of development that occurs through Breathwork.

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<sup>5</sup> See Dowling, (2001).

<sup>6</sup> Manné, 2004.

<sup>7</sup> Manné, 1997.

<sup>8</sup> E.g. Hendricks, 1995; Krawitz, 1999; Lewis, 1997.

## DOES BREATHWORK HAVE A PATTERN OF DEVELOPMENT?

When I was training in Breathwork, which was in 1985, and at the beginning of my own professional practice and teaching which started soon after, “experience happened.” The experiences that happened were remarkable, wide-ranging, healing at the deepest level, and also, often intensely disturbing and unsettling. We all knew that Breathwork “worked,” but there was no explanation of how it worked. We adhered to the maxim “Trust the process,” and also to the dictum “Thought is creative.” These were our anchors and our grounding as, although we knew that we might relive parts of our birth trauma, besides that we had no pattern of development to give structure to the experiences that just happened. You can imagine that that gave rise to problems in integration, and indeed I went into Jungian analysis in order to find a way to integrate what I had experienced in Breathwork.

The question, “Into what structure could Breathwork experiences be integrated to be fully understood?” occupied me for many years, and then there was a synchronicity. My doctoral research had been into the psychology in Theravada Buddhism. I had often wondered about the relationship between the Pali word “samana,” which means wandering ascetic – and which the Buddha uses to describe himself – and the word shaman but could find no information. Eventually I was able to confirm these suspicions. The words do indeed come from the same root. I then naturally became interested in shamanism and this led to the research which resulted in Table 1 below.

### **A Brief Word About The Table Of Comparisons Between The Shaman’s Life Pattern And The Buddha’s Life Pattern**

In my doctoral studies in the Theravada Buddhist texts in Pali, I looked at some of the patterns of development that were predicted for a practitioner of the Buddha’s method.<sup>9</sup> This proved to be a very fruitful approach, and I have applied a similar method here. I have read widely in the shamanic literature, and taken categories that occur systematically, to construct the typical pattern of development of a shaman.<sup>10</sup> Anthropological studies of shamanism concentrate on the details of individual shamanic practices. The pattern below is a *psychological* study: it concentrates on the large pattern of what happens psychologically, and is not interested in individual differences in custom and practice, e.g. in dress, or whether drumming or dancing are used, etc. This pattern can be taken to define a universal pattern of psychological development: i.e. the shamanic.<sup>11</sup>

The table below shows the relationship between a shaman’s pattern of development and the Buddha’s pattern of development as told (primarily) in the Pali Canon. Of course, we cannot know whether this version of the Buddha’s life story and pattern of development as it has come down to us over the ages is true in any way at all – and that is particularly interesting in terms of the pattern of development it shows.

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<sup>9</sup> Manné, 1995a, 1995b. In previous publications I called these patterns “hypothetical case histories.”

<sup>10</sup> E.g. Doore, 1988; Drury, 1982, 1989; Eliade, 1958, 1960, 1964; Ellenberger, 1970; Gibson, 1997; Goodman, 1999; Gore, 1995; Grof, 1988; Haanegraaf, 1996; Harner, 1980; Kalweit, 1992; Krippner & Welsh, 1992; Noel, 1997; Pentikäinen, 1996; *Shamanism*, Encyclopedia of Religion; Siegel, 1991; Walsh, 1989, 1990.

<sup>11</sup> Manne, 2003.

The experiences marked \* will be illustrated in Breathwork case histories in the next section.

**Table 1. Comparisons Between  
A Shaman's Life Pattern And The Buddha's Life Pattern**

	<b>Shaman's Life Pattern</b>	<b>Buddha's Life Pattern</b>
<b>Birth*</b>	Important	Important
<b>Youth and Early Adulthood</b>	Intense experience  Crisis	Ecstasy  Crisis: seeing old age, illness, death and the ascetic.
<b>Initiation*</b>	Apprenticeship*  Dietary modification*  Body dismemberment,* Torture  Solitude  Ecstasy, * journeying* - Ascent* to heaven - descent - meeting spirits  Revelation*  Self-healing*  Mastery of fire and heat*  Animals and nature  Death and Rebirth	Apprenticeship  Dietary modification  Fasting so severely that he was only skin and bones.  Solitude  - ascent to heaven - descent - meeting spirits  Revelation  Self-healing  Mastery of fire and heat  Animals and nature  Death and Rebirth
<b>Professional practice</b>	Teaching (initiating)  Journeying  Healing  Magic	Teaching (initiating)  Journeying  Healing  Magic and criticism of magic

	Ritual paraphernalia: drum, dress, bag, mask	Monk's robes, begging bowl, medicines, etc.
<b>Death</b>	Recurrence of crisis  Suicide or "voluntary departure"	Was the crisis ongoing and needing regular "treatment" through meditation practice?  "Voluntary departure"

It is clear that there is a strong correspondence between a classical shaman's life and the Buddha's life pattern as given in these texts. How is this relevant to Breathwork?

What happened to me next in this research project had great personal significance. I suddenly remembered that the Buddha was a master Breathworker<sup>12</sup> ... and then all my own breathwork experiences – both contemporary conscious breathing and Buddhist Vipassana meditation; both personal and with clients – fell into place. At this point I became convinced that today's conscious breathing methods lead to shamanic development: i.e. many of the experiences that are common to the Buddha and to shamans are also common to breathwork clients.

Here are some descriptions of what happens in Breathwork sessions:

## Birth

Here is a Rebirthing Breathwork birth trauma case history, from the mother of Rebirthing Breathwork, Sondra Ray. First of all, a typical birth trauma experience:

I was very confused. I couldn't tell if I was a baby girl or a baby boy. "Oh, my father really wanted a boy," I told (my breathworker). "I can really feel his disappointment. It's awful." I cried and cried. "I'll never be good enough to please him. ... Later I came to see that my problem in life had been over-identification with my father. ...

Orr & Ray, p. 10.

Now a transpersonal birth experience:

I could hear my own crying. It did not sound like me at all. It sounded like a newborn wailing in torment. ... Suddenly I started breathing very fast. I was bursting. I couldn't get enough air. ... that fast breathing ... overtook me. Something was breathing me! Somewhere in there something very deep in me started welling up. ...

... I began to tingle all over. It kept building and spreading. It felt like a thousand orgasms! ... I had never felt that happy in my life ... never. I heard the breeze totally, all of it, it seemed, though I hadn't noticed any breeze before. I heard the trees talk to me. (Orr & Ray, p. xxii-xxiii)

Birth is very important in shamanism. There is a tendency for shamans to come from lineages. However, it also happens that a spirit chooses the future shaman.<sup>13</sup> In

<sup>12</sup> Manné, Joy, 1999, 2002.

<sup>13</sup> Vibetsky, Piers (1995), *The Shaman: Voyages of the Soul Trance, Ecstasy and Healing from Siberia to the Amazon*. London; Duncan Baird Publishers.

Breathwork, that spirit is the breath. It chooses when we are give one of these glorious transpersonal experiences, and it cannot be forced.

## Youth and Early Adulthood

I think it is fair to say that most people experience puberty, and the period of adolescence – which today is considered to last well into our twenties – as a spiritual crisis. It is a time when we are possessed by the urgency of self-discovery, sexuality, the challenge of becoming socialized, and the difficult issues of belonging and individuality. We are faced with the problems of choosing a career, leaving the parental home and making our own lives. We experiment with different life-styles and seek initiations – whether these experiences are defined in this way or not. Initiations are tests of character. We seek to go beyond our limits, to confront what is exciting, fearful, and challenging. Typical tests sought by the young throughout time are fasting, solitude, extreme physical experiences that involve confronting danger, and altered states of consciousness induced through meditation or drugs. Initiations often have an explicitly spiritual content. We often turn to, and experiment with religious practices during this period.

## Initiation

The initiations of potential shamans begin when they are chosen by the spirits. We can interpret this in many ways. As I have said, the words “breath” and “spirit” are the same in many languages, and in Breathwork the initiating “spirit” that instructs and teaches the way is the breath. One sign of being chosen for shamanic development is the advent of an illness. Then, starting out to find its cure begins a series of initiations. In Breathwork, the “illness” that is the means to learning and understanding is the problem that brings the client to the breathworker. The “enemy” is conditioned, reactive behaviour patterns acquired during traumatic incidents.

Here is a beautiful example of a Breathwork initiation which I have taken from another important Breathwork book, Gunnel Minett’s *Breath and Spirit*.<sup>14</sup> In it Leonard Orr is giving Gunnel Minett a session. These are Minett’s own words:

“I want to show you how to discover your natural breathing rhythm,” he said by way of introduction to the exercises. He carefully guided each breath I took. .... “Pay attention now,” he said. “Remain completely still for a moment - there!”, he observed, “and there again. Did you notice the tiny, tiny breath that happened by itself? That is your natural breathing. Become conscious of it and let it develop.” Minett, p. 24

## Apprenticeship

I think this is true for every new thing that we do in life, and when we do something as serious as our personal and spiritual development, or psychotherapy – which in my view should be the same thing – then it is even more true. In the example above, Orr instructs Minett, “That is your natural breathing. Become conscious of it and let it develop.” She becomes an apprentice in conscious breathing. I think all breathworkers consider themselves apprentices to conscious breathwork

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<sup>14</sup> Minett, Gunnel (1994), *Breath and Spirit: Rebirthing as a Healing Tool*. Aquarian Press, UK.

## **Dietary modification, solitude, purification**

Many people embarking on their path of spiritual development undertake some fasting, or become vegetarians. Many undertake periods of withdrawal into solitude to meditate. Many religions have fast days and times for meditation. And from Minett again,

“(The conscious breathing) pattern triggers a natural process of cleansing and purifying in both the body and psyche. (Minett, p. 19)

## **Body dismemberment and torture**

Here is a case history that shows how dismemberment can be experienced in Breathwork. It comes from my book, *Conscious Breathing, How Shamanic Breathwork can Transform Your Life*:

The client reports, “The right side of my body feels completely separate and dissociated from the left side. My right leg has no feelings in it. I cannot feel my right leg. Now I cannot feel my left leg. It feels as if I have lost my torso. My whole body has disappeared.” Then, “Oh, now my body is coming back. I can feel my right leg again, and my torso ...” (p. 242)

During this session, the client’s body was dismembered and resurrected.

## **Ecstasy**

This has already featured in the “being breathed” birth case history under “Birth” above. Diverse experiences of ecstasy occur in breathwork.

## **Journeying**

Minett (p. 6) describes rebirthing experiences as “fantastic psychic journeys.”

Here is the case history of one of my clients who discovered a formative past life when she was a religious teacher. It helped her to give a context to her current commitment.

Jessica went into a trance of strong, connected breathing for over an hour. When she came out of it she told me that she had gone far back in time and found herself dressed in the hooded long garment of a monk. She was part of a circle of similarly dressed people around an altar on which lay a body. She knew that the group used Breathwork as their spiritual practice. The person on the altar was a high priest who had just died, and the other monks were honouring him.

As she reported her experience she was suddenly much moved. She had realized that the body on the altar was herself: she had been the leader of that group.

Journeying is attested too in Catherine Dowling's excellent book, *Rebirthing and Breathwork*.<sup>15</sup> She shows how the Breathwork journey can be experienced as a reliving of one's birth process, and can also be experienced symbolically:

I have had many clients who have visions of themselves on clifftops, climbing through dark and frightening rock formations or floating alone in the middle of desolate waters, which, as they breathe, turn into mountain tops, summer meadows, or warm caves. (Dowling, p. 147)

## **Revelation**

I think all Breathwork sessions are revelatory. Here's a personal example.

During one session, my breath rose like a serpent through my body and out of the top of my head. It was a truly marvellous experience.

Technically this is a Kundalini experience. It just happened, with no effort or intention, just through conscious breathing.

## **Self-healing**

This case history comes from Gay Hendrick's book, *Conscious Breathing: Breathwork for Health, Stress Release, and Personal Mastery*. The client was "... a woman who suffered from a rare lung disease ... (with) no known cure.

(She) decided to take responsibility for her own healing. She reasoned that since the disease affected her lungs, learning to breathe properly might help." After several sessions of breathwork activities over a month the disease disappeared and never returned." (Hendricks, p. 14)

## **Mastery of Fire and Heat**

From Tilke Platteel-Deur's seminal article 'Cold Water Breathwork'.<sup>16</sup> After the session the client gives the following account:

I experienced a deep connection with the four elements. My feet were firmly planted in the earth. The wind was blowing about my face. The water splashed around my hips and although the water felt cold to my body, inside me I sensed a tremendous heat. It was like a fire. (p. 18)

Here the connection with nature is strong too.

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<sup>15</sup> Dowling, Catherine (2000).

<sup>16</sup> Platteel-Deur, 2000.

## The theme of death and rebirth

Ludwig Janus considers that birth in itself is a shamanic experience. People who are going back to their birth consciously are entering the shamanic realms of birth, death and rebirth.<sup>17</sup>

Here is a case history from Deike Begg's book *Rebirthing: Freedom From Your Past*<sup>18</sup>. Begg begins by talking about nightmares about birth. She then says:

People who re-experience their birth during a Rebirthing session remark on how similar the actual experience is to the nightmare images. Peter felt that he was stuck in a tunnel, water was rushing past him, there was no light at the end and he thought he would never get out and would die. (Begg, p. 96)

Here is a case history from Jim Morningstar's book, *Breathing in Light and Love: Your Call to Breath and Body Mastery*.<sup>19</sup> The client is reliving his birth

... In my excitement to be born, I started to move faster and to force. My mother became frightened and tense. Once again everything stopped. When I relaxed so did my mother, when she relaxed, so did I. We started to do the birth dance in cooperation with each other, taking care not to push too hard or move too fast, moving with an energy that was thrilling and ecstatic. Somehow my birth reminded me of her death. The dance of birth and death seemed the same to me. ...

Most of the Breathwork experiences occur within the headings "Birth" and "Initiation." Many breathwork teachers become true shamans. Obviously they teach and initiate clients into Breathwork. They take them journeying and induce altered states of consciousness in them through guided meditations and so forth. Many teach dietary modification and purification. Some practice other healing methods besides Breathwork. Breathwork is, in itself, a powerful healing method.

## CONCLUSION

This paper shows that there is a common integrative pattern of development that unites Buddha's pattern of development; the shamanic pattern of development, and the Breathwork pattern of development. This pattern describes a universal path through which the potential for personal and spiritual development comes to fruition during the initiatory process which is Life.

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<sup>17</sup> Janus, Ludwig (1997).

<sup>18</sup> Begg, Deike (1999)

<sup>19</sup> Morningstar, Jim (1994), *Breathing In Light and Love: Your Call To Breath And Body Mastery*. Transformations Inc.

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## About the Author

Joy Manné has a degree in Psychology and a PhD in Buddhist Psychology. She has practised Vipassana meditation since 1965, taught by Dhiravamsa. She was trained in Spiritual Therapy by Hans Mensink and Tilke Platteel-Deur in Holland, 1986-1988. She had her own school of personal and spiritual development in Switzerland from 1989-1995. She is the founder and Editor-in-Chief of this journal.

Joy has written numerous articles on Buddhist Psychology, Breathwork, and the relationship between them, as well as textual studies on the Theravada Buddhist literature in Pali. She is the author of *Soul Therapy* (North Atlantic Books, Berkeley, CA, 1997) a discerning person's guide to personal and spiritual development; *The Way of the Breath* ([www.i-breathe.com/wayofbreath](http://www.i-breathe.com/wayofbreath), 1999) a shamanovel; and *Conscious Breathing: How Shamanic Breathing Can Transform Your Life* (North Atlantic Books, Berkeley, CA, 2004). Joy is a founder member of the International Breathwork Foundation ([www.ibrnetwork.org](http://www.ibrnetwork.org)). She was its Newsletter Editor between 1997- 2001.

**BREATH EXPERIENCE:**  
**AN INTRIGUING APPROACH TO HEALTH AND WELL-BEING**  
**BY**  
**MARGOT BIESTMAN AND FAITH HORNBACHER**  
Certified Middendorf Breath Practitioners and Teachers (©October, 2004)

**Abstract**

Breath Experience is a somatic practice based on the work of Professor Ilse Middendorf of Berlin, Germany, developed over the past 65 years. It is renowned in Europe for its beneficial healing effect, and now is gaining recognition in the United States. Its foundation lives in our ability to sense, be present for, and participate in the experience of our natural breath moving in and through our body, as it comes and goes on its own – without control, direction, or manipulation. This process allows breath to move us naturally in our lives to support our health and well-being. The impact of our cultural heritage and conditioning can make it difficult to let the breath come and go on its own. Sensing breath moving in our body offers us a chance to realize our somatic intelligence. This way of learning has a profound and far-reaching effect on our body, mind, spirit, and in our personal and professional relationships. We discover that breath is a mediator of conflicts, and transforms them into new ways of relating to ourselves and others. Breath is our teacher and healer.

The foundation for *BreathExperience*<sup>1</sup> is in allowing our breath to guide and support our health and well-being. This is our natural breath that comes and goes on its own without controlling or directing it. The experience of our natural breath moving in and through our body can teach us to come into balance and healing. Even though we know that breath flows into our lungs, its movement of inhalation and exhalation can ripple through our body to create sensation and clear through restrictions, conflicts, and pain.

It is extraordinary for us to realize that in our culture, we have been taught to think about our bodies, how they function, the names and shapes of organs, how they work, and how they fail. We participate in sports and dance, but we are not taught how to live in our bodies with the breath that moves us. We take this for granted! That is, until something happens. . .and we come to realize that our breath is our greatest resource in living a healthy and creative life.

*BreathExperience* teaches us who we are, and what we have as resources within us. In order to work with this process we need to begin with our full presence, acknowledging and accepting ourselves as we are in the present time. This includes how breath moves in our body, as well as various restrictions, patterns, moods, and

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<sup>1</sup> BreathExperience, is also known as The Experience of Breath or Middendorf Breathwork. This is one of the few somatic practices that works with the natural breath that comes and goes on its own. It was developed by Ilse Middendorf, over the past 65 years in Berlin, Germany. It has been further developed by other trainers and teachers in Europe, and in the United States by Juerg Roffler, Director of the U.S. Middendorf Breath Institute.

states of being. We accept each breath movement as a new beginning, without expectation, wanting, or planning the next step. As we come to sense and experience our breath as the organizing source of our well-being, we note changes of mood, lifting of limitations, and we are moved in our daily life with more ease and more joy. We learn to sense and recognize our unique breath rhythm, distinct from all others. As we listen to breath, it is with greater depth and understanding, so when we listen to others it comes from a more receptive place, with more appreciation and acceptance. The words that we speak come from a deeper truth and we discover how the natural breath has laws of its own, how it forms and informs us, and how it connects us immediately with our Self.

While each of us has our own personal breath experience, we offer here one person's experience as an example:

Without expecting or wanting something to happen, I place my hand on the front of my torso, in the middle. Fully present, I wait there, and soon I sense an internal movement under my hand. This movement, for now, shifts me onto one foot. I sense my inhalation growing wide through my pelvis stretching my body walls, with a ripple affect down into one leg and foot. On exhalation, I sense the movement of breath rising up through my foot and leg and back into my pelvis. And so begins a process that takes form from my breath cycle – inhalation, exhalation, and a pause or rest. I recognize some laws of the breath – whenever stretching is realized, it invites an inhalation. Then when exhalation comes, breath moves me in a direction and I can sense a strong movement rising through me. I am not observing, nor visualizing, nor imagining this experience. I am with my breath and in the experience of sensing it. Breath takes different forms, and lets me know that I am alive, filled with vitality. After the exhalation comes a pause or rest, where I wait for the next impulse for breath to come again on its own.

Before reading further, we invite you to have an experience of sensing your own breath movement in your body.

- Sit on the edge of a chair or stool, with your feet on the floor.
- Shift from thinking to sensing, allowing your breath to come and go on its own.
- Sense the floor under your feet, and let it come up to meet your feet, supporting them.
- Sense your sitting bones, like little feet on the bottom of your torso, and allow them to be supported.
- Sense your spine, with your head resting on top.
- Place the palm of one hand on the middle of your torso, under your sternum, if that is comfortable for you, and sense if there is something moving under your hand.
- Ask yourself if this could be breath movement?
- With the other hand, open the palm, stretching it from the center through the fingers and then releasing it, letting the fingers curl in lightly – like a flower opening and closing.

This is a beginning. Perhaps you may begin to sense that when your hand opens there is a stretch, and each stretch invites an inhalation. As your fingers release, you can

sense an exhalation. So begins a process of sensing inhalation that grows wide in your body, and exhalation swings back. Our breath movements can begin to develop in this way through our whole body, and as we become breath aware, we can continue on a life long path toward balance, growth, and healing of our physical, emotional, mental, and spiritual being.

This is a process that develops gradually, and although there can be a natural undisturbed breath in sleeping, our waking breath is shaped by habitual responses that obscure our awareness. We often restrict the breath and develop patterns of holding, leading to imbalances, which can cause mental or physical pain and illness. Learning to sense breath movement in our bodies with our full presence and participation in the experience of breath, is critical to our health and well-being in our everyday personal and professional lives. Eventually, we come to realize that it is breath movement that initiates our movements, rather than us doing something to our breath. We can discover how breath that we allow to come and go on its own, without manipulating or directing it, supports all the healing forces within our own body. Breath teaches us; it helps to create balance, invites our creativity and vitality.

We teach the work using simple exercises to learn to sense the movement of breath, and to let the breath shift from controlling to allowing. We offer archetypal exercises to students to discover the principles or natural laws of the breath. Working in a group has value, and exercises create a common ground within which we can explore, share, and have our individual explorations and experiences. These can be similar to or different from others. Most find this learning to be an intriguing process.

The impact of our cultural heritage and conditioning can make it difficult to let the breath come and go on its own. Sensing breath moving in our body offers us a chance to realize our somatic intelligence, which is far greater than our brain, though it includes it. The ultimate form is our breath cycle that forms our unique breath rhythm.

Most people find exercises helpful in learning this work. They can bridge the gap between our experience and understanding. The process of understanding the principles or natural laws of the natural breath grow as we experience them through exercises as well as applying them in our everyday life. We all have the potential for self-exploration and benefit from the freedom to make our own discoveries. Working within this process is the search for the individual's development and growth. Within the structure of the breath experience program, both "exercises" and "free exploration" occur. The ultimate development is when exercises drop away as our breath experiences move into daily life.

This way of learning has a profound and far-reaching effect on our entire being, and in our personal and professional relationships. Breath movement affects our moods. We discover that breath is a mediator of conflicts, and transforms them into new ways of relating to ourselves and others. Breath is our teacher and healer.

## **APPENDIX**

### **A Brief History of Middendorf Breathwork: Breath Experience.**

An intuition from Ilse Middendorf's childhood and her deep conviction made her want to follow the path of breath, and what it had to teach her. She began developing

a form of breathing education in 1935. Her studies included nutrition, breath exercises, massage for the nervous system, and the unity of human expression through dance movement, breathing, and meditation. She also studied C.J. Jung, who mentioned the psychological root of the world of breath. Cornelis Veening, a member of Jung's circle, became an important teacher and support for Middendorff's own work, making clear that connecting with breath in depth meant connecting with the essence of Self and its creative and inspiring nature.

Professor Middendorff founded the Institute of the Perceptible Breath in Berlin, Germany in 1965, (now called The Experience of Breath). Since its inception, her work has achieved international attention for its effectiveness as a process leading to therapeutic, artistic, personal growth and transformation, as well as a way to support the healing and re-balancing processes of one's self as a physical, emotional, and spiritual being.

At 94 Ilse Middendorff currently lives and works in Berlin. Until this year she has maintained a full schedule, leading workshops and training practitioners throughout the world. She now continues to work on a more spontaneous basis with individuals and groups, and is planning an International Middendorff Breathwork Congress in Berlin, May 2005.

In 1986, Advanced Seminars of Berkeley, California sponsored the introduction of Professor Middendorff's work to the United States with Juerg Roffler, who founded The U.S. Middendorff Breath Institute in San Francisco in 1989, and directed the first training program leading to the certification of Middendorff teachers in the United States. Since then seven groups of certified practitioners have graduated, and the three-and-one-half-year training program continues – with a new training group beginning every year and a half. In addition, the Middendorff Institute offers weekly classes, intensive workshops, individual hands-on breath dialogue sessions, and workshops in Conflict Resolution with Breath.

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# SOMEBODY ALWAYS LOVED ME

BY

LYNNE JENKINS

## Abstract

I was diagnosed with manic depression in my late twenties and spent years on heavy medication which scarred my face, ruined my eyesight and made me doubt myself. The doctors told me I would always be on meds that would eventually destroy my kidneys and liver. I knew there had to be a better way. On my journey to wellness I began to explore natural therapies and discovered rebirthing. From the very first session I knew I had found the answer and it would be my life's work.

In the beginning I had no idea what rebirthing was all about nor had I known anyone who had tried it. However, from the very first session I went through so much emotional processing that within months I had changed my eyeglasses for lesser prescriptions and by the end of the summer I was entirely drug free. I am still drug free. I have had several minor swings due to incredible stress I was under such as my mother dying but otherwise am very stable. Something as simple as being a poor breather and stuffing my emotions had contributed much to the serious illness. Rebirthing is more than just a breathing process. I have found that by doing spiritual purification - or keeping the earth, air, fire and water balanced within myself, I can lead a balanced life. Here is my journey.

My name is Lynne Jenkins and I have a Bi-polar disorder, or manic-depressive illness – whichever you may want to call it. Where should I begin to tell you my story? Why do I think it happened? Who or what was to blame? Is there any blame? Should I tell you of all the weird things I did and said, from what I can remember, or should I focus on what I did to heal myself, and how I manage my disorder?

I am telling my story not to elicit sympathy but with the hope it will help others to understand the illness better. Mostly you will hear of my manic episodes because they were always the most traumatic and soul destroying, not the depressions, or anxiety attacks.

I can't say exactly when my mood swings began but there were signposts along the way. A tendency toward anxious, excitable, or sad moments seems to have been present most of my life. It is just that no one recognized the symptoms as such when they first occurred

What caused my mood swings? One reason could be because I was a War baby, raised to be good and obedient in a British military family. This meant that all emotions except for 'nice' ones were forbidden and I learned very early to repress all my feelings and obey orders. Eventually the emotions came out in an outburst, or more often than not, in sickness. By the time I was in my teens I was considered to be too high strung, too smart for my own good, and by my twenties I was often out of control. Did my parents' behaviour drive me into madness?

There are more cases of people with manic depression in those born after 1940 than before that date. The environment is blamed because of the increased use of al-

cohol, tobacco, and illicit drugs which in some way may have caused the genetic vulnerability.

There was alcoholism in my family, and my moods went up and down with the tensions and binges associated with the family member's illness. I was overweight, had a stigmatism in one eye, a crippling lack of self-esteem, and I was very unhappy. I hated everything in my life and most of all myself. My survival tactics were to fantasize being a character in one of the books I was reading, or to disassociate. I was very sensitive and cried easily.

My father was away at War for nearly the first seven years of my life. Like many War veterans, when he came home, he was a stranger with a drinking problem. Life would be fine for a while and then my world would be turned upside down. I knew great fear. I knew terror. Someone once said that if you are ever threatened by danger you should hide your soul in a rock and keep it far inside you. Is that what I did?

No one noticed me squinting and I saw life through a looking glass without borders. I thought that was the way the world was. Mostly I identified things by colour and eventually my eyes over-corrected so I could read. There was not supposed to be anything the matter with me because my mother had enough to deal with having an alcoholic husband and a son who was sickly and thin.

My hyperness was managed through food and criticism to bring me down a notch or two. Perhaps if I was heavy enough, I would not float away and people could not trespass against me. Somehow I intuitively knew that food could be used as internal body armouring by covering the cells. Mucous producing foods did the trick and later coffee and cigarettes. Bipolar disorder shares with autism a strong connection between intestinal health and brain function. There was a lot of pressure in my life to meet high standards, be smart, and tough. Living at home even on a good day was very tense. Also, we moved a lot and this meant I had to continually go to new schools and make new friends. My brother was the aloof child, while I was the family garbage can, or the one who acted out the family pain. I thought I had to make everyone happy and keep the family together. I don't remember hearing the words "I love you" and I was never hugged, or held. Maybe this was why I became a reverse puppet. If I always did or thought the opposite of everyone else, possibly I could escape ridicule and criticism.

I got sick a lot, or found other ways to hurt myself in order to get any kind of affection. Because I was so hyper I was convinced that I could never have or do anything because I would drop it, break it or lose it. I never stayed in a relationship and never put in for a promotion.

As I grew up I took on all the "poor me's", of the world, the lost dogs, the stray cats and later the gamblers, the alcoholics, the out of work and even those imprisoned. I was a friend of the friendless and a protector of the weak. In this way, rather than feel sorry for myself, I could nurture someone else's problems. If they were wounded, maybe they would not notice I was dysfunctional and I did not have to acknowledge my own pain and unresolved emotional chaos in myself and others. I always knew what others felt but had no idea what my feelings were until it was too late.

People liked it when I was excited and would wind me up further and further. I was the catalyst, the one who broke up the energy in a tense situation by telling a joke or doing something to intervene. I spiced things up and people counted on me to be creative, or funny. A caretaker, everyone's buddy, the life of the party, the class

clown, the matchmaker, were some of the roles I played. I have always done extremes, always been hard on myself.

I did not know how to set boundaries or what normal was and anyone could take advantage of me. Being “liked” was crucial to me and I tried to live up to everyone’s demand by working faster and faster until I crashed. I thought this was normal. I was so eager to please that I seldom said “no” and did not know how to problem solve.

The minute I got away from home I lived life to the fullest by going very fast, cramming in every ounce of joy and fun. Pills were part of my life since I was a teenager, for weight and for allergies. As well, I took a lot of laxatives to purge the monster out of me. Later my mother would give me Valium and sleeping pills to manage my anxiety and nervousness. I was often sad and felt the pain of the world, but few saw me when I was drained, or down.

In my early twenties my father and I both had an unknown blood disease which nearly killed us and we were sick for over six months. He was hospitalized when it was found the virus was eating his bone marrow. In the future I would come down with two more blood diseases, mononucleosis and Epstein Barr. I believe turning my energy inwards and having no will to live during many depressions, brought on these illnesses.

I was always nervous – especially with men and had a hard time maintaining a connection. I was always too much, trying too hard to please, and easily assumed the doormat position in the relationship. Many men came on to me because of my strong energy but it did not make me feel good about myself and only made me hate myself even more. Over the years I had lots of boyfriends but I never told any of them I was Bi-polar. Maybe I should have, perhaps they would not have thought I was so wild and emotional. I never could commit or feel safe in a relationship and thought they had to be crazy for liking me. As soon as someone liked me I usually did something to make us break up. If someone was stable and treated me well, I immediately dumped them. The highs and lows created by some of the “players” I went out with was familiar territory for me.

My search for healing and wholeness began in my twenties when I joined a movement that many of my friends were in. I wanted so much to belong somewhere and to be understood. We lived in group houses that we had remodeled in a prominent neighborhood downtown and worked on their farms. It took me a long time to realize it was a religious cult. They took my energy, my time, and my money during years of their therapy, and mind control. Gradually they cut me off from my family and friends who were not in the movement.

When I was in the cult I flipped out on an intensive confrontational weekend where they practiced a form of Gestalt therapy by putting me on the hot seat. My dam broke and everything came pouring out. I could not stop feeling or expressing myself. After a week of no sleep and little food, I was so weak that the cult members tried to hide me away. I was their first casualty. Later there would be others. I was still sane enough to call my parents to come and get me. When they arrived, the cult members said I belonged to them now and tried to send my parents away. I panicked as I saw them walking to their car and smashed my arm through a window in an attempt to escape.

Because I was cut and passing out, the members had no choice but to dump me off at an emergency ward. I could not understand what foreign land I was in. The lights, the noise and the shiny metal were too much for me in my weakened state. I became frightened and ran for an exit. An orderly with a metal stand usually used to

hang blood transfusions on, chased after me. I thought it was a pitchfork and he wanted to kill me. I did not know what was happening and ran bleeding and barefooted outside in the snow. Someone hit me from behind with a wheelchair to bring me down. The next memory I have is waking up heavily medicated in restraints three days later. I still did not understand when I was told I had suffered a nervous breakdown and was considered to be manic-depressive. I was twenty-eight and had no idea what they were talking about.

The next two months were spent in the hospital in a psychiatric ward. Other than drugs there was no counseling and no guidelines on how to handle the illness. What I do remember is that when I was getting cleaned up a nurse held out a towel for me in my drugged state and said “come and get a mother’s love”. I have never forgotten that. When I could not love myself, someone offered me love.

The doctor at the hospital told me all my problems came from low self-esteem, lacka nookey, and I was too fat. He put me on a 400 calorie a day diet. When I was released, I was to get a boyfriend, or pleasure myself. But who would want me? I was about 250 lbs., with acne all over my face from the pills and so heavily drugged my eyes were running. The next week I went back in and lied and told him I had a boyfriend. He proudly wrote it down in his notes that I had listened to his advice and was getting lucky. The problem was solved. He sent me back to the cult for therapy because I could not have therapy in two places. The cult was run by ex priests and nuns so the hospital staff assumed it was a safe place.

Once out of the hospital my family, and anyone associated with me, never spoke of it again. Like my father’s alcoholism, it never happened. I was on my own. Every week I was required to visit outpatients where a different intern would examine my file and curiously looked at me. At that time there was not much support because there was not that much known about the illness.

I had become terrified not only of life but of myself also. What had happened to that adventurous fun loving woman I once knew? When I looked in the mirror I did not recognize the zombie looking back at me. I never knew when the monster was going to come out of the cage. If I could not love nor trust myself, then how could anyone else? If I stayed up past 8 o’clock I became anxious that I would not sleep. It wasn’t much of a life because I was frightened to laugh in case it made me hyper and I was terrified to go out.

As I no longer lived in a group house, my old roommates took me back for a few weeks. Then I was asked to leave because I was so depressed. I moved into a rooming house where I could be close to the members of my group who lived in the area in group houses. One by one the members of the group told me they hated me because I had let them down – I was not the person they thought I was. It was devastating.

Over the next couple of years I had two more incidents. One was later that year when I had to go on a marathon weekend with my group. I was really frightened and nervous as I remembered what had happened the previous year. Once again the cult was doing confrontational therapy on me. This time it was psychodramas. I remember being sick to my stomach and fainting but they dragged me back into the room for another psychodrama. The leader apologized to me and said he had let the group get out of control and doubted I would ever trust anyone again. Possibly I had a harder time in the cult than others because it was run by Catholic ex priests and nuns and I was not a Catholic.

When we came back into the city I once again could not sleep and I guess I was doing some weird things. The next thing I knew a policeman was in my room and he took me in his police car to the hospital where I again spent another month.

After the second breakdown I was not allowed to go back to the cult. When I passed members on the street they would shun me and look the other way. They were not allowed to associate with me because now I was a deserter. My oldest friends were still in the group and to this day some of them still will not talk to me. I hung out with other ex mental patients, transients and lost souls in my rooming house. I did not even have a phone because no one would phone me and few would return my calls.

That spring I tried to come off the pills cold turkey and it threw me into another manic episode. After I threw a MacDonald's puppet full of pills at my doctor, I was again hospitalized and put back on Lithium but I was allowed to go out to work every day. In the morning the other patients and myself would gather in the waiting room and play "I'm leaving on a jet plane..." over and over again. It gave me an idea and I told the doctor I was going to Bermuda. I wanted out of there before they started experimenting on me again. He said he had never met anyone with such a strong will. Somehow I booked a flight and a few days later I went to Bermuda for a week to stay with two old friends who had not been in the country to witness my downfall.

The people in my life whom I had thought were my support system were not. Strangers and people I had never given the time of day to before suddenly had great compassion for me. It was a very strange time. Those closest to me, such as family had a very hard time accepting my illness. It was very difficult for them.

Eventually I moved into a bachelor apartment and tried to make a new life for myself. Somehow during all these episodes, I never lost a job, never not paid the rent, never went on disability, nor welfare, nor had my parents support me. Somehow I got sick leave and managed and then went back to the office where everyone avoided me. As most of my friends wanted nothing to do with me, I did volunteer work at a church where I taught cooking to little boys.

Somewhere within me I knew that there must be a better way to exist than being controlled by drugs that had made my weight balloon up, scarred my face, and further damaged my vision. When many of the people I once knew were getting married or having babies or dating, I was doing my best to cope with mental illness or blood diseases.

Often during this time I contemplated suicide. A few other ex mental patients and myself would sit around and discuss the least painful way to do it. Once I tried to cut my wrists but only a few tiny cuts was all I could manage. One woman thought putting rat poison in a slice of apple pie would do the trick. I still have a hard time eating apple pie. I have never been strong physically and could not stand the sight of blood. Something always happened. Someone always gave me courage to go on or something always gave me hope.

Now I began to have other problems such as mononucleosis from the extreme dieting I had been on. That Fall I tried again to come off the drugs but it threw me into another manic attack. A team held me down on the floor while they shot me full of drugs. I struggled to get free and ended up with bruises the size of footballs from the struggle. When they went to sign me in, somehow in my drugged state, I managed to walk out a door and tried to find my way home. All I had for a guide was a red light on top of Sutton Place. I followed it, even if I had to climb over fences to keep it in my sight. I staggered along, recognizing familiar buildings on my way. Once I thought my number was up because a policeman pulled me over and asked me who I was. He said he was sorry that he was looking for a man.

Somehow I made it home and poured myself a hot bath where I passed out. Hours later my father came looking for me and was about to give up when he heard moans from the bathroom. I begged him not to put me back in the hospital again and drug me and he didn't. For the first time in 29 years I heard him say that he loved me and would not do it. I was black and blue and very weak. My energy was all over the place for months but somehow I made it. That summer I went slightly off again and got put back on only Lithium.

What eventually saved me was meeting an amazing psychotherapist who brought me back to wellness. The first two or three sessions I could not speak, all I did was cry. His love and compassion over the years and his belief in me that I was a worthwhile person eventually led me on a healing path that has been rewarding. A few years later he advised me to come off the Lithium I was on. He said it would eventually cause me problems with my liver. It was frightening to let go of the pills. Would the monster come out again? This time I did not go cold turkey. I took my time and each night would shave a little off my pills and take a few grains out of each capsule. It was a long slow process but I was not going manic again. I was very unstable and ultra sensitive for a year. In addition to the Lithium I was also addicted to sleeping pills. I think it was harder coming off the sleeping pills than it was the Lithium.

My career or jobs were rather shaky. I would no sooner be at a place and get promoted than I would have an episode and would find some reason to leave because I could not bear the shame. Then I would start at the bottom all over again only to have it happen once more. I was very depressed in one job and the Office Manager told me that he would help me and that I was to have an affair with him to cheer me up, or leave. I left and once more started from the bottom in a new job. The down side of this is that I never had a career and I never built up a pension, or savings. All my money has gone into trying to heal myself.

One day I was sitting looking at my computer and wishing I were dead. I said a prayer to the Creator. "You have to either kill me or get me better because I just cannot start over one more time, or survive one more thing." I had survived three blood diseases, several surgeries, numerous manic attacks, depression and anxiety attacks. Also I had even been paralyzed for a year when I had been sprayed with DDT while on holidays in Cuba. It cut off my motor system at the stem of my brain and left me paralyzed, especially down my left side. Because of my past, no one believed I had been poisoned. They thought I was just flipping out again.

The doctor gave me pain killers and sleeping pills. My body was so numb and full of pins and needles that one night I had a near death experience. I knew death was not far away because I was going through a tunnel with a bright light at the end of it. Something got me out of bed and I walked and walked around the apartment and drank black coffee all night. In the morning I called my shrink. He knew it was an emergency and saw me that day. I asked him if I hated myself that much that I could paralyze myself. He had tears in his eyes and told me that no one was that smart. He immediately got me appointments with specialists at one of the hospitals. By this time the poison had set in and they did not know how long it would take to recover. I had to quit my job in a management consulting firm because I could not work under that pressure nor put in the extra hours required to work there.

It was then that I got into natural therapies that let me scream and cry to get the backlog of emotions out of my body. I was not given a pill or sent to my room. I tried one and saw some results, then another and another. As the pain of my past was released, I felt much more focused and began to make healthier choices for myself in life. So much stress was released out of my body that within a six- month period I

changed my glasses three times for lesser prescriptions. My life improved so much that I began to take courses in natural therapies and have been in private practice for the past 15 years. Of course everyone thought I was going off my nut again because nobody in their right mind leaves a government job.

Over the years I have read every book on self improvement, or psychology that I could find, took every affordable seminar, or course, joined a gym, did yoga, performed volunteer work, fasted, listened to subliminals, spent year after year in Jungian, Freudian and Adlerian therapy, or support groups, was hypnotized, put on a time line, discovered my inner child, learned to meditate, chanted, drummed, sweated, had my numerology and astrological charts done, used color therapy and went into my past lives. I have had fingers stuck down my throat, elbows ground into my backbone, and crawled down a birth canal. I have screamed into pillows and come out of therapies black and blue and so much more. Currently I am doing Chinese acupuncture and herbal medicine to detox. There is no end to healing. We can always go to another level. Mostly I am well grounded but every now and then.....

Have I gone out of balance since my late twenties and early thirties? Yes, I have several times. Each time was for only a few days and I quickly got back on track. Each time there was some terrible stress in my life, like my mother dying and once it was after a weekend long intensive where they deprived us of sleep and food. I came down with a crash on the Monday. Also, I was on a fast at the time that threw off my electrolytes.

Years went by and I thought I had made friends with the monster. Four years ago I was under a great deal of stress again and I had another small attack and was taken to the hospital in a police car. It was a shock because I thought I had outgrown them. I had spent most of my life being in denial that I was manic-depressive and rarely spoke about it to anyone. My family and friends are still in denial about this part of me and often will insist "oh no you are not" because they do not want to believe it. This does not help me, or make me feel safe.

The last episode was such a surprise to me that it broke my heart. It was then that I decided to wake up, take control and get informed. That led me to the Mood Disorders Association. I had found my tribe.

I have loaded up on books and videos to understand more and I was relieved to learn that the disease can be genetic. My family had always blamed me and I blamed myself that it was something that I must have done. I have learned not to be in denial. I want a support system around me. I want to understand and I want others to understand. I want to feel safe. Tell me when I am getting too hyper, or too tired. Don't wait until I am so far-gone that I can't and won't hear.

I have been drug free for over twenty-four years. It has not been easy and I do not advise this for everyone. Finally I am now learning to take care of myself and what stresses me and what triggers me. In the past I always focused on my highs. Now I am also paying attention to my depressions and lately I have noticed I sometimes have anxiety attacks if I do not know how to solve a problem.

What is mental illness? It will never be clear to me why I swing out of balance every now and then. Are the neurotransmitters in my brain not working? Was it patterns I learned in my dysfunctional family, was it allergies, a missing chemical? Is it caused by genetics, poor coping skills, poor social skills? Bad mothering? My mother did her best under the circumstances. Was it a karmic debt, past lives, a bad womb experience, or something that happened at birth? My mother's first baby had died three days after she was born. Had I picked up my mother's fear while I was in utero?

My mother had taken a blow to her stomach at four months. Did this blow have an imprint on me while in utero?

I do not know, nor do I want to spend time going over and over it looking for clues. What I want to do is to manage my state and take care of myself.

Currently there are many theories. One is that some sort of trauma usually occurred between the ages of two and six years old that involved a separation of some sort such as the death of a parent, or divorce. Was I more upset at being separated from my father than had been acknowledged? During those times a form of poisonous pedagogy was practiced. Children were to be seen and not heard and it was believed many things were beyond a child's comprehension. Attachments are critical to people and the disruption of a meaningful relationship can have lifelong repercussions. Another theory is that the child was torn in alliance between warring parents. Ah hah! That must be it.

Another common factor involves identification with victims of a forebear. A member of the family two, three, or four generations later will atone for an injustice without even knowing who the person involved was or what they did. This I shall never know because I have not learned much family history. My mother had a motto "never look back".

German psychotherapist, Bert Hellinger, believes there is some kind of interference that comes from a previous generation in the family. In this type of interference the cause and effect are separated by several generations. Rather than a genetic inheritance of a physical weakness, it is an energetic legacy of an injustice with which the family never dealt. Could this be why many members of the Black community are very angry this century, or we are witnessing the pain body coming up in third generation Holocaust survivors?

Gene penetrance refers to the increasing development of a genetic disorder the further along the generational chain it has been passed. Descendants may be more likely than their forebears to develop bipolar disorder. This phenomenon could also be viewed in energetic terms, with the energetic influence becoming more powerful the more times it is passed down, much in the way that a homeopathic remedy, which is an energy-based medicine, becomes more potent the more times it is diluted. Whatever we don't heal we pass on. We are made of the same chemistry as our ancestors. Perhaps in this century as we explore DNA research, we will find a way to fix the problem.

Then of course there is the current conventional medical view that manic depressive illness is a brain disorder involving some kind of neurotransmitter malfunction. In some cases there are heavy metals in the brain where they work like antennae picking up the electromagnetic or geopathic interference, which exacerbates the symptoms of mental disorders.

Nutritional medicine points to biochemical imbalances in the brain, nutrient deficiencies, or toxicity as the cause of much mental distress. This is true, but not entirely. Often, no matter what a person eats or takes in as nutritional supplementation, he or she still struggles with profound psychological issues. It could be in "stinkin' thinkin".

Another theory put forth is that the main underlying problem is a disconnection from one's life purpose. This disconnection "leaves room for some alien energies to come in that do not have anything to do with the kind of promise the person made before coming into this world" the promise of what one will fulfill in one's life. Not fulfilling your contract leaves you subject to "mental" disorders. Some spiritual orders

such as the Falun Dafa and some New Agers believe we have entities. Therefore, we are not responsible. In ancient Greece, melancholy was considered to be an excess of black bile, one of the four “humours” of the body (blood, black bile, yellow bile, and phlegm) believed to regulate health. One physician suggests mania was the result of too much yellow bile that had turned into black bile as a consequence of too much heat. In Chinese medicine the belief is that if one gets rid of excessive heat in the body, the mind will balance itself out. I have too much heat and my acupuncturist is clearing me with acupuncture and herbs. It seems like a long process and at times my hands are covered in Band-Aids because the heat splits my skin. My fingers are always peeling off and also the bottom of my foot. It is a messy process to go through but every little bit of heat that leaves my body finds me more and more grounded.

My main profession is that of a Rebirther. We clear cellular memory by doing a series of conscious connected breathing rhythms. We believe that womb experience plus the way we are born become our map of the world. Early patterns begin in the womb when it is the first time a baby reacts to stress or pressure. Some theories are that depression, manic-depression, psychopathic behaviour begins in the womb. This is a subject for another talk but a few examples are: a baby being given up for adoption, a mother who is on hard drugs such as cocaine, or a womb experience where the baby has experienced a lot of trauma such as an attempted abortion, or a serious accident. The birth process itself can be quite horrendous where there is a good deal of struggle with near success followed by abject failure or difficulty at birth. A common example is struggling to get out against a tumor and the resultant Caesarean section, or, the baby being held back during labor by a nurse who was waiting for the doctor to arrive. What this kind of birth does is stamp in a cyclic personality. The chief cause is the amount of struggle at birth before catastrophe struck.

Later in life, particularly when life is harsh and stressful, the cyclic prototype kicks in. First the person is engaged in wild struggles and uncontrolled impulsiveness, etc. This is followed by utter despair, hopelessness, lack of energy, and a feeling of what’s the use? They mirror exactly what happened in the birth struggle. In the first phase there is activation, struggle, and hope where the person is desperately running from the possibility of death. The second phase is touching death and the terror of that experience. A California study learned that the most violent prisoners had the most violent births. Many natural therapies look at how birth affects our lives such as Primal Scream, Holotropic Breathwork and of course Rebirthing.

Several doctors believe that there are precursors by the age of one, and that by age six you can very straight forwardly diagnose a manic-depressive illness in a child. There are a lot of children who have mood disorders because mood disorders are rampant in families. People just don’t want to believe children can have an illness this serious. And often believe if they have the child change schools or get some new friends the symptoms will disappear.

In addition to whatever genetics are at work in perpetuating manic-depressive disorder through the generations, certain patterns of family behavior may contribute. They include:

- The use of denial to manage hostility and anxiety
- Family members having unrealistic standards of conformity and self expectation
- Difficulties in initiating and sustaining intimacy outside the family
- Transmittal of low self esteem from parents to children

Fears about the inheritable aspects of psychiatric illness within the family.

I tend to view life from a native Aboriginal perspective, although I myself am not native. They believe that for us to be happy, healthy and wholesome, we must bring four elements into our life each day. These are mental, emotional, physical and spiritual, or earth, air, fire and water. If any of these aspects are out of balance, we become out of balance. So what do I mean? We contain all the different energies of the universe which apply to how we experience and understand and deal with the world. We cannot live only in one direction such as mental – where we are using computers at work all day and then come home and sit and spend more time on the computer.

I am learning to manage my states. I very quickly notice when I am “off” or in a negative state. If I am tired – why? Do I need to get some sleep, do I need to eat? Am I drained? Do I need to drop some people, or chores out of my life? What am I feeling? Where do we get energy from? From food, water, people and the environment. We can only give from a full cup.

Is it mental? Is it something I am thinking? For example I have noticed that if I do not problem solve I will go over and over the same material working myself into a negative state. Ninety-five percent of what we do, say, or think comes from internal reference around us. We must look at our lives in terms of all the influences we allow into our environment.

Spiritually? Am I taking time to be creative, go inside, meditate? I cannot always be in a giving position or “on”. I have to take time for myself. I don’t do extremes any more. I am no longer over- responsible at the expense of myself. Am I taking time to relax? Be creative?

Physically? I go to the gym at least three times a week, I walk a lot, I like 8 hours sleep, and I like three meals a day and I don’t like to eat on the run. Am I remembering to take my vitamins and especially my fish oil? I am learning to like vegetables more. I don’t do all-nighters. I don’t let people drain me, or use my energy. I don’t go in large crowds because I find I absorb too much energy. I watch that I don’t get over-stimulated. Even if I am being creative, I have a cut off time. I know I can turn the switch back on. I detox regularly.

Emotionally. It is enough to feel my own feelings and be responsible for myself. I can empathize with others but I don’t have to feel their feelings or be responsible for them. I don’t hang out with victims. I had no center, but as I am becoming more aware, strength and determination are born.

I am practicing putting myself first. I am my first priority. As one of my clients once said “I am getting rid of anything and everything in my life that is not good for me, love me, or supports me.” This is not always easy as I have had to put distance between myself and family members who still want to see me as the “character,” or the “black sheep”. Also, I have had to let go of some friendships that had been in my life for thirty years or more. It is not that these people do not LOVE or like me, but rather they like the old me, the clown or the pleaser, and still treat me that way. I don’t want “to go there” any more.

Never stop trying. Never give up. We cannot just expect our drugs to change our lives. We have to take responsibility for our wellness. That might mean changing our diet, our thoughts, giving up certain friends, or taking a less stressful job.

I believe there is a cure. I believe we can manager our diseases. I believe we can heal. Haling takes time and hard work. A thorn hurts as it goes in and it hurts as it is pulled out. We just can’t take a pill and expect to be healed. We also must make the

effort to do what it takes to heal our lives. I believe we have to start putting as much energy and money into researching mood disorders as we do physical diseases, or viruses. We have to start understanding. We have to stop locking our emotionally disturbed people away in prisons, or letting them wander unprotected on the streets. We have to care. A society will be judged by how it treats its' most vulnerable people.

You would think by the way we act that mental illness is contagious. It scares us, causes us shame and embarrassment and makes us ridicule, reject and finally isolate a person as if he/she has an infectious disease. Perhaps we do this because deep down we know that no one is immune. We are all victims of victims.

Many have asked how have I survived, how have I managed to go on? The answer is simple; there was always someone or something that loved me. Someone always held out a hand, gave me hope, picked me up, dusted me off, protected me from myself, or gave me a pill. Also, I think I am just stubborn.

I asked a doctor once if I would ever be drug free and he gave me thumbs down and told me I would never make it. Well, I am here today to tell you I am thumbs up, I am making it.

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## BOOK AND CD REVIEWS

[Lynch](#), Dr. Terry, *Beyond Prozac: Healing Mental Suffering Without Drugs*. Dublin: Marino Books, 2001.

[Yalom](#), Irvin D., *Love's Executioner and Other Tales of Psychotherapy*. London: Penguin Books, 1991.

[Fernance](#), Robyn, *Being Born: What was it like for you?* Newcastle, Australia: Inner Connection ISBN 0-646-42194-8© 2002

[Caplan](#), Mariana (2002), *Do You Need a Guru: Understanding The Student-Teacher Relationship In An Era Of False Prophets*. London: Thorsons.

[Slater](#), Matthew, *Stress reduction and relaxation CD*. Natural Thinking Ltd. Includes Neurolinguistic programming instruction written by Francis McGinty. £15.99. Obtainable through [www.naturalthinking.co.uk](http://www.naturalthinking.co.uk)

[Postle](#), Elmer, director, *The Psychology of Birth: Invitation to Intimacy*. Co-originated and produced with Debby Takikawa. Narrated by Binnie A. Dansby. CD. Owl Productions, 2004. <http://owl.postle.net/birth/>

### **Lynch, Dr. Terry, *Beyond Prozac: Healing Mental Suffering Without Drugs*. Dublin: Marino Books, 2001.**

Terry Lynch is a general practitioner who has trained in counselling. His clinical experiences as a doctor and counsellor have contributed to this book which questions the whole medical model of mental illness. Lynch doesn't see mental/emotional suffering as an illness at all and in the book, he systematically examines the devastating effect classifying mental suffering as illness has.

In our society labelling mental/emotional pain as a mental illness carries a huge stigma. This stigma is an additional burden on sufferers and can cause people to avoid seeking help for their problems. Another aspect of labelling is that sufferers can identify with the label, see their condition as an illness diagnosed by a doctor and therefore out of their control. If it's beyond their control, they are can do little about it and are therefore less likely to be an active participant in their own treatment. But the biggest delusion perpetrated by this medical model of mental illness is the one that the medical model works.

It is on this point that the facts put forward in this book are the most chilling. The reality is that conventional treatment within the mental health hospital system doesn't work. If it did, three quarters of sufferers would not need re-admission to hospital. (p. 65). Treatment, in or out of hospital, is also very heavily drug based. Lynch emphasises the reason for this: "...right now the medical profession has very little else to offer." (p. 63). He supports this assertion with an examination of drug treatment and the way drugs are tested and marketed. He also examines the many side effects that occur in patients but that manufacturers and doctors have claimed don't exist.

Lynch cites numerous examples of how drugs are marketed. Like LSD they are sometimes discovered in a laboratory and the marketing people then have to look for a use for the scientists' very expensive discovery. The marketing includes the endorsement of the medical profession. People seldom question their doctor's competence. If the doctor prescribes it, it must be ok. If it sounds scientific, it must be reli-

able. What patients don't see is the very deliberate wooing of the medical profession by the pharmaceutical industry.

One of the many examples of faulty 'science' Lynch cites is the book *Making the Prozac Decision* by psychiatrist Eliot Kaplan. In it Kaplan claims that Prozac addresses the 'underlying biological problem that may be causing' anorexia. Lynch points out that "no underlying biological problem as a cause of anorexia has been established." (p. 161). This total belief in the medical model by doctors and psychiatrists, Lynch claims, can be damaging to the patient. A belief in the diagnosis and cure by drug treatment means that the average GP spends between 7 and 15 minutes with their patient (p. 259) and once admitted to hospitals patients see their psychiatrist for no more than 10 minutes per day (p.266). Many doctors see no need to suggest psychotherapy or other complementary therapies to their patients, some even prescribe against it. If the drugs work, there's no need for anything else. The result is that patients often don't get the wide range of care that they need.

Do the drugs work? In 1978 the journal *International Pharmacopsychiatry* published a study showing that only 8% of patients treated with a placebo in hospital and no tranquillizers on follow-up were re-admitted while "between 43 and 73% of those who received major tranquillizers were rehospitalised." (p.147).

There are chapters on suicide, depression, eating disorders, schizophrenia and addictions. All are interesting and informative. The faults in the book relate to the research cited. As with the example above, some research can be a little dated. The book is aimed at the mass market, therefore there is no footnoting. Sources for each reference are mentioned in the text but the extra details needed to follow up on the references are not easily available. However, it's a well written book by an author with a wide range of clinical experience. And for people who, through experience, already know the limitations of the medical model, it provides the basis of evidence to support their assertions.

*Review by Catherine Dowling*

**Yalom, Irvin D., *Love's Executioner and Other Tales of Psychotherapy*. London: Penguin Books, 1991.**

Irvin Yalom is professor of psychiatry at Stanford University School of Medicine and one of the biggest names in psychotherapy today. His *Theory and Practice of Group Psychotherapy*, at 500 plus pages, is a seminal text book. I first came across his book on group psychotherapy many years ago on a booklist for a course I was taking. The sheer weight of it was off putting and the credentials of the author did not bode well for interesting reading. But once I opened the cover I discovered a page turner. Yalom writes beautifully and in *Love's Executioner*, he has used his considerable skills to make what is essentially ten case histories read like a really top quality detective novel.

This book is exceptional. In it Yalom gives us the history of ten of his clients. But he does more than that. He takes the reader right inside his consulting room, right inside his own mind and exposes his own weaknesses, prejudices, vanities, successes and failures. It is a very courageous book for any therapist to write. It is a very valuable book for any therapist to read because it is a first rate tutorial on what actually happens in a psychotherapy session, what goes on inside the therapist and the client.

It's said repeatedly that the relationship between therapist and client is what brings about change. This book puts the reader at the cutting edge of that relationship

as it is unfolding. It is exposed in all its joys and pain, all its rawness, and Yalom is not afraid to show how he stumbles, can't always find his way, makes mistakes. He is also not afraid to take responsibility for his share of that very human relationship.

His premise is that all human suffering "emerges from a person's endeavours, conscious and unconscious, to cope with the harsh facts of life, the 'givens' of existence." (p.4). The four 'givens' that he finds particularly relevant are: "the inevitability of death for each of us and for those we love; the freedom to make our lives as we will; our ultimate aloneness; and, finally, the absence of any obvious meaning or sense to life." (pp. 4-5).

In his ten cases he shows people struggling with these four givens. Here we find Carl trying to come to terms with his own terminal cancer, Thelma, the 70 year old woman who can't let go of a love affair with her therapist of eight years earlier, Betty, the fat woman Yalom can hardly bring himself to look at, and many more. The stories are told with great compassion and equally great honesty. Yalom's insights into his client's behaviour are detailed as they emerge. He is a very skilful, intuitive therapist, never taking what is presented to him as the complete picture, supporting his clients to go deeper into their own pain and face the reality that they can shape their own lives. It is not a one way relationship. His clients make very sharp observations about their therapist and he learns as much about himself from the relationships as they do.

Love's Executioner is the sort of book you stay up far too late at night reading because you want to know what happens on the next page. It is also a masterclass in conducting a therapy session. This is down to Yalom's talent as a writer and his willingness to be, often painfully, honest.

*Reviewed by Catherine Dowling*

**Fernance, Robyn, Being Born: What was it like for you? Newcastle, Australia: Inner Connection ISBN 0-646-42194-8© 2002**

This book is both a light and profound read for all those who want to gain insight into how birth affects who we are, how we relate and what life lessons we have chosen. The book itself was born out of Robyn's 30 years of teaching experience, which have included working and training others in Neuro-linguistic Kinesiology, Touch for Health and most importantly 15 years as a Rebirthing practitioner and trainer.

The approach of the book is comprehensive, combining the expertise of the author as a teacher with her long experience as a Rebirther. Her intention is to offer 'insights into how your birth may be affecting you' and 'give you some clues on how you may want to change your behaviours and patterns for a better and more wholesome relationship with your self and others'.

The reader will find 150 pages devoted to a description of 21 different 'types of birth script'. The section titles are: big baby births, born in the sac births, breech births, caesarean emergency births, caesarean planned births, condition of the mothers births, cord around the neck births, drugged births, easy births, fast births, forceps delivered babies, held back births, induces births, late births, near to death births, normal births, premature births, turned at birth, twins (multiple), unwanted births, wrongs sex births.

Information on each of the 21 different types of birth is given under the following headings:

- The X type of birth

- How to work with X births
- With their learning in the home/classroom
- Getting along with others
- How to relate better with X births
- Why choose to be an X birth

And at the end of the chapter there is a handy point form summary.

The final section of the book offers ‘positive thoughts for change’ that can be used for each of the 21 different types of birth, case studies and an appendix that gives a brief description of Rebirthing, a sample form for taking a birth history from a client and finally a partial list of Rebirthers/ Breathworkers who are members of the International Breathwork Foundation.

The humour and illustrations by another Rebirther Elly Gregory Wilson make this book a delight to read. It can be used as a tool for personal reflection or as a reference text in Rebirthing training. Robyn launched her book at the Global Inspiration Conference in July 2003. In the 6 months following the book sold out and has gone to a second printing. It is being used throughout Australia and New Zealand by both Rebirthing/Breathwork trainers and practitioners. The easiest way to obtain your copy of this book is through Robyn herself, who can be contacted by email [innerconnection@idl.net.au](mailto:innerconnection@idl.net.au) or phone/fax ++61.2.49596619

*Reviewed by Ann Harrison, Rebirthing Breathwork trainer, President of the Australian Association for Professional Rebirthers, International Vice President of the International Breathwork Foundation*

**Caplan, Mariana (2002), Do You Need a Guru: Understanding The Student-Teacher Relationship In An Era Of False Prophets. London: Thorsons.**

This is a wise, intelligent and necessary book about the problems and issues that face a Western potential and actual practitioner of *bhakti* yoga. The Sanskrit word *bhakti* can be understood to mean both surrender and devotion. The book avoids the use of this term, nevertheless, that is its context. It advocates a conscious discipleship and explains how this can be achieved. In its five sections this excellent book tackles subjects like the dilemma of wanting a teacher, the pitfalls and possibilities for the teacher-student relationship, finding one’s right teacher, issues around following a teacher, and Love. There is no shirking or glossing over. There is a Bibliography and Index.

In her *Introduction*, Caplan tells us immediately that she follows a guru:

Yes, I participate in a traditional, committed guru-disciple relationship with a spiritual master who I am fully convinced can, *with* my conscious, mature, and complete participation, personally guide me to the expression of my highest potential in this lifetime.

She says she is “in it for the long haul.” (p. ix) She writes with acuity and humour about the problems that following a guru creates in our Western society. “We have not learned *how to learn* when it comes to knowledge of the soul.” (p.xiii)

Section One is called *The Dilemma*. Its first chapter is perceptively called ‘You Get What You Ask For (But You Need To Know What You Want)’ and addresses the issue of authority. Topes discussed include ‘relative and absolute authority,’ teachers who proclaim they are not teachers; and the concept of the ‘inner guru,’ Caplan does not gloss over the danger of the relationship with a guru:

The relationship with the spiritual teacher is not safe and is not supposed to be safe. It is, by its very nature, the ultimately dangerous relationship, and is designed to eradicate our current (unenlightened) sense of identification, which is exclusively attached to the body-mind. The spiritual master is essentially employed on the basis of his capacity to dismantle, decompose, and annihilate the limited self-perception that keeps us suffering needlessly and unnecessarily.” (p. 16)

In accomplishing his task, the teacher may use unconventional behaviour. Caplan’s position is that we get what we pay for, and the currency is our own commitment!

Chapter Two, “‘Guru’ Is a Four Letter Word: The Nature of Spiritual Scandals,” considers the nature of abusive false gurus. Caplan points out the collusion in the corrupt relationship. If gurus may be scandalous, so are the students who allow themselves to be abused. Chapter Three addresses ‘The Need for a Teacher.’ Her argument is that “we are not capable of navigating the soul’s unfolding without a guide.” (p. 46) Therefore we need a teacher. She explains the importance of apprenticeship as necessary for acquiring any skill, and of the transmission of a tradition: “Transmission is .. an awakening of grace within us.” (p. 48) She discriminates between the guru, and “the guru function.” She explains ego and our natural fear of ego annihilation.

Section Two is called *A Working Model of Relationship: Three Necessary Qualities for Teacher and Student*. In Chapter Four, ‘Basic Psychological Sanity,’ Caplan points out that “The authentic relationship between teacher and student is one of *work on Self*, not of psychological satisfaction.” She addresses the issue of the role of both the teacher’s and the student’s projection and shadows in this relationship. In chapter five, ‘Conscious Relationship to Power Dynamics’ she explains the guru-disciple relationship and makes propositions regarding how to cope with its power dynamics. There are very interesting sections on psychological, cultural and religious authority figures, and an emphasis on self-responsibility. Chapter Six is called ‘Mutual Trust and Surrender.’ In the traditional guru-disciple relationship, the disciple is called up to surrender fully to the guru. How can this be done wisely? The issues of trust and betrayal are dealt with.

Section Four takes on the following *Hot Issues* in its chapter titles: ‘Spiritual Monogamy vs “Sleeping Around,”’ ‘Guru Games and Crazy Wisdom,’ ‘Obedience’ and the ‘Imperfections of the Teacher.’

In Section Five Caplan speaks *For the Glory of Love*. Having earned our way through the very practical previous sections we are now rewarded with Caplan’s ability to open and lift our hearts and share her inspiration,

We love the teacher because we love our own Self – not in a narcissistic and self-aggrandising manner, but because we love Truth, or God as expressed through the teacher. (p.234)

This is an outstanding book. Its structure is very well-conceived. Each chapter starts with an account of an aspect of Caplan’s personal path, beginning from her search for a teacher, through her experiences with wrong teachers, to her finding of her right teacher. A theoretical section then follows and the chapters end with short interviews with respected teachers, among them John Welwood, Charles Tart, Vimala Thakar, Arnaud Desjardins, and Ram Dass. Caplan says of her quest for her teacher, ... “my relationship ... turned from that of a seeker to that of a researcher.” (iii)

In the Theravada Buddhist texts in Pali the Buddha invites potential converts to “come and see,” i.e. to test his method. Caplan tells her readers how to do this.

These same texts have the Buddha say that his teaching is “good at the beginning, good in the middle, and good at the end.” So is this book.

*Reviewed by Joy Manné*

**Slater, Matthew, Stress reduction and relaxation CD. Natural Thinking Ltd. Includes Neurolinguistic programming instruction written by Francis McGinty. £15.99. Obtainable through [www.naturalthinking.co.uk](http://www.naturalthinking.co.uk)**

I am always on the lookout for new relaxation tapes, and chance brought me to meet Matthew Slater at the Organic trade fair recently. He is the composer and musician on this CD which is quite simply, brilliantly effective at bringing about deep physical and mental relaxation. You need headphones, which cover the ear to get the full experience of the Binaural Beat technology, which “entrains your brainwaves to the frequency that best reflects a relaxed state, a Theta state”. The music reminds me of some of Gorecki’s transcendental, mystical work. It held me, with its strange semi-classical quality, taking me away from my thinking, into a calm, peaceful state.

The music is divided into three Movements. The first movement combines the music and its binaural beats with the directions given by vocal artist, Keith Chanter, whose soothing and pleasant voice guides you into relaxing your limbs and whole body, breathing with awareness, and entering the Theta state. Here the brain switches off conscious thinking, bringing deep tranquillity. Keith then takes you through the Neuro-Linguistic programming technique of Anchoring: creating a trigger so that you can recall later the sensations you have experienced.

The Second movement flows gently from the first: “ethereal guitars bring a melodic aspect to this level of relaxation” says the cover details. The Third movement deepens this relaxation with subtle changes in the music. I felt a semi-hypnotic effect, not wanting to move away. I played the whole CD on another occasion before sleeping at night, wearing headphones, and drifted into unconsciousness before it ended. I had a very refreshing night’s sleep.

This CD can be used for background music, without headphones, and will be useful for therapists or anyone just wanting a calming atmosphere. Overall I can recommend it as a powerful aid for personal and professional stress busting.

This is the first of Matthew Slater’s own CD relaxation productions, and can be obtained by e-mail: [info@naturalthinking.co.uk](mailto:info@naturalthinking.co.uk)

*Reviewed by Vivienne Silver-Leigh.*

Postle. Elmer, director, *The Psychology of Birth: Invitation to Intimacy*. Co-originated and produced with Debby Takikawa. Narrated by Binnie A. Dansby. CD. Owl Productions, 2004. [www.ecstaticbirth.com](http://www.ecstaticbirth.com), [www.owl.postle.net](http://www.owl.postle.net)

How can we who are breathworkers communicate what we know? That is such an important question. We can write books, certainly, and they are necessary and important, but no book can show the magic of what is experienced in our work, including the extraordinary healing that reliving our birth process brings. This aspect of breathwork has to be seen visually.

This beautifully produced CD is not about Breathwork per se, but about healing the birth process. It starts with the reminder that at the beginning of life, the infant is having an experience – and shows us that there are still people in this world who do not know that. It gives us a chance to see and hear many people who helped to create

the field of birth psychology and who are still creating it. Joseph Chilton Pearce points out the importance of the prenatal period, birth and the first year with regard to the creation of the violence that increasingly pervades our societies. Dr. David Chamberlain gives a history of attitudes to babies. Barbara Findeisen talks about imprints and damaging belief structures. Dr Raymond Castellino, a chiropractor, shows how to communicate with an infant at the infant's rhythm of communication, and shows some of his colleagues doing birth trauma therapy with a toddler born by caesarian. Dr Marti Glenn shows a therapy session in which an adopted adult integrates her sorrow at being separated from her mother (who died at her birth). Sononfu Somé from Burkina Faso teaches how a foetus is welcomed into the community with song and words of joy. And all of that is *shown* – we see the teachers and we see the people who are learning: we learn with them, and in this way we share their experiences at a very deep level.

The filming of these very intimate experiences is handled with the delicacy and tenderness we expect if we know Binnie A. Dansby, the narrator. At no time do we feel embarrassed, like voyeurs. Binnie, a major influence in the field of birth psychology and breathwork, reminds us that birth is also an emotional and a spiritual experience.

This is the CD – the visual – that I have been hoping for and longing for throughout my career as breathworker. I've heard and read about birth therapy with very young children. At last I can see how it is done. And, what is shown is not only the therapy, but how to receive the infant's communication at the deepest level, how to really hear and respond to the infant.

My compliments to the team involved in producing this CD. It is respectful, it is delicate, it is inspiring, it is moving ... I am so thrilled with it. ***Please give us more.*** We need to see more, and so too do the people who have not yet understood how important gestation and birth are. I hope Castellino will create many individual CD's teaching parents how to listen – we all have so much to learn in this area. I hope David Chamberlain will create more CD's showing that babies learn in the womb, and sharing more of his immense knowledge this way. I hope Sononfu Somé will create CD's that teach us how to really sing as they do in cultures where singing is as much a part of communication as talking. Please Mr Postle, we need more.

***Reviewed by Joy Manné, PhD***