

‘Holotropic Breathwork™ - healing through a non-ordinary state of consciousness’

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Introduction

The concepts of ‘healing’, and the ‘therapeutic power of altered states’ of consciousness are not mainstream concepts in psychiatry, but are increasingly being considered as valid and necessary subjects to consider in our expanding understanding of brain, mind and consciousness.

This is challenging to doctors who are grounded in the biomechanical model and the Newtonian-Cartesian paradigm within which it is structured. Experiential data derived from work with non-ordinary states of consciousness challenges these basic tenets.

Defining the ground

Definitions form an important basic frame of reference as we start to explore a field that is essentially experiential, about experiences that can be beyond words.

Healing

The concept of healing is different to curing. The word ‘heal’ traces its roots back to the Anglo-Saxon word *hal*, which means ‘whole’. Curing on the other hand, implies that someone is trying to eliminate a disease, symptom or crisis. In psychiatry, medication is our curing tool. Suppressing symptoms to buy time, containment, and comfort and to gain balance and perspective are all possible. But the healing process is one of not suppressing symptoms but actually moving into them as a way of reaching wholeness.

Sometimes our attempts at cures can deny the possibility of healing rather than facilitate it. Curing as an attempt to control our experiences can interfere with our ability to move into the unsolicited experiences we need to restructure our lives ¹. In his essay ‘The Spirit in Health and Disease’ psychiatrist Laurence Bendit ² spoke of healing as rebuilding one’s life anew from chaos and disorder:

‘Healing is basically the result of putting right our wrong relationship to the body, to other people and...to our own complicated minds, with their emotions and instincts at war with one another and not properly understood by what we call ‘I’ or ‘me’. The process is one of re-organisation, reintegration of things which have come apart’.

Consciousness

No objective, scientific definition seems able to capture the essence of consciousness. Medical science has usefully defined conscious states in physical terms using the Glasgow Coma Scale which equates the unconscious to a comatose or un-rousable physical condition, moving up the scale to being fully physically awake.

Psychiatry has described levels of conscious impairment involving brain function, such as brain injury, delirium and dementia of various aetiologies.

Psychologically speaking, consciousness can be defined in terms of a characteristic psychological role that all conscious states play, for example, by influencing our decisions and behaviour.

Psychotherapy seeks to understand this by cultivating an awareness of what drives us, taking into consideration our biographical history. Psychoanalytic models of the mind, initially described by Sigmund Freud have been usefully evolved over the last century. Freud's work focussed around the infant within the primal family, Melanie Klein considered the suckling infant at the breast and Donald Winnicott focussed on the early post natal period. Carl Jung spelt out the primary importance of the mother-baby relationship, but was very much focussed on the second half of life, developing the concept of individuation and archetypes. Stanislav Grof, as I shall be showing, embraces all this and moves it further.

Despite their differences, a common thread running through the psychotherapies involves working on the edge of our conscious and unconscious. The boundary of consciousness is the frontier of unconsciousness³ and that is certainly the boundary that holotropic breathwork experiences moves across.

What is consciousness and where is it? Briefly there are two ways to look at it. The 'productive theory' proposes that consciousness is a product (or an epiphenomenon) of neural process that cannot persist independently of brain. The 'transmissive theory' posits that consciousness is inherent the cosmos and is independent of our physical senses although it is mediated by them in everyday life. So the brain and psyche can act as a lens through which consciousness is experienced.

The mainstream scientific view on consciousness, including that of medicine, psychiatry and much of mainstream psychotherapy, is limited to the productive theory. Jung was probably the western pioneer of the transmissive theory, with his ideas on collective unconscious and archetypes. Grof has taken the work further and central to his work is that the mind extends way beyond the skin encapsulated ego.

Non-ordinary states of consciousness (NOSC)

The majority of psychotherapies and psychoanalysis do not work explicitly with altered states of consciousness. Holotropic Breathwork does set out to engender a state of 'altered' consciousness or, as some prefer to say, 'alternative'. Stan Grof uses the word 'non-ordinary'. As with hypnosis, the word 'trance' has also been used interchangeably to describe the state.

Experiencing a non-ordinary state of consciousness can lead to insight, integration and transformation into a more wholesome equilibrium which is healing. I shall term this state a 'healing consciousness'. Examples of these include:

- intense experiences during spiritual practice
- experiences encountered with shamanic work
- experiential psychotherapy
- near-death experiences
- entheogens
- intense spontaneous experiences in everyday situations for which the term 'spiritual emergency'⁴ or spiritual emergence has been coined.
- non-ordinary state of consciousness attained via holotropic breathwork.

What is Holotropic Breathwork™?

Holotropic Breathwork™ is an innovative form of experiential psychotherapy, a powerful but gentle method of self-exploration and healing developed by psychiatrist Stanislav and Christina Grof. This work is derived from modern consciousness research, depth psychology and shamanic and spiritual practices, to support natural healing and growth through the direct experience of non-ordinary states of consciousness (NOSC).

It involves accelerated breathing combined with evocative music and focused bodywork which allows access to deeper levels of awareness and insight, using mandala drawing as a method of integration. This technique can gently bypass our usual defense mechanisms helping to recognize and embrace elements of ourselves that have become disconnected or blocked. Many people experience a new strength in their connection with an inner spiritual source.

The Development of the Method

Stanislav Grof is a former Professor of Psychiatry at John Hopkins University, a former Chief of Psychiatric Research at the Maryland Psychiatric Institute, and was a scholar in residence for 14 years at the Esalen Institute, Big Sur, California. He has written many books including *Beyond the Brain* and *Psychology of the Future*⁵, publishing over 140 articles in professional journals, while his books have been translated into 15 languages.

Grof's initial exposure to NOSC was through his work in Prague with LSD. At the time this was a new substance being investigated by the pharmaceutical company Sandoz and as a research psychiatrist Dr Grof was invited to take part in the research.

Grof's own experiences and the qualitative data that he gathered from thousands of others' experiences revealed a picture of the human psyche that was both broader and deeper than Freud's medical model. As someone who had been in three times weekly Freudian psychoanalysis for seven years, Grof said

he entered a conceptual crisis. He knew of no way at the time to integrate into mainstream psychoanalysis the transpersonal and death-rebirth experiences that were emerging.

Grof continued to work with LSD for several years after his move to America but later explored non-drug ways of evoking NOSC, developing Holotropic Breathwork with his wife Christina. He currently heads the Grof Transpersonal Training Program in Holotropic Breathwork, which the author of this article is currently enrolled in.

New Concepts

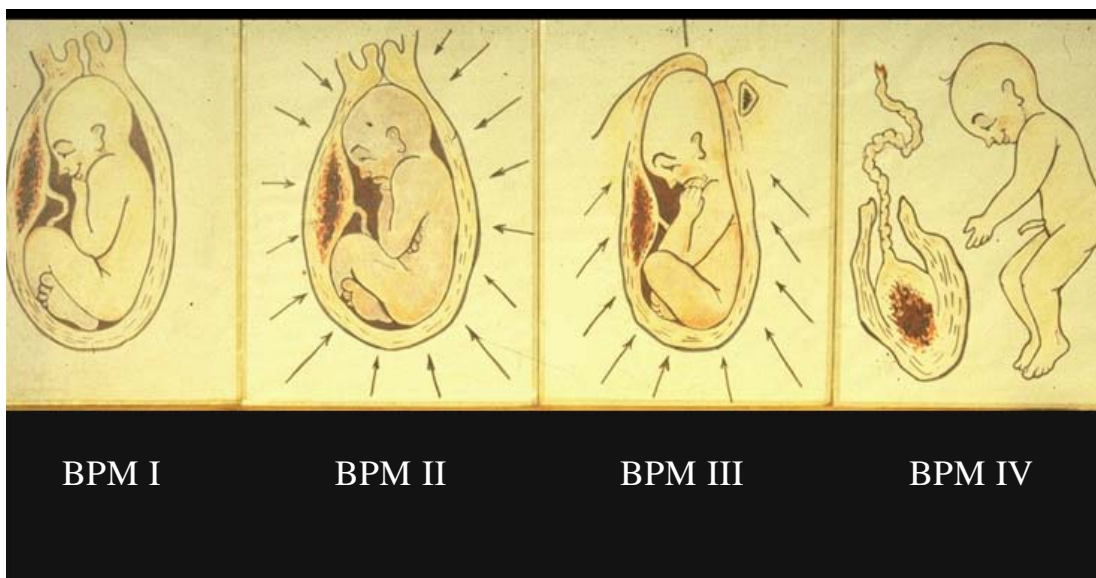
The word holotropic derives from the Greek 'holos' meaning *whole* and 'trapein' meaning *moving forward*, implying moving into wholeness. The method offers access into unexplored regions of the personal and collective unconscious, including perinatal experiences and the transpersonal domains they open.

The acknowledgement and exploration of this domain has been neglected by modern psychiatry, but has great relevance for its advancement. Traditional academic psychiatry and psychology use models of the psyche that are limited to either biology, postnatal biography or principally to the Freudian individual unconscious. Through clinical observation of data derived from experiencing NOSC, the cartography of the psyche has been explored and developed to include two additional domains: *perinatal* and *transpersonal*.

The perinatal domain and perinatal matrices

During initial experimentation with NOSC, people experienced moving beyond the level of memories from childhood and infancy to encountering emotions and physical sensations of extreme intensity which held a strange mixture of themes of birth and death.

Because of the close connection between this domain of experience and biological birth, Grof named this the perinatal domain, and described four basic perinatal matrices, which are illustrated below:



The first perinatal matrix (BPM 1) represents a baby prior to the birth process itself, conceived and growing. The related non ordinary experience is either an oceanic type of ecstasy or sense of cosmic unity ('good womb' experience) or, where the womb function is failing, its terrifying opposite.

The second matrix (BPM 2) is where the womb starts to contract, the cervix has yet to open, the baby is starting to be expelled from the womb, but there is no where yet to go. Experiencing this domain in the non-ordinary state relates to very bleak material, such as the sense of cosmic engulfment, which maybe cognitively recalled from trauma in this life, or emotionally or physically identified with birth trauma, where no conscious memory obtains.

The third matrix (BPM 3) is where the stuckness ends but the journey begins, contractions intensify and the cervix opens, a perilous journey towards the outside world fraught with hazard. In terms of sense perception it is mixed phase; something like wild adventure mixed with danger, a stage that is on the edge, pain mixed with pleasure, death-rebirth.

The fourth matrix (BPM 4) is the birth of the baby, the emergence into a new world, and the beginning of the recovery phase for mother and baby. The perceptions here are that of triumph, fortuitous escape from danger, enormous decompression and expansion of space, radiant light and beautiful colours.

Because of their experiential nature, these matrices are best illustrated by the mandala art work which follows the session. This kind of work is of an extraordinary quality and features in Stan Grof's books, some of which are referenced at the end of this paper.

The transpersonal domain

The second major domain experienced in the holotropic state is what has been termed the transpersonal. This literally means 'reaching beyond the personal' or 'transcending the personal'. The experiences that originate on this level involve both transcendence of our usual boundaries (the body and ego) and the limitations of three-dimensional space and linear time.

These transpersonal phenomena and concepts have strange characteristics that shatter the most fundamental assumptions of the materialistic world view. They are to biomechanical medicine and psychiatry what quantum physics has been to the Newtonian paradigm. Accepting these phenomena as valid can be very challenging to doctors. It means being open to the consideration that the psyche is far more than our current teaching would suggest and that there is an extension beyond the brain/mind beyond our current Newtonian-Cartesian model.

Coex

Coex is a term coined by Grof, an acronym standing for system of condensed experience. A coex system consists of emotionally charged memories from different periods of our life that resemble each other in the quality of emotion or physical sensation they share.

Grof sees a coex system as a general organising principal of the human psyche and this concept resembles to some extent Jung's idea of psychological complexes.⁶

Jung describes a complex as a collection of images and ideas clustered around a core derived from one or more archetypes and characterised by a common emotional tone. Grof would say that his present understanding is that each coex constellation is superimposed over and anchored in a particular aspect of birth trauma.

The coex unites the biographical with perinatal and transpersonal domains, implying that our psyche is multi-dimensional

Inner Healer

Experiencing holotropic states tend to engage something rather like inner radar, scanning the field, that automatically brings into consciousness the contents from the unconscious that have the strongest emotional charge, are most psycho-dynamically relevant at the time and most readily available for conscious processing.

This homeostatic mechanism may be aligned to Jung's concept of the Self, the unifying principal within the human psyche. It is an inner, innate sense of intelligence, quite different to intellect, which has a goal of working towards integration of the whole person, a centred unified principal that moves between multi-dimensional levels of experience and seeks to integrate them.

Bodywork

Moving the focus away from the bio-mechanical paradigm is not to be taken as moving away from the body and the material substance of life. Working energetically with the body is central to this journey.

Such bodywork is allied with what are predominantly Eastern systems of thought that acknowledge the 'subtle body', or 'energy body' or 'light body' within us, and also within concepts of vibrational medicine that people familiar with or practising complementary medicine will know about.

The place of the body as central to the journey is well summed up by Mann, a body psychotherapist quoted in Tree Staunton's book on body psychotherapy⁷

'...the therapeutic passage is a very physical process. Often what is most essential is experienced first in the body;...a visceral process rooted in emotional experience, with thinking and intellectual activity only secondary'.

Breath

The breath, acting as bridge between body, mind and spirit has long been acknowledged as a pathway inward to the Self, though is not commonly worked with in traditional psychotherapies. It has always been a fundamental aspect of spiritual practice, including Buddhist techniques such as Vipassana and Zen. It is integral to yoga and martial arts and was important in the development of William Reich's bodywork, Alexander Lowen's Bioenergetics and Arthur Janov's Primal Therapy.

The accelerated breathing involved with holotropic breathwork is more than just hyperventilation. The concepts, nuances and process of breathing within the healing paradigm are complex, and it has been acknowledged⁸ that 'breath itself is more than the commonly understood gaseous compound'. Indeed, 'Spirit' originally meant 'breath', (the breath of life) and focussing on the body's breath is one of the most universal ways to awaken the soul'. (Totton 2000⁷)

Some traditions have been using techniques of vigorous breathing for millennia and we know that many thousands of people have done holotropic breathwork without apparent harm. Debates about the physiological aspects of hyperventilation^{9,10}, are important, but not the focus of this paper. There exists a strict medical questionnaire for participants in the breathwork programme, and from my experience and the experience of many thousands of people who have taken part in it, given these strict screening tools, this method of working with the breath is a safe one.

Hypnosis and Breathwork

The main difference between psychotherapy, hypnosis and breathwork, is that a well facilitated breathwork process is entirely focussed on keeping the breather's process internal to them. The only external influences are the music, and energy in the room and the necessary physical guidance to keep the breather safe, for example if they move off the mat.

'Sitters' have to be highly trained to be able to deal responsibly with this openness on the part of the client, but it is the breath and the inner healer that directs the session, not the conscious mind of the sitter.

Peter Russell in his latest book *Waking Up in Time*¹¹ refers to humanity waking up consciously as a species. He talks about our cultural conditioning having focussed us on a set of assumptions about the world and our part in it, that is no longer working and wonders if we can learn more from the discipline of hypnosis about the true nature of ourselves.

Russell says very powerfully that if we are to deal with the root causes of our current world crisis, we must awaken from this cultural trance, and calls for the cultural equivalent of 'dehypnosis'.

Transpersonal work, involved with healing and consciousness, starts to moves us beyond the personal issues that may have engaged us in the first place, and takes on more global imperatives. Albert Einstein remarked that 'the significant problems that we have cannot be solved at the same level of consciousness that created them'.

Power

Power is a global issue, having brought us to our current point of world crisis, and a word used in tandem with 'therapeutic' in this title.

The powerful healing aspects to this work include the emphasis of keeping the process inwardly facilitated and experiential, while rebalancing the purely cognitive and interpretative emphasis of much neo-Freudian psychotherapy.

The right setting is crucial, since NOSC need to be experienced in a safe, facilitative, supportive atmosphere - in the case of holotropic breathwork, within a group. Manne¹² describes a trance as an energy field that holds and maintains that particular altered state that the breathing has induced. Within this energy field a particular step towards healing takes place. NOSC can therefore be described as healing energy fields. This can help explain why breathwork done in groups can be more powerful than breathwork done individually, and why the group process is so critical to this process

The concept of 'the field' is by no means a new one, though recently it has usefully been highlighted and extended by Lynne MacTaggart in her book of the same name.¹³

In Buddhist traditions, heart practices are emphasized as being necessary primary ground on which to develop higher states of consciousness. In this context, power is defined as 'bodhicitta', spiritual power, and is the vehicle through which one can help all other sentient beings. In the same way, working with NOSC need to be soundly based within a spiritual practice setting an altruistic intent.

Implications for psychiatry and beyond

The implications of this type of work for psychiatry range widely, from renewed interest in the commonly asked history question 'do you know the details of your own birth and whether there were any particular problems?' to an enriched psychiatric formulation detailing a presenting problem and where the roots of it might lie. However, the most important aspect is whether there is perceived value in using experiential psychotherapies such as holotropic breathwork for difficult psychiatric problems that have already been exposed to a range of medications and therapies without great success. Preliminary work in Manchester, UK has started to explore this.¹⁴

Ken Wilbur discusses the various schools of psychotherapy and their conflicts in a forward to a new book on integral medicine.¹⁵ He argues that our central question should change from 'which are the best schools of psychotherapy' to 'why is it that all these school exist in the first place?' The answer, Wilbur says, is that there are various domains and dimensions that can and should be actively worked with.

Conclusion

Working with NOSC is an opportunity to look at medicine, psychiatry and psychotherapy through a broad lens. Intellectual theories alone do not do justice

to the mysteries of this field. Experiential discoveries within it provide material and concepts that are theoretically challenging and that stretch our imagination and our basic assumptions about life, in much the way that those people using psychiatric services have often been challenged by their experiences.

The concept of spiritual emergence has grown out of work with NOSC. Psychotic breakthroughs are as much regarded as having potential value as being potentially damaging. This is an area that mainstream psychiatry is starting to consider.

Psychosis is one altered state of consciousness, and one of the most common conditions we manage as psychiatrists. Without an understanding of the role that consciousness plays, our understanding of psychosis remains limited and restricted to a neurobiological dimension only. To quote the psychiatrist John Nelson ¹⁶ 'the transpersonal perspective affords us an opportunity to build a modern scientific theory of madness around a radically expanded view of consciousness'. Could it be that from a higher vantage point, 'madness' is understandable, inevitable, even necessary, and how we precipitate, perpetuate, maintain and manage it as a society could be altered if we took another perspective?

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This paper is based on a talk given to the Hypnosis and Psychosomatic Section of the Royal Society of Medicine and the Spirituality and Psychiatry Special Interest Group of the Royal College of Psychiatrists on 9th May 2005.

Acknowledgments

Thanks to Dr Stan Grof for his kind permission to use his diagram of the perinatal matrices.

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