

## **Theory and Practice of Holotropic Breathwork.**

Stanislav Grof, M. D.

In the last twenty years, my wife Christina and I have developed an approach to therapy and self-exploration that we call holotropic breathwork. It induces very powerful holotropic states by a combination of very simple means - accelerated breathing, evocative music, and a technique of bodywork that helps to release residual bioenergetic and emotional blocks. In its theory and practice, this method brings together and integrates various elements from ancient and aboriginal traditions, Eastern spiritual philosophies, and Western depth psychology.

### **The Healing Power of Breath.**

The use of various breathing techniques for religious and healing purposes reaches far back in human history. In ancient and pre-industrial cultures, breath and breathing have played a very important role in cosmology, mythology, and philosophy, as well as an important tool in ritual and spiritual practice. Since earliest history, virtually every major psychospiritual system seeking to comprehend human nature has viewed breath as a crucial link between the body, mind, and spirit. This is clearly reflected in the words many languages use for breath.

In the ancient Indian literature, the term *prana* meant not only physical breath and air, but also the sacred essence of life. Similarly, in traditional Chinese medicine, the word *chi* refers to the cosmic essence and the energy of life, as well as the natural air we breathe by our lungs. In Japan, the corresponding word is *ki*. *Ki* plays an extremely important role in Japanese spiritual practices and martial arts. In ancient Greek, the word *pneuma* also meant both air or breath and spirit or the essence of life. The Greeks also saw breath as being closely related to the psyche. The term *phren* was used both for the diaphragm, the largest muscle involved in breathing, and mind (as we see in the term schizophrenia=split mind). In the old Hebrew tradition, the same word - *ruach* - denoted both breath and creative spirit, which were seen as identical. In Latin the same name was used for breath and spirit - *spiritus*. Similarly, in Slavic languages, spirit and breath have the same linguistic root.

It has been known for centuries that it is possible to influence consciousness by techniques which involve breathing. The procedures that have been used for this purpose by various ancient and non-Western cultures cover a very wide range from drastic interferences with breathing to subtle and sophisticated exercises of various spiritual traditions. Thus the original form of baptism practiced by the Essenes involved forced submersion of the initiate under water for an extended period of time. This resulted in a powerful experience of death and

rebirth. In some other groups, the neophytes were half-choked by smoke, by strangulation, or compression of the carotid arteries.

Profound changes in consciousness can be induced by both extremes in the breathing rate - hyperventilation and prolonged withholding of breath - as well as by using them in an alternating fashion. Very sophisticated and advanced methods of this kind can be found in the ancient Indian science of breath, or *pranayama*. Specific techniques involving intense breathing or withholding of breath are also part of various exercises in Kundalini Yoga, Siddha Yoga, the Tibetan Vajrayana, Sufi practice, Burmese Buddhist and Taoist meditation, and many others.

More subtle techniques which emphasize special awareness in relation to breathing rather than changes of the respiratory dynamics have a prominent place in Soto Zen Buddhism (*'shikan taza'*) and certain Taoist and Christian practices. Indirectly, the depth and rhythm of breathing gets profoundly influenced by such ritual artistic performances, as the Balinese monkey chant or Ketjak, the Inuit Eskimo throat music, and singing of kirtans, bhajans, or Sufi chants.

In materialistic science, breathing lost its sacred meaning and was stripped of its connection to the psyche and spirit. Western medicine reduced it to an important physiological function. The physical and psychological manifestations that accompany various respiratory maneuvers, have all been pathologized. The psychosomatic response to faster breathing, the so called *hyperventilation syndrome*, is considered a pathological condition, rather than what it really is - a process that has an enormous healing potential. When hyperventilation occurs spontaneously, it is routinely suppressed by administration of tranquilizers, injections of intravenous calcium, and application of a paperbag over the face to increase the concentration of carbon dioxide and combat the alkalosis caused by faster breathing.

In the last few decades, Western psychologists and psychiatrists rediscovered the healing potential of breath and developed techniques that utilize it. We have ourselves experimented in the context of our monthlong seminars at the Esalen Institute in Big Sur, California, with various approaches involving breathing. These included both breathing exercises from ancient spiritual traditions under the guidance of Indian and Tibetan teachers and techniques developed by Western therapists. Each of these approaches has a specific emphasis and uses breath in a different way. In our own search for an effective method of using the healing potential of breath, we tried to simplify this process as much as possible.

We came to the conclusion that it is sufficient to breathe faster and more effectively than

usual and with full concentration on the inner process. Instead of emphasizing a specific technique of breathing, we follow even in this area the general strategy of holotropic work - to trust the intrinsic wisdom of the body and follow the inner clues. In holotropic breathwork, we encourage people to begin the session with faster and somewhat deeper breathing, tying inhalation and exhalation into a continuous circle of breath. Once they are in the process, they find their own rhythm and way of breathing.

We have been able to confirm repeatedly Wilhelm Reich's observation that psychological resistances and defenses are associated with restricted breathing (Reich 1961). Respiration is an autonomous function, but it can also be influenced by volition. Deliberate increase of the pace of breathing typically loosens psychological defenses and leads to a release and emergence of unconscious (and superconscious) material. Unless one has witnessed or experienced this process personally, it is difficult to believe on theoretical grounds alone the power and efficacy of this technique.

#### **The Healing Potential of Music.**

In holotropic therapy, the use of breath to induce holotropic states of consciousness for healing purposes is combined with evocative music. Like breathing, music and other forms of sound technology have been used for millenia as powerful mind-altering tools in ritual and spiritual practice. Since time immemorial, monotonous drumming, chanting, and other forms of sound-producing techniques have been the principle tools of shamans in many different parts of the world. Many pre-industrial cultures have developed quite independently drumming rhythms that in laboratory experiments have remarkable effect on the electric activity of the brain (Jilek, 1974, Neher 1961, 1962). The archives of cultural anthropologists contain countless examples of trance-inducing methods of extraordinary power combining instrumental music, chanting, and dancing.

In many cultures, sound technology has been used specifically for healing purposes in the context of intricate ceremonies. The Navajo healing rituals conducted by trained singers have astounding complexity that has been compared to that of the scripts of Wagnerian operas. The trance dance of the !Kung Bushmen of the African Kalahari Desert has enormous healing power, as has been documented in many anthropological studies and movies (Lee and DeVore 1976, Katz 1976). The healing potential of the syncretistic religious rituals of the Caribbean and South America, such as the Cuban *santeria* or Brazilian *umbanda* is recognized by many professionals of these countries with Western education. In our own tradition remarkable instances of emotional and psychosomatic healing occur in the meetings of Christian groups using music, singing and dance, such as the Snake Handlers, or the Holy Ghost People, and

the revivalists or members of the Pentecostal Church.

Some great spiritual traditions have developed sound technologies that do not induce just a general trance state, but have a more specific effect on consciousness. Here belong above all the Tibetan multivocal chanting, the sacred chants of various Sufi orders, the Hindu bhajans and kirtans, and particularly the ancient art of *nada yoga* or the way to union by sound. The Indian teachings postulate a specific connection between sounds of specific frequencies and the individual chakras. With the systematic use of this knowledge, it is possible to influence the state of consciousness in a predictable and desirable way. These are just a few examples of the extensive use of music for ritual, healing, and spiritual purposes.

We have used music systematically in the program of psychedelic therapy at the Maryland Psychiatric Research Center in Baltimore, MD, and have learnt much about its extraordinary potential for psychotherapy. Carefully selected music seems to be of particular value in holotropic states of consciousness, where it has several important functions. It mobilizes emotions associated with repressed memories, brings them to the surface, and facilitates their expression. It helps to open the door into the unconscious, intensifies and deepens the therapeutic process, and provides a meaningful context for the experience. The continuous flow of music creates a carrier wave that helps the subject move through difficult experiences and impasses, overcome psychological defenses, surrender, and let go. In holotropic breathwork sessions that are usually conducted in groups, music has an additional function - to mask the noises made by the participants and weave them into an esthetic gestalt.

To use music as a catalyst for deep self-exploration and experiential work, it is necessary to learn a new way of listening to music and relating to it that is alien to our culture. In the West, we employ music frequently as an acoustic background that has little emotional relevance. Typical examples would be use of popular music in cocktail parties or piped music (muzak) in shopping areas and work spaces. An approach quite characteristic for more sophisticated audiences is the disciplined and intellectualized listening to music in theatres and concert halls. The dynamic and elemental way of using music that one finds at rock concerts comes closer to the use of music in holotropic therapy. However, the attention of participants in such events is usually extroverted and the experience lacks an element that is essential in holotropic therapy or self-exploration - sustained focused introspection.

In holotropic therapy, it is essential to surrender completely to the flow of music, let it resonate in one's entire body, and respond to it in a spontaneous and elemental fashion. This includes manifestations that would be unthinkable in a concert hall, where even crying or coughing might be a source of embarrassment. Here one has to give full expression to

whatever the music is bringing out, whether it is loud screaming or laughing, babytalk, animal noises, shamanic chanting, or talking in tongues. It is also important not to control any physical impulses, such as bizarre grimacing, sensual movements of the pelvis, violent shaking, or intense contortions of the entire body. Naturally, there are exceptions to this rule; destructive behavior directed toward oneself, others, and the physical environment is not permissible.

We also encourage participants to suspend any intellectual activity, such as trying to guess the composer of the music or the culture from which the music comes. Other ways of avoiding the emotional impact of the music involve engaging one's professional expertise - judging the performance of the orchestra, guessing which instruments are playing, and criticizing the technical quality of the recording or the music equipment in the room. When we can avoid these pitfalls, music can become a very powerful tool for inducing and supporting holotropic states of consciousness. For this purpose, the music has to be of superior technical quality and sufficient volume to drive the experience. The combination of music with faster breathing has a remarkable mind-altering power.

As far as the specific choice of music is concerned, I will outline here only the general principles and give a few suggestions based on our experience. After a certain time, each therapist or therapeutic team develops a list of their favorite pieces for various stages of the sessions. The basic rule is to respond sensitively to the phase, intensity, and content of the participants' experience, rather than trying to program it. This is in congruence with the general philosophy of holotropic therapy, particularly the deep respect for the wisdom of the inner healer, for the collective unconscious, and the autonomy and spontaneity of the healing process.

In general, preference should be given to music of high artistic quality that is not well known and has little concrete content. One should avoid playing songs and other vocal pieces in languages known to the participants, which would through their verbal content convey a specific message or suggests a specific theme. When vocal compositions are used, they should be in foreign languages so that the human voice is perceived just as another musical instrument. For the same reason, it is preferable to avoid pieces which evoke specific intellectual associations and tend to program the content of the session.

The session typically begins with activating music that is dynamic, flowing, and emotionally uplifting and reassuring. It is important to avoid selections that are jarring, dissonant, and anxiety-provoking. As the session continues, the music gradually increases in intensity and moves to powerful trance-inducing pieces, preferably drawn from ritual and spiritual traditions of various native cultures. Although many of these performances can be esthetically pleasing, the main purpose of the human groups that developed them is not

entertainment, but induction of mind-altering experiences.

About an hour and a half into the session of holotropic breathwork, when the experience typically culminates, we use what we call 'breakthrough music.' The selections used at this time range from sacred music - masses, oratoria, and other powerful orchestral pieces - to excerpts from dramatic movie soundtracks. In the second half of the session, the intensity of the music gradually decreases and we bring in loving and emotionally moving pieces ('heart music'). Finally, in the termination period of the session, the music has a soothing, flowing, timeless, and meditative quality.

The adjacent table provides representative selections of music for the five consecutive phases of the session: 1. opening music, 2. trance-inducing music, 3. breakthrough music, 4. heart music, and 5. meditative music. These selections reflect our own experience over the years and also the results of a poll that Steven Dinan, a certified facilitator of holotropic breathwork, conducted with the community of other practitioners who conduct their own holotropic workshops. I would like to re-emphasize that these are simply typical examples offering general guidelines. Eventually, each practitioner will develop his or her own collection of favorite pieces.

#### **The Use of Bodywork.**

The physical response to holotropic breathwork varies considerably from one person to another. In most instances, faster breathing brings, at first, more or less dramatic psychosomatic manifestations. As I mentioned earlier, the textbooks of respiratory physiology refer to this response as the 'hyperventilation syndrome.' They describe it as a stereotypical pattern of physiological responses that consists primarily of tensions in the hands and feet ('carpopedal spasms'). We have now conducted the breathing sessions with over thirty thousand persons and have found the traditional understanding of the effects of faster breathing to be incorrect.

There exist many individuals in whom even very fast breathing carried over an extended period of time does not lead to a classical 'hyperventilation syndrome,' but to progressive relaxation, intense sexual feelings, or even mystical experiences. Others develop tensions in various parts of their bodies and do not show signs of the 'carpopedal spasms.' Moreover, continued faster breathing does not lead to progressive increase of the tensions, but tends to be self-limited. It typically reaches a climactic culmination followed by a profound relaxation. The pattern of this sequence has a certain resemblance to a sexual orgasm.

In repeated holotropic sessions, this process of intensification of tensions and subsequent resolution tends to move from one part of the body to another in a way that varies from person to person. The overall amount of muscular tensions and of intense emotions tends to decrease with the number of sessions. What happens in this process is that faster breathing extended for a long period of time changes the chemistry of the organism in such a way that blocked physical and emotional energies associated with various traumatic memories are released and become available for peripheral discharge and processing. This makes it possible for the previously repressed content of these memories to emerge into consciousness and be integrated. It is thus a healing process that should be encouraged and supported and not a pathological process that needs to be suppressed, as it is commonly practiced in mainstream medicine.

Physical manifestations that develop during the breathing in various areas of the body are not simple physiological reactions to hyperventilation. They have a complex psychosomatic structure and usually have specific psychological meaning for the individuals involved. Sometimes, they represent an intensified version of tensions and pains that the person knows from everyday life, either as a chronic problem or as symptoms that appear at times of emotional or physical stress, fatigue, lack of sleep, weakening by an illness, or the use of alcohol or marijuana. Other times, they can be recognized as reactivation of old symptoms that the individual suffered from in infancy, childhood, puberty, or some other time of his or her life.

The tensions that we carry in our body can be released in two different ways. The first of them involves *catharsis* and *abreaction* - discharge of pent-up physical energies through tremors, twitches, dramatic body movements, coughing, gagging, and vomiting. Both catharsis and abreaction also typically include release of blocked emotions through crying, screaming, or other types of vocal expression. These are mechanisms that are well-known in traditional psychiatry since the time when Sigmund Freud and Joseph Breuer published their studies in hysteria (Freud and Breuer 1936). They have been used in traditional psychiatry in the treatment of traumatic emotional neuroses and represent an integral part of the new experiential psychotherapies, such as the neo-Reichian work, Gestalt practice, and primal therapy.

The second mechanism that can mediate release of physical and emotional tensions plays an important role in holotropic breathwork, rebirthing, and other forms of therapy using breathing techniques. It represents a new development in psychiatry and psychotherapy and seems to be in many ways more effective and interesting. Here the deep tensions surface in the form of transient muscular contractions of various duration. By sustaining these muscular tensions for extended periods of time, the organism consumes enormous amounts of

previously pent-up energy and simplifies its functioning by disposing of them. The deep relaxation that typically follows the temporary intensification of old tensions or appearance of previously latent ones bears witness to the healing nature of this process.

These two mechanisms have their parallels in sport physiology, where it is well known that it is possible to do work and train the muscles in two different ways - by *isotonic* and *isometric* exercises. As the name suggest, during isotonic exercises the tension of the muscles remains constant while their length oscillates. During isometric exercises, the tension of the muscles changes, but their length remains the same all the time. A good example of isotonic activity is boxing, while weight-lifting is distinctly isometric. Both of these mechanisms are extremely effective in releasing and resolving muscular tension. In spite of their superficial differences, they have thus much in common and in holotropic breathwork they complement each other very effectively.

In many instances, the difficult emotions and physical manifestations that emerge from the unconscious during holotropic sessions get automatically resolved and the breathers end up in a deeply relaxed meditative state. In that case, no external interventions are necessary and they remain in this state until they return to an ordinary state of consciousness. After a brief check with the facilitators, they move to the art room room to draw a mandala.

If the breathing, in and of itself, does not lead to a good completion and there are residual tensions or unresolved emotions, facilitators offer participants a specific form of bodywork which helps them to reach a better closure for the session. The general strategy of this work is to ask the experient to focus his or her attention on the area where there is a problem and do whatever is necessary to intensify the existing physical sensations. The facilitator then helps to intensify these feelings even further by appropriate external intervention.

While the attention of the breather is focused on the energetically charged problem area, he or she is encouraged to find a spontaneous response to this situation. This response should not reflect a conscious choice of the breather, but be fully determined by the unconscious process. It often takes an entirely unexpected and surprising form - voice of a specific animal, talking in tongues or an unknown foreign language, shamanic chant from a particular culture, or baby talk. Equally frequent are completely unexpected physical reactions, such as violent tremors, jolts, coughing, and vomiting, as well as typically animal movements. It is essential that the facilitators simply support this process, rather than apply some technique offered by a particular school of therapy. This work continues until the facilitator and the breather reach an agreement that the session has been adequately closed.

In holotropic breathwork, we also use supportive physical contact. This is based on the observation that there exist two fundamentally different forms of trauma that require diametrically different approach. This first of these can be referred to as '*trauma by commission*.' It involves external intrusions that had unfavorable impact on future development of the individual, such as physical or sexual abuse, frightening situations, destructive criticism, or ridicule. These traumas represent foreign elements in the unconscious that can be brought into consciousness, energetically discharged, and resolved.

Although this distinction is not recognized in conventional psychotherapy, the second form of trauma, '*trauma by omission*,' is radically different. It actually involves the opposite mechanism - lack of positive experiences that are essential for a healthy emotional development. The infant, as well as an older child, have strong primitive needs for instinctual satisfaction and security that pediatricians and child psychiatrists call '*anaclitic*' (from the Greek *anaklinein* meaning to lean upon). These involve the need to be held, caressed, comforted, be played with, and be the center of human attention. When these needs are not met, it has serious consequences for the future of the individual.

Many people have a history of emotional deprivation, abandonment, and neglect that resulted in serious frustration of the anaclitic needs. The only way to heal this type of trauma is to offer a corrective experience in the form of supportive physical contact in a holotropic state of consciousness. For this approach to be effective, the individual has to be deeply regressed to the infantile stage of development, otherwise the corrective measure would not reach the developmental level on which the trauma occurred. Depending on circumstances and on previous agreement, this physical support can range from simple holding of the hand or touching the forehead to full body contact.

Use of nourishing physical contact is a very effective way of healing early emotional trauma. However, it requires following strict ethical rules. We have to explain to the breathers before the session the rationale of this technique and get their approval to use it. Under no circumstances can this approach be practiced without previous consent and no pressures can be used to obtain this permission. For many people with a history of sexual abuse, physical contact is a very sensitive and charged issue. Very often those who need it most have the strongest resistance to it. It can sometimes take a long time before a person develops enough trust toward the facilitators and the group to be able to accept this technique and benefit from it.

Supportive physical contact has to be used exclusively to satisfy the needs of the breathers and not those of the sitters or facilitators. By this I do not mean only sexual needs or

needs for intimacy which, of course, are the most obvious issues. Equally problematic can be a strong need to be needed, loved, or appreciated, unfulfilled maternal need, and other less extreme forms of emotional wants and desires. I remember an incident from one of our workshops at the Esalen Institute in Big Sur, California, which can serve as a good example.

At the beginning of our five-day seminar, one of the participants, a postmenopausal woman, shared with the group how much she had always wanted to have children and how much she suffered because this had not happened. In the middle of the holotropic session, in which she was a sitter for a young man, she suddenly pulled the upper part of her partner's body into her lap and started to rock and comfort him. Her timing could not have been worse; as we found out later during the sharing, he was at the time in the middle of a past life experience that featured him as a powerful Viking warrior on a military expedition.

It usually is quite easy to recognize when a breather is regressed to early infancy. In a really deep age regression, all the wrinkles in the face tend to disappear and the individual might actually look and behave like an infant. This can involve various infantile postures and gestures, as well as hypersalivation and sucking. Other times, the appropriateness of offering physical contact is obvious from the context, for example, when the breather just finished reliving biological birth and looks lost and forlorn. The maternal needs of the woman in the Esalen workshop were so strong that they took over and she was unable to objectively assess the situation and act appropriately.

Before closing this section on bodywork, I would like to address one question that often comes up in the context of holotropic workshops or lectures on experiential work: "Since reliving of traumatic memories is typically very painful, why should it be therapeutic rather than represent a retraumatization?" I believe that the best answer can be found in the article *Unexperienced Experience* by the Irish psychiatrist Ivor Browne and his team (McGee et al. 1984). He suggested that we are not dealing here with an exact replay or repetition of the original traumatic situation, but with the first full experience of the appropriate emotional and physical reaction to it. This means that, at the time when they happen, the traumatic events are recorded in the organism, but not fully consciously experienced, processed, and integrated.

In addition, the person who is confronted with the previously repressed traumatic memory is not any more the helpless and vitally dependent child or infant he or she was in the original situation, but a grown up adult. The holotropic state induced in powerful experiential forms of psychotherapy thus allows the individual to be present and operate simultaneously in two different sets of spacetime coordinates. Full age regression makes it possible to experience all the emotions and physical sensations of the original traumatic situation from the perspective

of the child, but at the same time analyze and evaluate the memory in the therapeutic situation from a mature adult perspective.

### **The Course of Holotropic Sessions.**

The nature and course of holotropic sessions varies considerably from person to person and in the same person also from session to session. Some individuals remain entirely quiet and almost motionless. They might have very profound experiences, yet give the impression to an external observer that nothing is happening or that they are sleeping. Others are agitated and show rich motor activity. They experience violent shaking and complex twisting movements, roll and flail around, assume fetal positions, behave like infants struggling in the birth canal, or look and act like newborns. Also crawling, swimming, digging, or climbing movements are quite common.

Frequently, the movements and gestures can be extremely refined, complex, quite specific, and differentiated. They can take the form of strange animal movements emulating snakes, birds, or feline predators and be associated with corresponding sounds. Sometimes breathers assume spontaneously various yogic postures and gestures (*asanas* and *mudras*) that they are not intellectually familiar with. Occasionally, the automatic movements and/or sounds resemble ritual or theatrical performances from different cultures - shamanic practices, Javanese dances, Balinese monkey chant, Japanese Kabuki, or talking in tongues reminiscent of the Pentecostal meetings.

The emotional qualities observed in holotropic sessions cover a very wide range. On one side of the spectrum, one can encounter feelings of extraordinary well-being, profound peace, tranquillity, serenity, bliss, cosmic unity, or ecstatic rapture. On the other side of the same spectrum are episodes of indescribable terror, consuming guilt, or murderous aggression, and a sense of eternal doom. The intensity of these extraordinary emotions can transcend anything that can be experienced or even imagined in everyday state of consciousness. These extreme emotional states are usually associated with experiences that are perinatal or transpersonal in nature.

In the middle band of the experiential spectrum observed in holotropic breathwork sessions are less extreme emotional qualities that are closer to what we know from our daily existence - episodes of anger, anxiety, sadness, hopelessness, and feelings of failure, inferiority, shame, guilt or disgust. These are typically linked to biographical memories; their sources are traumatic experiences from infancy, childhood, and later periods of life.

As I mentioned earlier, in some instances, faster breathing does not induce any physical tensions or difficult emotions, but leads directly to increasing relaxation, sense of expansion and well-being, and visions of light. The breather can feel flooded with feelings of love and experiences mystical connection to other people, nature, the entire cosmos, and God. More frequently, these positive states come at the end of the holotropic sessions, after the turbulent parts of the experience have subsided.

It is surprising how many people in our culture, because of strong Protestant ethics or for some other reasons, have great difficulties accepting ecstatic experiences, unless they follow suffering and hard work, or even then. They might respond to them with a strong feeling of guilt or with a sense that they do not deserve them. It is also common, particularly in mental health professionals, to react to positive experiences with mistrust and suspicion that they hide and mask some very painful and unpleasant material. It is very important under these circumstances to reassure the breathers that positive experiences are extremely healing and encourage them to accept them without reservation as unexpected grace.

A typical result of a holotropic breathwork session is profound emotional release and physical relaxation. After a successful and well-integrated session, many subjects report that they feel more relaxed than they have ever felt in their life. Continued accelerated breathing represents thus an extremely powerful and effective method of stress-reduction and leads to emotional and psychosomatic healing.

This is the understanding that one finds in the spiritual literature of many cultures and ages. The healing potential of breath is particularly strongly emphasized in Kundalini yoga. There episodes of faster breathing are used in the course of meditative practice (*bastrika*) or occur spontaneously as part of the emotional and physical manifestations known as *kriyas*. This is consistent with my own view that similar spontaneous episodes occurring in psychiatric patients and referred to as the *hyperventilation syndrome*, are attempts at self-healing. They should be supported rather than routinely suppressed, which is the common medical practice.

Holotropic breathwork sessions vary in their duration from individual to individual and, in the same individual, also from session to session. It is essential for the best possible integration of the experience that the facilitators and sitters stay with the breather as long as he or she is in process and has unusual experiences. In the terminal stage of the session, good bodywork can greatly expedite emotional and physical resolution.

On the days following particularly intense sessions, which involved a major emotional breakthrough or opening, a wide variety of complementary approaches can facilitate integration.

Among them are talking about the session with an experienced facilitator, writing down the content of the experience, or drawing more mandalas. Good bodywork with a practitioner who allows emotional expression, jogging, swimming, and other forms of physical exercise, or expressive dancing can be very useful, if the holotropic experience freed excess of previously pent-up physical energy. A session of Gestalt therapy or Dora Kalff's Jungian sandplay can be of great help in refining insights into the holotropic experience and understanding its content.

#### **Mandala Drawing and the Sharing Groups.**

When the session is completed and the breather returns to the ordinary state of consciousness, the sitter accompanies him or her to the mandala room. This room is equipped with a variety of art supplies, such as pastels, magic markers, and water colors, as well as large drawing pads. On the sheets of these pads are pencil drawings of circles about the size of dinner plates. The breathers are asked to sit down, meditate on their experience, and then find a way of expressing what happened to them during the session.

There are no specific guidelines for the mandalas. Some people simply produce color combinations, others construct geometrical mandalas or figurative drawings or paintings. The latter might represent a vision that occurred during the session or a pictorial travelogue with several distinct sequences. On occasion, the breather decides to document a single session with several separate mandalas. In rare instances, the breather does has no idea what he or she is going to draw and produces an automatic drawing.

We have seen instances when the mandala did not illustrate the preceding session, but actually anticipated the experience from a future one. This is in congruence with C. G. Jung's idea that the products of the psyche can not be fully explained from preceding historical events. In many instances, they have not just a retrospective, but also a prospective aspect. Some mandalas thus reflect a movement in the psyche that Jung called *the individuation process* and reveal its forthcoming stage.

Later during the day, breathers bring their mandalas to a sharing session, in which they talk about their experiences. The strategy of the facilitators who lead the group is to encourage maximum openness and honesty in sharing the experience. Willingness of participants to reveal the content of their sessions, including various intimate details, is conducive to bonding and development of trust in the group; it deepens, intensifies, and expedites the therapeutic process.

In contrast with the practice of most therapeutic schools, facilitators abstain from

interpreting the experiences of participants. The reason for it is the lack of agreement concerning the functioning of the psyche among the existing schools. We discussed earlier that under these circumstance any interpretations are questionable and arbitrary. Another reason for staying away from interpretations is the fact that psychological contents are overdetermined and meaningfully related to several levels of the psyche. Giving a supposedly definitive explanation or interpretation carries the danger of freezing the process and interfering with therapeutic progress.

A more productive alternative is to ask questions that help to elicit additional information from the perspective of the client who, being the experiencer, is the ultimate expert as far as his or her experience is concerned. When we are patient and resist the temptation to share our own impressions, participants very often find their own explanations that best reflect their experiences. On occasion, it can be very helpful to share our observations from the past concerning similar experiences or point out connections with experiences of other members of the group. When the experiences contain archetypal material, using C. G. Jung's method of *amplification* - referring to parallels between a particular experience and similar mythological motifs from various cultures - or consulting a good dictionary of symbols might be very helpful.

#### **Therapeutic Potential of Holotropic Breathwork.**

Christina and I have developed and practiced holotropic breathwork outside the professional facilities - in our monthlong seminars and shorter workshops at the Esalen Institute, in various breathwork workshops in many other parts of the world, and in our training program for facilitators. I have not had the opportunity to test the therapeutic efficacy of this method in the same way I had been able to do in the first twenty years of my professional career when I conducted psychedelic research - in controlled clinical studies with a systematic follow-up.

However, the therapeutic results have often been so dramatic and meaningfully connected with specific experiences in the sessions that I have no doubt holotropic breathwork is a viable form of therapy and self-exploration. We have seen over the years numerous instances when participants in the workshops and the training were able to break out of depression that had lasted several years, overcome different phobias, free themselves from consuming irrational feelings, and radically improve their self-confidence and self-esteem. We have also seen on many occasions disappearance of severe psychosomatic pains including migraine headaches and radical and lasting improvements or even complete clearing of psychogenic asthma.

In many cases, holotropic breathwork sessions led to dramatic improvement of physical conditions traditionally seen as organic diseases and belonging to the domain of medicine. Among them was clearing of chronic infections (sinusitis, pharyngitis, bronchitis, and cystitis) after bioenergetic unblocking opened blood circulation in the corresponding areas. Unexplained until this day remains solidification of bones in a woman with osteoporosis that occurred in the course of holotropic training.

We have also seen restitution of full peripheral circulation in several people suffering from Raynaud's disease, a disorder that involves coldness and skin problems on hands and feet, and striking improvement in a few cases of arthritis. In both instances, the critical factor seemed to be release of excessive bioenergetic blockage. The most astonishing observation in this category was a dramatic remission of advanced symptoms of the Tayahashi syndrome, a progressive occlusion of arteries in the upper part of the body, a condition considered incurable and lethal.

The therapeutic potential of holotropic breathwork was also confirmed in clinical studies conducted by practitioners who had been trained by us and independently use this method in their work. We have ourselves had on many occasions the opportunity to get informal feedback from people whose emotional, psychosomatic, and physical symptoms improved or disappeared after holotropic sessions in our training or in our workshops. This has shown us that the improvements achieved in holotropic sessions are often lasting. I hope that the efficacy of this interesting method of self-exploration and therapy will be in the future confirmed by well-designed clinical research.

PAGE

PAGE 17

