

# **The Healing Potential of Holotropic Breathwork**

There may be no better way to introduce the action of this work than by quoting Freud's contemporary, the influential Harvard psychologist William James, who wrote in his seminal book, "The Varieties of Religious Experience", published in 1902:

*"Our normal waking consciousness, rational consciousness as we call it, is but one special type of consciousness, whilst all about it, parted from it by the filmiest of screens, there lie potential forms of consciousness entirely different. We may go through life without suspecting their existence; but apply the requisite stimulus and at a touch they are there in all their completeness."*

Holotropic Breathwork (HB) is a simple and effective method that gives "the requisite stimulus" for individuals to experience, encounter and engage with aspects of their psychic structure that may be hidden from them.

Conducted in pairs within a group and supervised by trained and experienced facilitators, participants lie on a mat and breathe consciously whilst listening to selected evocative music in a safe and supportive setting. The non-ordinary state of consciousness (NOSC) that occurs allows participants to recall, own and embrace whatever memories, experiences and visions may arise. Engagement with this material may result in cognitive understanding and emotional release that can reduce the power of the subconscious to influence the individual's behavior.

## **HB History**

Beginning in the 1960's, at the Esalen Institute and other locations, Human Potential Movement modalities including gestalt therapy, bio-energetics, primal therapy, marathons, encounter groups, neo-Reichian and other experiential approaches radically expanded the range of emotional expression beyond that which would be appropriate within a therapist's office.

Participants were encouraged to talk directly to the people they would ordinarily talk about, to express themselves freely, to cry and even scream, authentically experiencing themselves in scenes from their biographical past. They were equally likely to have experiences unaccountable to them during which they went beyond their post-natal biography into Perinatal episodes as well as into experiences that defy rational explanation and which are known as Transpersonal.

## **Psychoactives**

In the 1950's the Swiss pharmaceutical company Sandoz, per industry protocol, had sent samples of a psychoactive compound they called LSD 25 to specialized clinics throughout Europe, including the Charles University in Prague Czechoslovakia where Stanislav Grof was beginning his career as a Freudian psychiatrist. The newly synthesized compound was accompanied by an advisory note recommending that the clinicians themselves ingest it to better understand their clients as "it seems to induce psychosis on a temporary basis".

In his first session Dr Grof was "astonished". He gained significant insight into the astonishing potential of non-ordinary states to reveal the psyche, an ability that he has since likened to that of Galileo's telescope to reveal the heavens. Deciding to study psychoactives and non-ordinary states, his career trajectory was cut short

in 1971 when all research into the potential therapeutic value of these medicines was prohibited. At that time, Grof was invited to the Esalen Institute as scholar-in-residence to write a comprehensive survey of the seventeen years of clinical work he conducted with these medicines in Prague and at Johns Hopkins in Baltimore.

### **Observation Leading to Understanding**

Dr Grof had spent over 2500 hours in clinical settings conducting, observing and meticulously documenting hundreds of psychoactive sessions. During these his basic approach to the extraordinary material that arose from his patients was one of “Data First; Interpretation Last”. This posture echoes, and is similarly expressed by, the original meaning of the word “therapist”; from the Greek word ‘Therapeutes’, it means “an attendant to the healing process”.

Holotropic Breathwork facilitator and psychiatrist Michael Mithoefer, makes a germane analogy between this therapeutic stance and that of the physician who makes a cast for a broken arm; this simple procedure establishes and maintains the environment necessary for the healing of the bone to take place, without further interventions.

Thus, the Perinatal and Transpersonal theories that inform Holotropic Breathwork spring not from any existing theory, dogma or established teaching but from the objective observations of an open-hearted, open-minded clinician who understood, both from his own and others’ experience, the significance of allowing the patient’s inner process to run its course fully supported, but unimpeded by un-requested therapeutic interventions.

## **Esalen Institute**

When Grof encountered the human potential modalities at Esalen in the 1970's he was struck by how closely the experiences he had seen manifest in individuals undergoing therapy using psychoactives were comparable in content to the experiences of these modalities. It was clear that these experiences were not produced by the psychoactives but were artifacts of the psyche itself. With reference to their ability to bring the most urgent issues to the attention of the client, he subsequently described these compounds as being "non-specific amplifiers".

## **The Power of the Breath**

Grof's patients in therapy using psychoactives had often used breathing during their sessions to modulate, navigate and manage the terrain encountered, and many of the human potential modalities he witnessed at Esalen used the breath to help drive the client towards deeper experiences. Concurrently, mythologist Joseph Campbell introduced him to the ecstatic and healing rituals of ancient, pre-industrial cultures from all over the world, including Pranayama and other forms that used breathing techniques. Holotropic Breathwork's healing potential comes from conscious breathing, and the journal article, "Holotropic Breathwork: The Potential Role of a prolonged, Voluntary Hyperventilation Procedure as an Adjunct to Psychotherapy", principally authored by Joseph Rhinewine, PhD, hypothesizes a mechanism of action for this effect. This article is available for download on the "What's New" page at <[www.journeywork.net](http://www.journeywork.net)>.

## **Music**

Following his exposure to Human Potential Movement modalities at Esalen, Grof and his wife Christina worked to further develop this new form, breathwork. In originating Holotropic Breathwork the Grofs added something also valued by ancient cultures world-wide for its ability to disable the conscious mind; Music. Combining these two elements within the safe and supportive “set and setting” that he had employed in psychoactive sessions, they also expanded the “Therapeutes” posture to include the Buddhist practice of “Doing Not Doing”. This is now accepted as the optimal stance for Holotropic Breathwork facilitation.

Thus, Holotropic Breathwork is a post-modern practice originating from a profound understanding of contemporary and ancient healing forms by a western-trained, evidence-based clinician sophisticated in the expanded realms of the human unconscious brought about by psychoactives.

## **Research Initiative**

The healing potential of non-ordinary states of consciousness is largely unacknowledged and inadequately understood. Following Journeywork’s research proposal, submitted to the the National Institute of Health in 2000 in response to their Request For Applications # AA-00-002, “Studying Spirituality and Alcohol”, their correspondence on record states:

*“Holotropic Breathwork is from a domain of spirituality typically neglected in the Western Culture... tradition. It evokes unfamiliar ideas such as the healing potential of “non-ordinary states of consciousness”. Yet these ideas do have a long tradition in other major world religions such as Hinduism, Buddhism and Islam....The opportunity to examine Holotropic Breathwork... is of significance to*

*further understanding of a nontraditional form of spirituality and mystical experience that may provide experiences that facilitate sustained, positive treatment outcomes.....”.*

More information about the Journeywork research project can be found on the “What’s New” page of [www.journeywork.net](http://www.journeywork.net).

## **Moving Towards Wholeness**

The term Holotropic is a compaction of two Greek words; ‘holos’ = whole, and ‘trepain’ = to move towards. Holotropic Breathwork is predicated upon the theory that the human organism, Body, Mind and Spirit, is attuned to move towards wholeness if offered the right conditions. This echoes heliotropism, in which the leaves of a plant orient themselves toward to Sun as it moves across the sky to maximize the photosynthetic exposure necessary for its growth and well being.

## **Meeting With Ourselves**

The principle of “moving towards wholeness” requires the opportunity for the organism to behave in ways consistent with its own inner directives. Holotropic Breathwork creates and maintains an environment free from interference by external factors, including unsolicited intervention by facilitators, for the three or more hour duration of the session. At the same time, full permission is given to the breather to not self-censor, and to honor any and all visions and memories by giving free and complete expression to emotions that may arise from them.

## **Guiding Principles of HB**

This imperative has venerable roots, expressed two thousand years ago by St Thomas in The Gnostic Gospels:

*“If you bring forth that which is within you, that which you bring forth will save you. If you do not bring forth that which is within you, that which you do not bring forth will destroy you.”*

The guiding principles of this modality can facilitate the mobilization of innate healing mechanisms that are not usually accessible within traditional treatment methods. By activating this healing potential, a transformative process is initiated guided by deep inner spiritual intelligence. Inherent in us all is the desire to thrive, and a service we may offer clients is the time, conditions and support necessary for them to explore their deepest unconscious in such a way that they may, as St Thomas suggests, save themselves.

### **Holotropic Breathwork Described**

*“Tell me, and I will forget; Show me, and I will remember; Involve me, and I will understand”*. Lao Tse

Holotropic Breathwork offers individuals the opportunity to become involved in their own healing process, and all participants are given basic instruction into breathwork methodology prior to their arrival at the workshop location. The following describes a typical 12-hour workshop day.

### **Partnering: Being “Open to Outcome”.**

This work is usually presented in a one-day/two-session workshop and the day begins with introductions; participants work in pairs, and each selects a partner. The first breathing session begins with one partner (the breather) in each pair lying on a foam mat, on his/her back with eyes closed, the other partner (the sitter) alongside. The sitter knows to provide help when asked but otherwise not to interfere.

Specific agendas such as “I want to deal with my mother issues” are discouraged. The recommended strategy is to “Be Open To Outcome”, allowing the possibility for anything to arise knowing that our innate healing intelligence can be trusted.

### **Relaxation: Conscious Breathing**

One facilitator leads a guided relaxation, during which participants are encouraged to allow their daily life to become background and to focus their attention in the present moment; to feel the weight of their bodies lying on the mat, to know that they are safe and that all is well, and to concentrate their energy and focus on breathing consciously.

Item: In normal circumstances we all breathe well under capacity. By breathing consciously, using the breath as we would use a mantra in meditation to keep us focused upon the simple task at hand, our breathing patterns become a little deeper and faster than usual resulting in a greater volume of air passing through the respiratory system. There is no specific technique involved and this increase is all that is required, within the safety of the group setting and accompanied by evocative music, to create the necessary change in consciousness. Journeywork has translated laboratory studies conducted in Moscow in the 1990's that demonstrate

the necessary change in consciousness occurs within five to ten minutes of what they call “intensive” (read conscious) breathing.

At the end of the relaxation begins the evocative music and participants begin within a few minutes to enter a non-ordinary state of consciousness. This trance-like state allows the breather’s sub-conscious memories of childhood, including memory and somatic experience which can seem both pre-verbal and pre-understanding, to emerge.

### **3 Hour Music Trajectory**

The music continues for three hours. Beginning with percussive selections, many of which are ethnic in origin, the trajectory becomes less rhythmic and more multi-instrumental, fuller, and more heart-felt during the second hour. It can include singing and chanting, (always non-English), orchestral and operatic pieces, and many selections are from “world music”. During the third hour it becomes markedly calmer, using chamber music, solo voices and instruments such as piano and flute.

### **NOSC, Dreams and Expression**

During dreams, our ego-self is disabled by sleep. During breathwork participants are awake and able to choose to stay with the sub-conscious material and experience it at the moment it emerges. This includes physical movement and modes of expression that may not make sense in any logical way, but which can be of value to the participant’s subsequent psychic process.

## **Tumultuous or Calm Experiences**

Participants may experience, in a cathartic purge, long-suppressed responses to situations from the past, releasing long held negative emotional residue. They may have profound insights into the roots of their disorder in a meditative stillness, impossible to interpret by outside observers. These may include experiences that can recalibrate long-held ideas, and participants can redefine themselves after such events, introducing new understanding with the potential for significant behavioral changes.

## **Session Conclusion**

The session continues until each breather has reached a satisfactory conclusion. In addition to supporting participants throughout the 3+ hour session, the primary responsibility of Holotropic Breathwork facilitators is to ensure that participants have completed their experience and returned to stability and ordinary consciousness at the conclusion. Without this completion there exists the potential for a continuation of the session outside the group-room, and such phenomena as anxiety attacks, dizziness and episodes of dissociation may result.

## **Mandalas and Group Closure**

Following each session participants are then asked to draw a 'mandala', a representation of their experience, which helps to anchor it in material reality.

When breathers are finished, there is a break for a meal before the second session in which the partners reverse roles; the breather becomes the sitter and the sitter

becomes the breather. After this session, and another meal break, there is a group sharing. Using the mandalas as illustration, participants are invited to describe those aspects of their Breathwork they wish to share with the group, and the workshop is brought to closure.

Here are two descriptions of their mandalas drawn by participants in Holotropic Breathwork sessions, one in New Jersey and one in England:

### **Mandala 1**

*"Actually, the divinity I met on the fork of roads was not alone. There were three of them: Big Racoon, Big Fox and human-like Big Brown Divinity. They were as big as the trees around us. Me too. They were equal, with no boss between them. Racoon and Fox were friendly but they acted more like witnesses, like company for Big Brown Divinity. They smiled at me but actually they didn't care about me.*

*Big Brown Divinity cared. He moved with rhythm, stamping with his feet like he was dancing. He looked into my eyes all the time. He wore a wide and long brown coat flowing to the ground, had very round body and big round head with very big round dark eyes. I didn't feel any fear, just excitement and, when Divinity moved toward me inviting me for something, I understood this invitation and I became him. I moved like he had moved before and it was me with very long fingers pulsating from powerful energy and I could reach the horizon with my fingers. It was great feeling.*

*Now, I understand with amazement that this inside trip changed me!"*

### **Mandala 2**

*"I summoned my inner community of family and friends to "go home" with me. We went with the god Pan, the Pied Piper, to the "cave of the lost children" to collect all the orphaned and abandoned children to come with us.*

*I felt a lot of energy in my body and began performing shamanic rituals, saying to them "This is who I am". "We know. ", they answered, "This is who we are too.", and I recognized that each of them had in some way been an agent of divine teaching in my life.*

*Eventually, I became anxious that I didn't know how to lead my community 'home', because I didn't know where it was. Then I thought, "I am home. My home is right here, and always has been". I felt a lot of love and knew that I was always safe and supported internally.*

*The mandala shows a frequently occurring image; it is cool and clear and bright, like the feeling at the end of the session."*

## **Domains of the Psyche Activated by HB:**

### **1.) Biographical 2.) Perinatal 3.) Transpersonal**

It is perhaps unsurprising that, from the point of view of the expanded consciousness at work in NOSC, our understanding of the psyche might itself become expanded. Two additional domains beyond the Biographical loom large in breathwork and may help clarify how healing can occur in NOSC.

#### **1.) The Biographical**

The Biographical Domain begins at birth and extends to the present. It is a trove of information, available from memory for cognitive analysis and interpretation.

Material that is intractable to recall may be encouraged to reveal itself through various techniques, perhaps most notably dream analysis.

#### **2.) The Perinatal**

Freud proposed that the psyche of the newborn is a Tabula Rasa. This posits that the earlier imprints were made chronologically on this “clean slate”, the greater the impact upon the emerging psyche and non-ordinary consciousness work confirms and extends this view. The publication of “The Trauma of Birth” by Otto Rank in 1924, however, challenged Freud’s assertion. Grof’s observations amplify Rank’s hypothesis that the process of birth can create imprints which carry forward into life, creating behaviors that may confound when viewed from within an exclusively biographical framework.

The Perinatal Domain includes the entire birth process, from conception to emergence. Within this Grof has identified four distinct stages he calls Basic Perinatal Matrices (BPM) that comprise the Perinatal Domain.

### **Birth Perinatal Matrix 1 (BPM I)**

BPM I, begins at conception and extends until the first onset of contractions. On the positive side BPM I is characterized by bliss, oceanic feelings of being nourished by one’s immediate environment and of being connected to the one-ness of the universe. On the negative side may appear toxicity from the ingestion of radically inappropriate elements such as alcohol, drugs, tobacco and caffeine, as well as threatening interventions such as attempted abortions and violent physical assault. The fetus may also be subjected to more subtle imprints such as maternal depression, fear and anxiety.

### **BPM II**

During BPM I the fetus essentially floats, suspended in the amniotic sac quite unconnected, absent gravity, to terrestrial influences. It encounters no hard surfaces, has no experience of time as something with a beginning and an end, and grows and thrives within this entirely undifferentiated environment. During the ninth month, however, begin contractions that mark the onset of the second stage of birth, BPM II. These grow steadily in intensity and frequency to the point when the uterus, the strongest muscle in the body, exerts hydraulic pressure of up to 50 lbs per square inch upon the fetus, momentarily compromising, if not eliminating, the oxygen supply entering the fetus through the umbilical cord. The cervix is not yet dilated so there is no possibility of escape from this challenging “No Exit” situation.

The conditions of BPM II contribute to a somatic imprinting that the blissful existence known heretofore by the fetus is over. This stage is characterized by feelings of rejection, entrapment and engulfment that may be expressed during breathwork by feelings ranging from claustrophobic panic and existential angst to utter hopelessness and hellish despair; *“This will never end”*.

### **BPM III**

The contractions normatively culminate in the dilation of the cervix, allowing a way out. Here begins the third distinct stage of birth, BPM III, during which the fetus experiences being squeezed and pushed from the only environment it has ever known towards an unknown destination. For the first time the possibility arises that another location even exists, and the passage through the birth canal, though only a few centimeters by terrestrial measure, can be experienced by the fetus as a journey of a thousand miles.

BPM III activates a life and death struggle of epic proportions, characterized by fear, aggression and imminent annihilation. Feelings during breathwork of this third stage of birth can include a death-rebirth struggle, murderous rage, tumultuous sexual feelings and scatological imagery contained in scenes of war, social disorder, orgies, filth and generalized chaos.

## **BPM IV**

This stage culminates in BPM IV, known to us as “birth”, during which the fetus emerges into the alien environment of air, light, clear sound and rapid temperature changes. Having gone from a place within, where all its basic needs were satisfied, the new-born now finds itself held upside-down by its ankles, shocked into taking its first breath by being struck and by having its literal life-line, the umbilical cord, summarily cut. This is followed, as often as not, with the infant being further separated from the mother to sleep in a room full of other infants similarly treated. These unnatural protocols can be negatively manifest as a fear of change and further, experienced as abandonment, severe abuse and being cast out. BPM IV can also include death-rebirth experiences and a sense of ecstatic liberation; memories can include anesthesia, the pressure of forceps and sensations associated with various obstetric maneuvers and post-natal interventions.

## **Tabula Rasa?**

The four Basic Perinatal Matrices proposed by Grof suggest that the birth process is considerably involved, bringing into question the idea of the newborn’s psyche being a Tabula Rasa. The experiences of individuals exposed to Holotropic Breathwork strongly suggest that the Perinatal experiences we all undergo can have

considerable bearing upon our fundamental approach to life, creating imprints that may radically affect our subsequent ability to function.

### **Karolinska Institute Studies**

Interestingly, a group of studies conducted independently at the Karolinska Institute in Sweden by Jacobson and Nyberg et al give preliminary confirmation to this proposition. Seeking “to test the hypothesis that opiate addiction in adults might stem partly from an imprinting process during birth when certain drugs are given to the mother”, the researchers retrospectively studied by logistical regression 200 opiate addicts against 262 siblings as controls. Their conclusions were that, “The results are compatible with the imprinting hypothesis”, and in a companion study that, “obstetric practices may be risk factors for adult drug addiction”. The abstracts to these studies are available by request from <research@ahbi.org>.

### **3.) Transpersonal**

Transpersonal Psychology also posits the existence another source of psychic data from which we may be able to draw inferences. Consensus reality is in disagreement as to whether it exists, or even can exist; it is, quite literally, from a realm beyond the personal. The closest parallel from within existing theory would be Jung’s posit of the Collective Unconscious. Embrace of the Transpersonal Domain requires us to accept that psychic information from a source beyond our rational mind might have bearing upon the psyche.

As rational materialists these are extremely problematic notions for us to embrace on any level, never mind applying it to such a critically important area as our well

being. The fact remains, however, that anecdotal experiential evidence indicates that we do ourselves a disservice if we fail to include the reports of countless individuals who have experienced anomalous events in non-ordinary states. These include identification with archetypes, historical figures and events, feral and mythological creatures, near-death experiences and other phenomena.

However, it is no more necessary that the breather ‘understand’ or ‘believes in’ the source of that which ails them than it is for the patient in the doctor’s office to understand the micro-biological mechanisms that fuse their broken bone.

In addition to the Perinatal and Transpersonal Domains discussed, a further important structure within the psyche is posited, as follows:

### **Systems of Condensed Experience (COEX)**

Participants also frame their experiences within what Dr. Grof has termed Systems of Condensed Experience, or COEX Systems. We can see a COEX as a string of beads having two components, the thread being the emotionally charged theme of the COEX and the beads the life-events within which the theme is manifest. COEX themes can include, amongst others, feelings of Abandonment, Rejection, Aloneness, Failure, Danger and Fear. Thus a recent event of being humiliated by a boss can be emotionally experienced as a similar event by peers at college, by a teacher at school and by a parent in early childhood; these may followed by a Perinatal memory relating to humiliation or even by a memory of a humiliating episode from a Transpersonal source. Such bundling of emotional residue can result in an explosive charge being released during breathwork. Additionally, phenomena like road-rage, as well as other instances of exaggerated and inappropriate

emotional response, may be more comprehensible when the COEX principle is included in our point of view.

## **Unexperienced Experience**

Holotropic Breathwork and other techniques of regression and emotional release have sometimes been charged with the potential to re-traumatize. Observations from thousands of such experiences that may appear to be re-traumatizing, however, affirm the hypothesis of “Unexperienced Experience” proposed by Irish psychiatrist Ivor Browne. He posits that when the individual is traumatized, and the “fight or flight” mechanisms are inadequate to the task of integrating the traumatic event, the organism “freezes” the experience, enabling a life-saving denial.

Dr. Browne states that as this transaction takes place, by definition, in an involuntary non-ordinary state of consciousness, and that it is therefore necessary to voluntarily enter a non-ordinary state in order for the remedial completion of this heretofore un-experienced experience to occur.

The following “Quote of the Day” from the NY Times was made by Cody Vanzuiden, one of the survivors of the deadly tornado that struck a Boy Scout camp in Iowa in June, 2008;

*“I was just laying there in the fetal position, my hands over my head, trying to imagine that I wasn’t really there, that this wasn’t really happening, that it was a dream.”*

Dr. Browne writes about such an event: “The "unthinkable" has occurred, and the fear engendered elicits a primitive defensive maneuver. It is a desperate attempt by the individual to forestall a crisis by making the intrusion of threat inadmissible by a process of inhibition. The critical task of working through the experience is suspended, thus subverting assimilation, integration, and adaptation.”

The essay “Unexperienced Experience”, outlining Browne’s hypothesis, is available form <[research@ahbi.org](mailto:research@ahbi.org)>.

### **Elective Bodywork**

The Holotropic Breathwork facilitator’s posture of “Doing Not Doing” extends until a breather specifically asks for intervention. The issue of “touch” having been addressed during the pre-group introductions, participants understand that simply by saying the word “Stop” all physical contact with a facilitator or sitter will cease immediately; they know they are in complete control of this possibility. Their request might be simply for a hand to hold as they encounter difficult material, or they may wish to be hugged for a few minutes.

The “elective bodywork” employed during breathwork usually occurs towards the end of the session. Applied at the clear request of the client, it follows their specific directions as to what action the facilitator should take. Thus, pain may be experienced in the lower back, in which case the client would direct the facilitator to the exact spot where the pain is held. Pressure is achieved by the client themselves, who would be asked to push up against the facilitator’s resistance. Such interventions can result in release of somatically held energetic blocks.

## **In Conclusion.**

Given our lack of success in stemming the tide of individuals afflicted with depression, anxiety, addictions and other challenges, it can be reasonably suggested that the existing knowledge of the mechanisms leading to these conditions may be incomplete. Preliminary outcomes from exposure to Holo tropic Breathwork by individuals with various challenges strongly indicate that this work may have a useful role to play as an adjunct to existing therapeutic endeavors and spiritual path work.

Thank you.

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