

Reported Effects of Holotropic Breathwork: An integrative Technique for Healing and Personal Change

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ABSTRACT: The purpose of this research is to study the experience and effects of Holotropic Breathwork™ on personal transformation and healing as reported by participants in the Grof Transpersonal Training. With this main purpose in mind three specific questions have been explored:

1. Will participants have any experiences at the physical, intellectual, emotional, and spiritual levels, and will these experiences be felt or experienced as transformative and/or healing?
2. Have participants perceived any life changes as a result of their Holotropic Breathwork™ sessions and, if so, will these changes be consistent over a period of 6 months?
3. How do they express the essence of their experience in images, symbols, words, or metaphors.

CHAPTER 1: INTRODUCTION

For millennia human kind has been looking for ways or technologies to foster its own psychospiritual development. The emergence of the major religions and their persisting presence until now represent one of the most important examples of such a quest. Among the strategies developed by humankind to quench this thirst the recourse to techniques that have the capacity to induce nonordinary states of consciousness (NSCs) has been widely used. In fact, several sophisticated psychospiritual systems have used such methodologies. Among them we can find Yoga, Zen Buddhism, the Tibetan Vajrayana, Taoism, Sufism, or Kabbalah (Grof, 1988, 1992b; Smith, 1986). Various aboriginal cultures have also used such states for the sake of their own religious development (Eliade, 1964; Harner, 1980). The shamanic cultures are good examples. Today, our society has also developed its

own techniques which use NSCs to foster inner development, and the aim of this research is to explore one of them, the Holotropic Breathwork™ approach.

In all of these systems or cultures NSCs have been induced by different methods. These include chanting, breathing, drumming, rhythmic dancing, fasting, social and sensory isolation, extreme physical pain, and psychoactive plants. The common denominator of these techniques is that they have the power to destabilize the "ordinary state" of consciousness and to make a shift into a "nonordinary state" (Bourguignon, 1973; Tart, 1975). The idea behind this need to alter consciousness is based on the recognition that people's ordinary state of consciousness (OSC) only represents a portion or fragment of the entire spectrum of consciousness available to human mind.

Recent developments in modern consciousness research are suggesting that NSCs have significant healing potential and can facilitate inner exploration (Grof, 1985b). Researchers and theoreticians in different fields of knowledge like Harner (1980) in shamanism, Ring (1984) and Moody (1975, 1988) in near-death experiences, Metzner (1986) in psychedelic research, Grof (1975) and Nelson (1994) in psychiatry, Vaughan (1985a) in psychology, McKenna (1988) in ethnopharmacology, Goleman (1972) and Shapiro (1983) in research on meditation, Dossey (1989) and Siegel (1989) in medicine, to name a few, are today bringing results of research and observations which support the idea that NSCs have significant value for healing and self-exploration.

Although the use of NSCs for therapeutic purposes is a recent development of Western psychotherapy it is paradoxically the oldest approach to healing used by humanity. Shamanism, considered the oldest healing art, is essentially based on the

use of NSCs (Eliade, 1964). "Shamanism represents the most widespread and ancient methodological system of mind-body healing known to humanity" (Harner, 1980, p. 51).

At the core of my fascination and interest in this research is the idea that NSCs have been recognized by several traditional spiritual schools as well as by modern consciousness research as powerful catalysts for healing and self-exploration (Grof, 1985a). Based on these new observations it seems that entering into NSCs can facilitate a transformational process which may result in personal transformation and in psychosomatic, emotional, mental, and spiritual healing.

Stanislav and Christina Grof, both researchers in the field of transpersonal psychology, have developed a modern approach for inducing voluntarily NSCs which they named Holotropic Breathwork™. "The key experiential approach I [Stanislav Grof] now use to induce non-ordinary states of consciousness and gain access to the unconscious and superconscious psyche is Holotropic Breathwork™..." (Grof & Bennett, 1992b, p. 20). This approach is defined by them as a powerful technique which brings people into NSCs as a way to promote healing and self-exploration. The technique primarily uses deeper and faster breathing and evocative music as a way to induce such states.

The Grofs themselves have used Holotropic Breathwork™ in over 30,000 sessions around the world as a tool for healing and personal transformation. In addition, more than 500 facilitators have so far been trained by the Grofs and are practicing in over 18 different countries around the world. The Grofs suggest in their books that holotropic therapy is producing significant personal changes and

healing, but not many studies have been done so far to appreciate the approach and its potential benefits.

Statement of the Problem and Research Questions

The purpose of this research was to study the experience and effects of Holotropic Breathwork™ on personal transformation and healing as reported by participants in the Grof Transpersonal Training. With this main purpose in mind three specific questions have been explored using a qualitative approach in which data were gathered in four different ways: (a) the recording of people's sharing, (b) the recording of short interviews, (c) the recording of two long interviews, and (d) by consulting people's self-evaluations. Quantitative data were also gathered through Ring's Life Changes Questionnaire developed by Ring (1984).

The three specific research questions explored are the following.

1. Will participants have any experiences at the physical, intellectual, emotional, and spiritual levels, and will these experiences be felt or experienced as transformative and/or healing? Data were gathered for this question by using people's sharing of their personal journey, by interviews and by people's self-evaluations.

2. Have participants perceived any life changes as a result of their Holotropic Breathwork™ sessions and, if so, will these changes be consistent over a period of 6 months? Data for this question has been gathered through Ring's Life Changes Questionnaire.

3. How do they express the essence of their experience in images, symbols, words, or metaphors? Data for this question have been gathered through interviews.

All the trainees have participated in at least 23 Holotropic Breathwork™ sessions both as breathers and sitters. Several of them have participated in more than that, but here we are interested in people who participated in at least 23 sessions.

Participants

The participants for this research were graduating trainees of the Grof Transpersonal Training who were involved in the two-week long Certification Seminar held in California in September 1992.

At the beginning of the certification module, I presented my research project and invited everyone to participate. Thirty-four people agreed to participate in the research. The interested participants signed a Consent Form which had been approved by the Ethics Committee of the Institute of Transpersonal Psychology (see Appendix F).

Nine men (26%) and twenty-five women (74%) agreed to participate in the study. The average age was 49 years old, and the range was from 32-65 years of age.

Rationale of the Study

One of the rationales which support this study comes from my first hand experience of Holotropic Breathwork™ as a training participant in the Grof Transpersonal Training. I have myself gone through a very healing experience and I have experienced changes and positive personal transformation on the physical, mental, emotional, and spiritual levels as a result of participating in several Holotropic Breathwork™ experiences during the training. Based on my personal experience I suspect that many of the participants may have gone through the same kind of personal transformation and healing.

Another important element that motivates me to pursue this research on Holotropic Breathwork™ is that only a few studies on breathwork have been done to date. The work of Christina and Stanislav Grof on the healing and transformative power of NSCs is very impressive, and I felt it deserved further investigation. Grof has published in his books Beyond the Brain: Birth, Death, and Transcendence in Psychotherapy (1985a), The Adventure of Self-Discovery: Dimensions of Consciousness and New Perspectives in Psychotherapy and Inner Exploration (1988), and The Holotropic Mind: The Three Levels of Human Consciousness and How They Shape our Lives (1992a) the results of 40 years of observations on NSCs. His observations and findings have laid a solid ground for further inquiries on the healing and transformational potential of NSCs. Although many observations have been collected, not much empirical or academic research has yet been done to study the subjective experience as well as the inner transformation and healing which is said to result from the use of NSCs. This research will, therefore, make a significant contribution to the understanding of the potential benefits of the use of NSCs in self-exploration, personal transformation, and inner healing.

One point that differentiates this study from the Grof's observations is that this study focuses essentially on experiences resulting from the practice of Holotropic Breathwork™ whereas much of Grof's findings are the results of his study of both Holotropic Breathwork™ and LSD therapy.

This research also focused on the long term (at least 23 sessions) use of Holotropic Breathwork™, and so far no research has been conducted to explore the potential benefits of such long involvement with breathwork in contrast to short term use.

Two in-depth case studies will be presented to better understand and appreciate how the Holotropic Breathwork™ process unfolded through the two-year-long journeys of two participants.

This research also places the theoretical framework and observations surrounding Holotropic Breathwork™ in relationship to other scientific researches, studies, and observations. As Hendricks (1995) said, "breathwork is slowly moving toward the mainstream" and this research will help to articulate its relationship to other healing and therapeutic approaches.

Finally, this research can help us to better understand the healing mechanisms underlying personal transformation.

Definition of Terms

Personal transformation, changes, and/or healing are used in an interchangeable way and they simply refer to any positive changes perceived and

reported by participants as a result of their experiences. These positive changes fall into two broad categories:

1. the alleviation of painful or undesirable states which, so far, had been a part of the participant's life -- for example, the integration of sad feelings resulting from an abusive experience; and

2. the experience of a new and desirable state not previously experienced -- for example, the feeling of being able to trust oneself, whereas this state was not experienced before.

Holotropic Breathwork™ refers to a method of self-exploration and personal transformation which uses deep breathing, evocative music and focused bodywork. This particular method has been developed by Christina and Stanislav Grof.

Physical experiences refer to experiences which have been experienced through and in the body such as tension, pain, spasm, movement, body contortion, etc.

Intellectual experiences refer to experiences happening at the cognitive level. They specifically refer to people's thinking process.

Emotional experiences refer to any emotions and feelings participants may have experienced such as anger, sadness, fear, pain, happiness, etc.

Spiritual and transpersonal experiences refer to a broad category of experiences in which an individual experiences an expansion of his or her own consciousness beyond the usual or OSC, or beyond an ego-dominated state of consciousness. The definition of this category has been inspired by Frances Vaughan's distinction between qualities and processes specific to the ego and the super-ego and qualities and processes specific to the transpersonal self. In her

article "Discovering Transpersonal Identity" (1985), Vaughan indicated very specific characteristics of the transpersonal self such as compassionate, loving, wise, receptive, allowing, unlimited, intuitive, spontaneous, creative, inspired, peaceful, awake, open, and connected. She also indicated that personality change at the transpersonal level refers to a process in which the individual moves away from:

...positions of judgment and condemnation toward compassion and forgiveness; from denial and repression to acceptance of thoughts, feelings, and circumstances; from defensiveness to openness; from fear to love; from victim to creator, from adversary to friend, from dependent to independent, from a mechanistic to a holistic perspective; from isolated individualism to interrelated theory system, from existential despair to transpersonal awakening. (1985, p.29)

This category of experiences also refers to experiences of the Sacred, the Holy, or the Divine and all the spiritual experiences described in the literature as "transcendent," "mystical," ecstatic," "cosmic," or "peak experiences." When participants reported such experiences and processes they were classified in that category.

CHAPTER 2: REVIEW OF LITERATURE

Holotropic Breathwork™ is an approach to self-exploration and healing that includes several components. These components are: intense breathing, dynamic and evocative music, focused energy release or bodywork, mandala drawing, and group sharing (Grof, 1988). Before going into the study of these components it is important to explore one of the basic principles on which the whole approach is built. According to Grof (1988), the most important principle that underlines Holotropic Breathwork™ is that NSCs have a healing, transformative, and evolutionary potential.

In order to fully understand the importance of this research on Holotropic Breathwork™ and the use of NSCs, it was essential to examine the actual scientific debate concerning the nature of consciousness and NSCs. So, the three first sections of the research: (a) Consciousness: Two Point of Views; (b) Ordinary versus NSCs; and (3) NSCs: Healthy or Pathological, should be seen as a brief presentation of the different points of view held by scientists and theoreticians on the nature and properties of consciousness. It is important to understand that the different points of view presented here are those which are grounded in two different paradigms or models of consciousness, namely the materialistic paradigm and the holographic or transpersonal paradigm.

Consciousness: Two Points of View

Consciousness is a reality with which everyone is extremely familiar, yet it is at the same time a complex and elusive phenomenon. So on one hand, the phenomenon of consciousness is considered so elusive that some, like Freud (1964) or Sutherland (1989), would not even consider a definition. Freud said, "What is meant by consciousness we need not to discuss; it is beyond all doubt" (p. 70). Sutherland, who defines consciousness in the Macmillan Dictionary of Psychology, said that consciousness is a fascinating but elusive phenomenon: it is impossible to specify what it is, what it does, or why it evolved. Furthermore, he adds that nothing worth reading has been written about it. On the other hand, consciousness has been a topic of systematic investigation by philosophers and scientists. In this section, I will not try to define or explain consciousness but rather to present some opposing points of view in the actual debate. The reader who would like to know more about the current debate could refer to Güzeldere (1995).

From Descartes until recently, consciousness has been understood through the lens of a dualistic perspective. Such a perspective is rooted in the idea that mind and matter are separated. However, within twentieth century philosophy and science dualism tends to be reduced to materialism, "where consciousness is nothing more than a state or function of the brain" (Velmans, 1995, p. 256). The materialistic paradigm, which actually predominates in our Western society, sees consciousness as an epiphenomenon and a product of highly developed matter -- the brain (Crick & Koch, 1990; Grof, 1988; Nelson, 1994; Sheldrake, 1981). "The Western scientific view considers matter as primary and consciousness as a property

of complex material patterns that emerge at a certain stage of biological evolution" (Capra, 1984, p. 144). In their book Science, Order, and Creativity David Bohm and David Peat (1987), two modern physicists, reported that many neuroscientists hold the view "that consciousness is an epiphenomenon of the brain" (p. 210). For Tart (1991), scientists who are working within a materialistic paradigm are reducing the various aspects of consciousness to "...merely subprograms of the larger program which is nothing but the totality of my biological, material self....Consciousness is like an actively running program in the biocomputer" (p. 38). In other words, the phenomenon that we call consciousness is today seen by many scientists, particularly those inspired by the materialistic paradigm, as a byproduct of the neuron functioning of the brain and does not have an ontological value by itself.

Although this perspective on consciousness has been dominant among modern scientists, it is now challenged by recent developments in science. According to Velmans (1995) "one cannot find consciousness by any conceivable histological examination of the brain" (p. 256). Recent developments in science are now showing evidence that supports the idea that consciousness cannot anymore be reduced to such an epiphenomenon. Today's observations and studies in anthropology by Michael Harner (1980), in parapsychology by Lawrence LeShan (1974), in consciousness research by Stanislav Grof (1992), in thanatology by Kenneth Ring (1984), in biology by Rupert Sheldrake (1981), in medicine by Larry Dossey (1989) and Deepak Chopra (1990), in physics by Fritjof Capra (1982), in psychiatry by John E. Nelson (1994), in neuroscience by John C. Eccles (1977), and Karl Pribram (1971), are incompatible with the view that consciousness is an epiphenomenon of matter. Velmans (1991a) reported that after having considered

functional explanations of consciousness, he concluded that consciousness cannot be found within any information processing "box" within the brain. Grof (1985), states that if we take into account these new observations we have to conclude that, "the traditional approach to human nature and the psyche now appears to be absolutely untenable" (p. 49). These new observations and conclusions from many scientists are supporting the idea that consciousness is not an epiphenomenon emerging from the neuron activity of the brain, but is a creative intelligence and a primary attribute of existence (Grof, 1985). In that sense, consciousness is "an equal partner of matter, or possibly even superordinated to matter, and creative intelligence is inextricably woven into the fabric of the universe" (Grof, 1985, p. 27). Nelson (1994), also states the same idea by affirming that: "the transpersonal view regards consciousness as primary, with the brain its humble servant in the physical world" (p. 8). In agreement with these new Western views of consciousness, spiritual psychologies, according to Tart (1975), "classify consciousness as a factor every bit as real in its own right as physical things...consciousness may then exist independently of the brain" (p. 79).

So, the traditional and materialistic understanding of consciousness, as a byproduct of highly organized matter, is today seriously challenged by modern consciousness research which proposes that consciousness is equal to matter or even primary to it. So far, there is no absolute scientific proof that one conception of consciousness is better than the other one. Both conceptions are backed up by many observations, rigorous studies, and elaborate theoretical frameworks.

Ordinary vs Nonordinary States of Consciousness (NSCs)

So far, it has been said that the materialistic conception of consciousness assumed that consciousness is a phenomenon that emerged from matter. Within this conception it is also accepted that ordinary or everyday consciousness is the "normal" and even the most efficient state of consciousness. Tart (1976) expressed this idea very well by saying that within the materialistic conception of reality "...our ordinary state of consciousness is somehow the 'best' or 'optimal' state or organization of consciousness that human beings can have, and that all altered states of consciousness are somehow inferior" (p. 46).

This materialistic view of consciousness is, in Harner's term, cognicentric, which means that it is tinged with a prejudice against a concept of nonordinary reality (1980). Harner said:

Observation with one's own senses is the basis for the empirical definition of reality; and there is no one yet, even in the sciences of ordinary reality, who has uncontestedly proven that there is only one state of consciousness that is valid for first hand observations. (p. xvi)

The perspective that ordinary consciousness is somehow the only valid one is usually assumed by people who never had an experience of NSCs. For Harner, the fundamental issue here is not the narrowness of someone's cultural experience but the narrowness of someone's conscious experience.

Tart's theories and observations on the nature of OSCs and NSCs undermine the supremacy attributed to the OSCs by the materialists. Tart (1991) said:

Ordinary consciousness is a semi-arbitrary construction. In the course of growing up we have built up huge numbers of habits: ways of perceiving, of thinking, of feeling, of acting. The automated functioning of these habits in our ordinary environment constitutes a system, the pattern we call our ordinary

consciousness. Ordinary consciousness is stabilized, so it holds itself together in spite of varying circumstances. Forgetting the work that went into constructing this as children, and not realizing the cultural relativity and arbitrariness of much of it, we take it for granted as "ordinary" or "normal" consciousness. (p. 36)

Wolinsky (1991), who developed a new approach to psychology, which he called Quantum Psychology, has presented a point of view that showed that people's normal or OSC is more or less a Deep Trance Phenomenon. A deep trance phenomenon is the way one chooses or has chosen to experience reality in order to survive. Each individual has created many of these trances in order to adapt to different circumstances and each of these is structured into a set of parameters that makes one experience reality in a specific way.

In that sense, it seems that ordinary consciousness is therefore not necessarily the most efficient state of consciousness. Is it possible that ordinary consciousness is, in Tart's terminology, a semi-arbitrary construct, culturally biased by the cognicentrism that characterizes our Western scientific worldview?

So, the point here is that OSCs may not be "the best" state of consciousness as declared by materialists and that altered or NSCs may also be valid and often better suited for investigating realities that lie beyond the realm of the senses or, again, to foster personal transformation.

NSCs: Healthy or Pathological

Within the materialistic conception of consciousness most NSCs are seen as pathological. Grof (1992) said that "in the past, Western psychiatry and psychology, did not see NSCs (with the exception of dreams) as potential sources of healing or

of valuable information about the human psyche, but basically as pathological phenomena" (p. 5).

In its development inside the discipline of medicine, psychiatry became an approach to mental disorders that was very similar to traditional medicine, in the sense that it found many biological explanations for certain mental illnesses and developed powerful ways of controlling symptoms of these various conditions. In this perspective, the absence of symptoms equated to health or normality. The interpretation of what was "normal" was somewhat rigid, and experiences of hearing voices, seeing visions, and manifesting unusual motor activities, as in the case of a kundalini awakening or spiritual emergency, were labelled psychotic or abnormal (Lukoff, 1985; Nelson, 1994; Perry, 1989). For example, experiences of NSCs, as in the case of spiritual enlightenment, were seen as psychotic experiences through the theoretical framework of psychoanalysis.

From our psychoanalytical knowledge it is clear that Buddhistic self-absorption is a narcissistic turning of the urge for knowing inward, a sort of artificial schizophrenia....the catatonic condition of the Hindu ascetics in self-absorption prove quite clearly the correctness of this contention. (Alexander, 1931, pp. 130-145)

Nelson (1994), who has worked with psychiatric patients since 1969, affirmed that "Western societies find virtually no use for most ASCs, tend to regard them as pathological" (p. 14). He also mentioned that "Western societies assume that a person who enters any ASCs other than those generally accepted such as dreams "is either high on drugs or seriously mentally ill" (p. 15).

Bourguignon (1973), who conducted ethnographic studies with many traditional societies reported in her book Religion, Altered States of Consciousness, and Social Change makes the following commentary:

Altered states of consciousness, which in American society are thought of mostly in relation to psychopathology and to the drug culture (which some would consider the expression of a type of pathology) appear in a variety of forms among the peoples of the world. Often they are institutionalized and culturally patterned and utilized in specific way. The word *utilized* is chosen intentionally here, because I wish to suggest that these states do indeed have utility for the societies that employ them. (p. 3)

Because of the overlap between mystical experiences and psychotic states, pathological diagnostics have often been wrongly given to people in ASCs such as those undergoing a psycho-spiritual crisis (Grof & Grof, 1990; Lukoff, 1985; Perry, 1974). According to them, many NSCs are misdiagnosed, seen as pathological, and finally treated with suppressive medication. As a consequence, people who are struggling with experiences such as kundalini awakening, psychic opening, spiritual emergency, or shamanic crisis are put in the same category as those who suffer from true mental illness.

From the point of view of many modern consciousness researchers most Western professionals are not familiar with the entire spectrum of consciousness as defined by Eastern traditions, and now by the new field of transpersonal psychology, and they tend to classify consciousness into only two major categories -- the healthy and the pathological. Most Western professionals do not understand, or maybe they are not aware, that many nonordinary states are not pathological, but are valid states of consciousness.

So, although NSCs have been rejected by mainstream science, scientists working within the new emerging paradigm have gathered information and formulated theoretical frameworks which support the idea that both consciousness and NSCs are primary attributes of existence, and their integration in our scientific quest is a

valuable source of knowledge about people and the world. Walsh (1989) has observed that "90 percent of the world's cultures have one or more institutionalized altered states of consciousness, and in traditional societies these are almost without exception sacred states" (p. 34).

This suggests that the phenomenon of altered states of consciousness is a matter of major importance. Indeed, according to Weil (1972), it seems that the "desire to alter consciousness periodically is an innate normal drive analogous to hunger or sexual drive" (p. 17). Bourguignon (1973) was preoccupied by this question and as a way to verify if in fact the phenomenon of institutionalized altered states of consciousness was or was not a rare reality she analyzed relevant ethnographic literature. She took a sample of 488 societies and she found that 437 of them (90%) reported to have one or more institutionalized, culturally patterned forms of altered states of consciousness. Bourguignon (1973) concluded the following:

It is clear that we are dealing with a psychobiological capacity available to all societies, and that indeed, the vast majority of societies have used it in their own particular ways, and have done so primarily in a sacred context. (p. 11)

As we will see in the next section, there is much evidence which supports the idea that ASCs play an important role in human life, especially as a way to promote healing and personal transformation. As a last note here I would like to quote an important passage from James (1929):

Our normal consciousness, ...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 all there in all their completeness, definite types of mentality which probably somewhere have their field of application and adaptation. No account of the universe in its totality can be final which leaves these other forms of consciousness quite disregarded. How to regard them is the question-for they

are so discontinuous with ordinary consciousness. Yet they may determine attitudes though they cannot furnish formulas, and open a region though they fail to give a map. At any rate, they forbid a premature closing of our accounts with reality. (pp. 378-379)

Historical and Contemporary Use of NSCs for Personal Transformation and Therapeutic Purposes

Except in near-death experiences and in spontaneous spiritual emergency, NSCs have been voluntarily used as strategies for producing personal transformation and therapeutic changes. As a way to explore the idea that NSCs can facilitate healing and personal transformation we will very briefly look at shamanism, psychoactive substances, meditation, and near-death experiences. The idea here is not to explore these dimensions in-depth through an extensive literature review but rather to provide some examples of the role and the potential benefits NSCs can play in human development.

Shamanism

The use of NSCs for therapeutic purposes is the most recent development in Western psychotherapy and at the same time the oldest one use on the scale of humanity (Grof, 1992). Shamanism, which is the most ancient religion and healing art of humanity, is an entire body-mind healing system based on the recognition of nonordinary reality (Eliade, 1964; Harner, 1980). Archaeological evidence suggests that shamanic techniques are at least 20,000 to 30,000 years old (Harner, 1980). What is very remarkable about shamanism is the fact that methods and assumptions about reality are similar among widely separated and remote groups of shamans on

the planet. Shamanic knowledge is basically consistent over time. This suggests that some important and universal truths may have been discovered in this tradition.

According to Eliade (1964) "shamanism = *technique of ecstasy*" (p. 4). For him "the shaman specializes in a trance during which his soul is believed to leave his body and ascend to the sky or descend to the underworld" (p. 5). He or she is the great specialist of the human soul because he sees it and knows its destiny.

According to Walsh (1989),

Shamanism I would define as a family of traditions whose practitioners focus on voluntarily entering altered states of consciousness in which they experience themselves or their spirits traveling to other realms at will and interacting with other entities in order to serve their community. Shamans are "cosmic travelers" who experience themselves having controlled out-of-body experiences in which they, or their spirits, traverse the cosmos at will in order to learn, acquire power, help, and heal. (p. 34)

The use of and access to altered state of consciousness by the shaman is a universal characteristic of shamanism. For Harner (1980) the shaman is the master of altered states of consciousness. He or she is the one who can move at ease between realities. He or she is the "power-broker" or the middle man between ordinary reality and nonordinary reality. In fact, all shamanic practices involve the ability to move in and out of various states of consciousness.

Harner distinguishes two fundamental states of consciousness which he calls Ordinary State of Consciousness (OSC) and Shamanic State of Consciousness (SSC). The OSC represents the waking state where the world appears as being made of objects, time is linear, and space is three-dimensional. The SSC or NSC is a certain form of trance, a dream-like state where the focus is on the inner experience. It is an internal space that facilitates the interaction between, on one hand the living and, on the other hand the non-living, animals, and the entire

universe. For Achterberg (1985), the SSC corresponds to the realm of consciousness described by the mystics. Some neurophysiological studies support this point of view. In fact, Wright (1995) found neuropsychological evidence that "Shamanic ASCs share some common neuropsychological pathways with other mystical states" (p. 54). So the SSC is not a loss of consciousness, as it could be interpreted by some Western psychologists, but a very different psychic state which gives the shaman access to other realities and higher power in order to heal.

In most shamanic cultures, an individual is granted the status of shaman only after having gone through a powerful process of initiation where he or she demonstrates self-healing abilities. It is mainly through this initiation that the shaman acquires the ability to use altered states of consciousness in order to first heal himself or herself, and then heal the community. Wright (1995) concluded her studies on the interconnectivity of mind, brain and behavior in altered states of consciousness by the following statement:

Shamanic healing involves a process of self-transformation and ability to access ASCs that demands profound shifts in the practitioner's mind, body, and "spirit." These changes appear to enhance the shaman's ability to intimately communicate with the "imaginal realm," which appear to play a role in healing. (p. 55)

Having gone through the process of self-transformation himself via altered states of consciousness, the shaman becomes the one who goes at will into an altered state of consciousness mainly for the purpose of healing.

As a medicine person, the primary task of the shaman is to nurture and preserve the "soul" against any wandering. Disease, in the shamanic system, is seen as originating from the spiritual realm. Illness comes from either the loss of personal power or "soul loss" (this expression refers in modern psychology to different types

of psychological trauma as well as different forms of dissociation). "Soul loss" is in fact the worst problem somebody can suffer from since it can cut one off from the meaning of life. Basically the shaman has two main approaches for dealing with disease and illness (Harner, 1985). The shaman will either extract the harmful power that has intruded the person's psyche or he or she will recover the "lost soul" by going into the healing journey to bring the soul back to the person. Essentially the healing work will be executed in an NSC where, with the help of his "helping spirits or guardians," the shaman will stimulate the spiritual power which is needed to help the person come back into a healthy equilibrium. From a medical point of view, "The shaman's ritual work has a direct therapeutic effect on the patient by creating vivid images, and by inducing altered states of consciousness conducive to self-healing" (Achterberg, 1985, p. 6).

In its own way, the shamanic culture has developed a vocabulary and a perception of reality that differs from what Western society considers real. Their concepts of *soul*, *healing*, and *consciousness* differ from ours but are nevertheless very real in their experiences.

Shamanism, as a body-mind healing system, is challenging Westerners by providing "experiential evidence" that supports the idea that there are different states of consciousness and that the shamanic state of consciousness can be used as a powerful way to promote healing and inner transformation, for the shaman as well as for members of the community.

Psychoactive Substances

The use of plants to induce altered states of consciousness has been documented circa 8,000 B.C. (Furst, 1976). Shamanic cultures have for millennia used psychoactive substances or sacred plants as an essential ingredient of their rituals of divination, healing, membership, and worship (Yensen, 1988).

In his book Soma: The Divine Mushroom of Immortality, Wasson (1971) postulates that the causal agent of the emergence of the great religions was the ingestion of hallucinogenic mushrooms. The mind-altering mushroom used in the context of deeply meaningful ritual settings would have been the catalyst of transpersonal experiences of a mystical and spiritual nature. For Wasson, the ecstatic experience the mushroom had induced provided the reason for humans to repeatedly return to these plants in order to reexperience their sacred and transformative power.

The fascination and interest for the mysterious properties of these substances did not die with our ancestors. In fact, modern Western society has also been very fascinated by them. The discovery by Albert Hofmann of LSD-25, a powerful mind-altering drug, began a sequence of research (Grof, 1975; Metzner, 1990; Yensen, 1988) which has led to a reflection on the basic assumptions about the nature of reality and consciousness. Grof (1975), one of the pioneers in psychoactive research, gathered an impressive number of observations that support the idea that psychedelic drugs have heuristic value as tools for the exploration of human consciousness and also that legitimate conclusions can be drawn from their investigation. The clinical observations gathered by Grof come from over 4,000 psychedelic sessions (plus material from over 2,000 sessions conducted by colleagues). These sessions were LSD-assisted psychotherapy with different

populations ranging from healthy people to psychiatric patients and terminally ill cancer patients. After many years of systematic studies Grof (1975) came to the conclusion that LSD is a powerful unspecific amplifier or catalyst of mental processes. From his perspective as a psychiatrist, LSD does not produce any specific predictable experience but instead seems to facilitate the emergence of unconscious material from different levels of the personality.

Adamson and Metzner (1988), who did extensive research and observations on the use of psychotropic substances, have also reported in an article on the nature of MDMA (another psychoactive substance):

[That the empathogenic substance] induces an experience that has the potential for dissolving the defensive intrapsychic separations between spirit, mind, and body, and that therefore physical healing, psychological problem solving, and spiritual awareness can and usually do co-occur in the same experience The changes that occur in an individual's consciousness during such experiences are likely to be changes in attitude toward the body, which facilitate the body's own healing and regenerative processes. The psychological problem-solving that occurs is also most frequently a shift in perspective, a reframing of a belief that may also be healing and have spiritual implications. When an individual has a realization of the spiritual core of being, there are often healing and therapeutic changes, almost as by-products. In all three areas, the integrity and responsibility of the individual is affirmed and empowered; dependence on the doctor, or the medicine, is reduced. These attitudes and changes can be and often are carried over into one's ordinary life afterwards. (Adamson & Metzner, 1988, p. 59)

In other words, they have found that the substance helped people to release and integrate unresolved issues at physical, emotional, and spiritual levels.

So far, many studies have shown that psychoactive substances have a positive and therapeutic effect in the treatment of different clinical problems. For example, in the treatment of alcoholism, clinical research conducted by Jensen (1962) and by Sherwood, Stolaroff, and Harman (1962) supports the idea that psychotropic

substances can be a good ally in the treatment of this condition. Another good example of the therapeutic effect of psychoactive substances is in the treatment of neurosis and depression. Research conducted by Ling (1963) has brought evidence that LSD combined with Ritalin was helpful in treating neurotic patients. Langner (1967) has explored the use of LSD therapy with different clinical populations such as schizoid, schizo-affective, psychotic, and manic-depressive. After six years of systematic observations Langner concluded the following: "I cannot believe that such an instrument under proper supervision can be other than a useful chemotherapeutic agent in psychiatry" (p. 128).

Although some research supports the therapeutic value of psychoactive substances, there is still a controversy about the effects and potential benefits of these substances. For example, Ditman and Bailey (1967) have conducted research with LSD which brought them to the conclusion that much of the claims of benefit around LSD were not supported and that they were mainly placebo effects generated by variables such as the therapist's enthusiasm, the patient's expectations and the treatment setting.

As a concluding thought, we would like to suggest that although there is some controversy around the potential benefits of psychoactive substances, there is much evidence that supports the idea that these substances tend to activate some healing mechanisms which are still not fully explained or understood.

Meditation

Meditation has become, with the recent development in psychology and more particularly in transpersonal psychology, a subject of great interest for several

reasons. One of the main reasons is that meditation brings about "altered states of consciousness and enhanced psychological development..." (Walsh & Vaughan, 1980, p. 136).

It is generally accepted that meditation induces different kinds of altered states of consciousness. Shapiro (1983), one of the leaders in meditation research, said that "...there are certainly many different types of altered states of consciousness which may occur as a result of a specific meditation techniques, as well as across different techniques" (p. 64).

This idea that meditation induces NSCs was supported by a study done by Osis, Bokert, and Carlson (1973). By using pre-meditation mood questionnaires and post-meditation questionnaires with meditators they were able to show that there was almost no correlation between the initial mood of the meditators and their mood after the meditative experience. Participant's consciousness significantly shifted as a result of the meditation. A very similar study was conducted by Kohr (1977), who used a more refined questionnaire than Osis et al. However, his conclusion supported Osis' findings and he suggested "that one's mood and functioning during the day represented a different state of consciousness than the altered state as measured by the post-session questionnaire" (1977, p. 200).

Other researchers have made further distinctions between ASCs and meditation-specific states of consciousness, or MSCs.

Meditation states are distinct from ASC in that they include only those states attained through meditation that transcend normal conditions of sensory awareness and cognition. ASC subsumes a wider range than does MSC: altered states include, e.g., those induced by hypnosis and psychedelics (topics beyond the scope of this paper) as well as MSC. In their effects on the three normal states of waking, dreaming, and sleeping, MSCs produce a higher state, in accord with Tart's (1971) criterion for HSC. (Goleman, 1972, p. 2)

For Goleman, meditation not only produces an ASC but a higher state of consciousness. This idea is also shared by Thapa and Murthy (1985):

Meditation of any denomination or persuasion has been the religiously sanctioned method for the induction of the highest state of consciousness or Meditative ASC. A review of the psychological and philosophical analyses provided by many authors (James, 1902, Suzuki, 1952; Stace, 1961; Deikman, 1966; Prince & Savage, 1972) revealed a communality of features, such as ineffability, ecstasy and exaltation, intuitive insight, unity, paradoxicality, unusual sensations, passivity and transensate phenomena. These experiential characteristics permitted the categorization of meditative experience as ASCs. (p. 78)

In his article "Meditation as an Altered State of Consciousness: Contributions of Western Behavioral Science" Shapiro (1983) pointed out that many studies which look at the subjective reports of changes in attitudes, self-concepts, and perceptions after meditation showed that "meditators change more than control groups in the direction of positive mental health, positive personality change, and self-realization (p. 75).

Studies on meditation conducted by Benson, Rosner, Marzetta, and Klemchuk (1974) on hypertension, by Kabat-Zinn et al. (1992) on anxiety disorders, by Fulton (1990) on stress reduction, by Kornfield (1979) on personal transformation, and by Kutz et al. (1985) on psychotherapy, support the idea that meditation has a healing and transformative potential.

Meditation, as a tool for personal development, can bring about, in the long run, profound changes in consciousness as reported by Walsh and Vaughan (1980):

Advanced practitioners report states of consciousness, levels of perceptual sensitivity and clarity, and degrees of insight, calm, joy, and love that far exceed those experienced by most people in daily life. A progressive sequence of altered states of consciousness can occur, which may ultimately result in the permanent, radical shift in consciousness known as enlightenment or liberation. (p. 137)

As a final note, we would like to mention the work of Murphy and Donovan (1988), who review 1,200 studies of meditation covering the period 1931 through 1988. In their final report they said that:

More than fifty kinds of physiological, behavioral, and subjective changes have occurred among subjects practicing meditation in experimental settings. A consistent, if uneven, pattern of change is revealed by such research, which corresponds in some way with the picture of meditation's effects contained in the contemplative literature. (p. 4)

So, meditation seems to be a practice that has the potential to bring about a NSC which seems to produce physiological, behavioral, and subjective changes.

Near-Death Experiences (NDEs)

Among the states that we can find in the whole spectrum of consciousness the altered state experienced in near-death experiences (NDEs) could be seen as a very extreme and critical state of consciousness. In fact, in NDEs consciousness is so dramatically changed, said Ring (1986), that in several cases "life -- and your understanding of life -- will never again be the same" (p. 77).

NDEs are phenomena that occur in many people who come close to or experience clinical death (Moody, 1988; Ring, 1984; Sabom, 1982). According to a 1980 Gallup survey, 5 percent of the American population have gone through a near-death experience which means about thirteen million people (Walker & Sherdahely, 1990). Because of the new medical technologies, especially those designed to deal with cardiac arrest, it is likely that this number is growing.

Although we have recently shown much attention to this fascinating field of investigation, people's preoccupation with life after death is not recent. The Egyptian Book of the Dead, one of the oldest pieces of literature in the world,

contains a collection of prayers and formulas that are designed to assist people in the other world (Rawlings, 1978). The ancient Greeks also believed that the soul would live on after death as a way to allow a life review in order to receive judgment (Rawlings, 1978). In fact, in the tenth book of The Republic Plato (trans. 1979) relates a tale about a soldier named Er who, at the moment of his death, left his body to roam the countryside before reentering it prior to its cremation.

More recently the publication by Moody (1975) of Life After Life has brought much attention to the phenomenon of NDE. After having interviewed 150 people who have had NDEs, Moody noted about 15 common elements that characterize or represent the core of NDEs. For some of these experiences see the following table.

Table #1

Some of the Elements that Characterize NDEs According to Moody.

Elements

Feeling that one's consciousness has been detached from the body

Feeling a sensation of total peace and well-being

Moving through a long dark tunnel

Meeting spirits of loved ones

Appearing before a "being of light"

Undergoing a three-dimensional life review

These elements illustrate how dramatically consciousness alters during the NDE.

As we have already mentioned the life of people who went through an NDE is significantly changed. Ring (1986) and Moody (1988) have shown that NDEs have a tremendous transforming power. Moody (1988) said: "In my twenty years of intense exposure to NDEers, I have yet to find one who hasn't had a very deep and positive transformation as a result of his experience" (p. 27).

Although the near-death experience is in itself caused by a trauma such a cardiac arrest or an accident, rather than being traumatized by the event NDEers respond by an increase of well-being and personal growth. The main significance of these experiences is not really found in the phenomenology of the experience but rather in its transformative effects.

Both Moody (1988) and Ring (1986) have found that not only are the phenomenological aspects of NDEs common to NDEers but also there seems to be a common pattern of transformative after-effects. Ring (1978) goes even further by suggesting that, "this pattern of changes tends to be so highly positive and specific in its effects that it is possible to interpret it as indicative of a *generalized awakening of higher human potential*" (p. 79). In other words, Ring sees NDEs as a kind of catalyst that promotes psychospiritual transformation and personal growth.

Ring's (1984) and Moody's (1988) research have shown the transformative effects of NDEs and the way they have changed the NDEers' life. The following findings are coming from their research using questionnaires and personal interviews. They reflect the behavioral and subjective changes resulting from NDEs.

1. A radical decrease of fear of dying: The NDE brings about the resolution of a fear that most people have -- the fear of dying. Not everyone means the same thing

by that. For some it means abandonment of the fear of suffering they usually associate with dying. For others it is the worry about who will take care of those they love when they will be gone. For people who are very controlling and authoritarian, they let go of the fear of obliteration of consciousness or self.

In order to verify that claim, Sabom (1982) used the Templer and the Dicksteins death anxiety scales during his scientific investigation where he interviewed 116 persons who had survived a near-death crisis. His results have effectively supported this conclusion.

2. A greater capacity to love: For most NDEers love becomes their primary value in life. Other values in their life are reorganized around this primary one. Other values pale beside love. This is manifested by an increase of tolerance toward others, patience, and compassion for others. The desire to help and share with others becomes central in their life. There is a genuine concern for the welfare of others which often is expressed by an unconditional acceptance and regard of others.

3. A sense of interconnectedness with all things: After their experience NDEers have the sense that everything in the universe is connected. They understand that they are a part of a larger system and anything that is done to that system is done to them. They have a sense of connection with all there is. Their appreciation of life and its multiple aspects is more fully embraced.

4. An appreciation for learning: NDEs are condensed experiences which are rich in knowledge about the self and the universe. Most NDEers come back with a newfound respect for knowledge. For several, their visit to the other realm got them in touch with a source of information which activated their thirst for knowledge.

5. A deeper understanding of spirituality: Most NDEers have a tendency to describe themselves as being more spiritual. It is important here not to confuse spirituality with religion. By religion we refer to a set of doctrines and dogma proposed by a church. People with a deeper sense of spiritual values tend in fact to move away from these doctrines and abandon religions for the sake of an authentic and personal connection with transcendent realities. These people claim to feel much closer to God than ever before. They have experienced a deep inward change that brought an opening into their spiritual awareness. This new experience has brought them to understand the fact that all religions have a common shared transcendent vision of the divine, a form of universal spirituality that excludes no one.

6. Changes in psychic awareness: Many NDEers report having experienced an increase of psychic sensitivity. These people seem to be more aware of psychic phenomena. Ring (1986) has reported that these people "claim to have had more telepathic and clairvoyant experiences, more precognitive experiences (especially in dreams), greater awareness of synchronicities, more out-of-body experiences, and a general increased susceptibility to what parapsychologists call "psi-phenomena" (p. 80).

The findings greatly support the idea that nonordinary states have a tremendous healing and transformative power. People who experience these states, which last very often just a few moments, are changed in many ways. According to Ring (1986), these kind of experiences,

Tend to stimulate a *radical spiritual transformation* in the life of the individual, which affects his self-concept, his relations to others, his view of the world *and* his worldview, as well as his mode of psychological and psychic functioning. (p. 81)

Although most NDEs include profound and positive feelings of peace, joy, and cosmic unity, and usually produce a personal transformation, there are also reports of distressing NDEs. Lindley, Bryan, and Conley (1981) found that 20%, (11 out of 55) of their subjects had negative NDEs. They define a negative NDE as "one that contains extreme fear, panic, or anger. It may also contain visions of demonic creatures that threaten or taunt the subject" (p. 113). Greyson and Bush (1992) studied a collection of 50 negative NDEs they collected using a notice placed in the newsletter of the International Association for Near-Death Studies. Out of the study of these accounts they found three discrete categories of distressing experiences. The first type is phenomenologically similar to peaceful NDEs but interpreted as terrifying. The second one refers to the experience of nonexistence or eternal void. Finally, the third one is the "hellish" experience characterized by archetypal imagery, sounds of torment, and sometimes demonic beings.

So far, many explanations have been given to explain the phenomena of the NDE. Different hypotheses have been proposed. In his book Recollections of Death, A Medical Investigation, Sabom (1982) reported 11 different hypotheses (for example, drug-induced delusion or hallucination, endorphin release, temporal lobe seizure, or altered states of consciousness) that could explain such experiences. The scientific investigation of NDEs is just at its beginning, and researchers are still facing many unanswered questions. This field of investigation is very challenging because it invites researchers to put "on hold" many of their basic assumptions about the nature of consciousness. So, although the discovery of the mechanisms operating through these experiences has much scientific value, we would like to

stress the profound subjective impact it has on many people who are experiencing them.

How Healing and Transformation Occur in NSCs

As stated earlier, the basic principle or hypothesis on which the Grofs have built their holotropic approach is that NSCs have healing, transformative, and evolutionary potential (Grof, 1988). Grof's observations support the idea that in NSCs the psyche shows spontaneous healing activity. In other words, NSCs tend to activate the intrinsic healing mechanisms of the human psyche (Grof, 1988). It is important to note here that not all NSCs fall in this category. It excludes states in which consciousness is grossly impaired as in the case of intoxication, delirium states, infections or degenerative processes in the brain.

The activation of the supposedly intrinsic therapeutic mechanisms operating in NSCs is at the core of Holotropic Breathwork™ as well as many other healing strategies that use NSCs. But how and why does the NSC work?

To explain how and why NSCs have a therapeutic potential, Grof (1988) proposes the idea that human beings exist according to two different but complementary modes of consciousness which reflect two fundamental aspects of reality.

Observations and interpretations of modern research in quantum-relativistic physics by Bohm (1980), Jantsch (1980), Margenau (1987), and Peat (1987), and in modern consciousness research, by Dossey (1989), Grof (1985), Harner (1980), Nelson (1994), and Tart (1991), to name a few, suggest that human beings function

as both complex biological machines made of cells, tissues, and organs and at the same time as fields of consciousness that can transcend the limitations of time, space, and linear causality. These two aspects of human nature have their expression in two different but complementary modes of consciousness: the hylotropic mode and the holotropic mode.

The *hylotropic mode*, which means matter-oriented consciousness, is considered by the Western scientific worldview as the only legitimate and real state, the one that reflects the objective reality as experienced in our everyday state of consciousness. It corresponds to the world we are in touch with through the senses which are limited by the spatio-temporal limitations of our physical nature. In the hylotropic mode of consciousness the past is over and cannot be retrieved, the future has not yet come and therefore cannot be experienced, and finally one can exist only in one physical place at time.

On the other hand, the *holotropic mode*, which is the complementary aspect of this hylotropic one,

Involves the experience of oneself as a potentially unlimited field of consciousness that has access to all aspects of reality without the mediation of the senses. Holotropic literally translates as aiming for totality or moving toward wholeness (from the Greek *holos* = whole and *trepein* = moving in the direction of). (Grof, 1988, p. 239)

The assumptions which characterize this mode of consciousness are dramatically different from the hylotropic one. Grof (1988) says:

The solidity and discontinuity of matter is an illusion generated by a particular orchestration of events in consciousness; time and space are ultimately arbitrary; the same space can be simultaneously occupied by many objects; the past and the future are always available and can be brought experientially into the present moment; one can experience oneself in several places at the same time; it is possible to experience simultaneously more than one temporal

framework; being a part is not incompatible with being the whole; something can be true and untrue at the same time; form and emptiness or existence and nonexistence are interchangeable; and others. (p. 240)

The spectrum of experiences one has access to in this mode of consciousness is almost infinite. It is not limited to the material world and to its space-time correlates and can go far beyond the boundaries of Newtonian reality. In the holotropic mode an individual can have experiences that pertain to either the realm of the body-ego such as childhood memories or beyond it where the subject experiences identifications with another person or an animal, with plants or even elements of inanimate nature, and encounters with extraterrestrial entities or intelligence (Grof, 1988).

These two modes of consciousness represent, following Tart's terminology, two discrete states of consciousness. For Tart (1976) "the basic function of any discrete state of consciousness is to successfully cope with some world and environment. The state of consciousness is our tool for dealing with various realities" (p. 57). So, for each state there is a reality that can be known which cannot be necessarily accessible through the other state. These states are, in other words, complementary to each other.

According to Grof, these two complementary modes of consciousness are interwoven in a dynamic interplay which determines the state of consciousness of an individual at each moment. According to this perspective, a "healthy" individual is one who has sufficiently developed his or her psychological defense mechanisms so he or she can cope effectively with any kind of intrusions from the holotropic field. The ego boundaries of such an individual are strong enough to protect him or her from any holotropic material that could alter his consciousness in a way that would

make him or her lose his state of balance. On the other hand, the unexpected intrusion of elements of the holotropic field of consciousness can disturb the inner balance of the OSC of an individual and make him or her feel more or less "crazy". On the verge of such intrusion a person may partially, and even totally, lose contact with the phenomenal world of consensual reality and, consequently, manifest different kind of psychopathological symptoms. So, for Grof (1988), "psychopathological symptoms of psychogenic origin can be seen as an interface amalgam or hybrid between the elements of the two modes, interpreted as a distortion of the consensual Newtonian image of reality" (p. 240). In other words, pathology occurs when the individual's defense mechanisms have lowered and unfinished holotropic themes or gestalts are emerging into consciousness. The unfinished themes represent unconscious psychological or spiritual material that has not yet been integrated into consciousness. In themselves these contents or gestalts are not pathological, but it is the incapacity of the subject to integrate them into his or her holotropic mode of consciousness that becomes the source of the problem.

Grof's understanding of these two modes of consciousness and their link to psychopathology is supported by psychiatrist John E. Nelson who has worked with psychiatric patients for almost 25 years. For him, psychopathology or madness results from substantial qualitative and/or quantitative shifts in consciousness to the point that disrupt the ordinary consciousness and the stable sense of self (Nelson, 1994). Uncontrolled intrusions of material from the Universal Consciousness as well as from higher or lower centers of consciousness (chakra) through the ego's membrane cause shifts of consciousness such as those observed in different forms of madness.

So, here is the key to the understanding of the healing potential of NSCs as it is happening in Holotropic Breathwork™ according to Grof. *By bringing people into NSCs, Holotropic Breathwork™ mediates access to the holotropic mode of consciousness in which the incomplete holotropic gestalts underlying the psychological symptoms can be brought up and integrated into consciousness.* The full experience of the underlying material, which can originate from either the biographical, perinatal, or transpersonal level of the psyche, transforms the symptoms into a flow of experience which can be integrated into the hylotropic mode of consciousness. Grof (1985) says:

NSCs certainly change dramatically the relationship between the conscious and the unconscious dynamics of the psyche. They tend to lower the defenses and decrease psychological resistances. Under these circumstances, one observes typically not only enhanced recall of repressed memories, but also complex reliving of emotionally important events from the past occurring in total age regression. The emergence of these otherwise unavailable contents from the individual unconscious is often associated with rich emotional and intellectual insights into the nature of the client's psychological symptoms and distortions of interpersonal relations. (p. 222)

According to Grof (1988), the healing mechanisms activated in NSCs have an extraordinary therapeutic power which have not yet been discovered and acknowledged by traditional psychiatry. Grof supports his argument by pointing out the fact that in NSCs people are not simply remembering or reconstructing early events of their life, but they are actually reliving them. People typically regress to childhood and infancy and adopt body postures, show facial expressions, behaviors and even sucking reflexes and positive Babinski reflexes that are age-appropriate to the period they are experiencing (Grof, 1988). Another point that he uses to support the idea that these states have a remarkable therapeutic potential is that he observed that in NSCs it seems that the most significant theme of the person's unconscious

tend to be selected "as if an inner radar system" scans the psyche and the body for the most important issues in order to make them available to the conscious mind.

Grof also observed repeatedly that therapeutic changes can occur not only from the resolution of issues from the biographical or personal band of consciousness, but also from the resolution of issues from other levels of the psyche. For example, one can integrate material from the biographical level by the reliving of traumatic childhood memories; one can integrate material from the perinatal (birth-related) level by the encounter with various aspects of the birth material; or one can integrate material from the transpersonal level by experiencing different types of identifications with archetypal figures. Because healing can take place on such a wide range of the spectrum of consciousness Grof suggested that the underlying healing or transformative mechanisms operating in NSCs are quite universal and powerful.

Although the healing mechanisms of NSCs just discussed can account for much of the transformation which happens during holotropic sessions it is important to mention that they are not the only ones operating in this kind of work. Later, I will discuss some other important mechanisms of personal transformation and healing which are taking place during such experiential work.

Grof's Cartography of the Human Psyche

As one experiences Holotropic Breathwork™ he or she is susceptible to experiencing one or more of the three dimensions of consciousness as charted by

Grof. These three broad categories are the biographical, the perinatal, and the transpersonal realm (Grof, 1992).

These experiential categories largely differ from the ones usually recognized by the traditional academic model of psychology and psychiatry which recognize mainly the biographical band.

The Recollective-Biographical Level of the Psyche

The first realm of experience is called the recollective-biographical level. It is called the first realm because it is usually the one that is first encountered as one is exploring one's own unconscious. This level relates to various postnatal events from one's life. It corresponds to the memories of an individual since the time of his or her birth up until the present time. The sensory band refers to a variety of sensory experiences, visions of geometrical patterns in kaleidoscopic displays, ringing in the ears, unusual tactile sensations, and isolated tastes or smells.

The recollective-biographical level or the personal unconscious contains a variety of unresolved emotional conflicts and repressed memories from infancy and childhood that have not been integrated. These represent incomplete psychological gestalts which are often the source of psychological and psychosomatic symptoms. This biographical level refers to the domain that has been thoroughly discussed by mainstream psychology. In fact, it is generally taught in mainstream psychology that most of what an individual becomes is determined by events happening after birth such as the kind of mothering, the kind of caring and attention the infant receives, the presence or not of physical, intellectual, sexual and/or psychological trauma. Transpersonal or perinatal experiences are not recognized by mainstream

science as important influences on people's behavior but play an important role in the history of psychoanalysis, such as in the case of Rank (1929) or Jung.

Grof's observations of people in NSCs have led him to add another important category of trauma which have so far been left out of the traditional map of consciousness. It refers to memories of physical traumas, especially those that threatened survival or the integrity of the organism, such as surgical interventions, diseases, accidents, near drowning, or aspiration of foreign objects. This last category of trauma seems to play a significant role in the development of personality as well as in different forms of psychopathology. Grof (1988) stresses that in traditional psychiatry and psychology:

Physical traumas are not seen as having a direct influence on the psychological development of the individual and as participating in the psychogenesis of emotional and psychosomatic disorders. This perspective contrasts sharply with the observations from deep experiential work, where memories of physical traumas appear to be of paramount importance. (p. 5)

So, the recollective-biographical level, although considered by mainstream psychology as the only dimension of the psyche, may in fact represent only a small portion of the whole human consciousness. The apparently limited and narrow biographical model should probably be expanded to include other dimensions of the psyche.

The Perinatal Level of the Psyche

The second domain of the unconscious, which is usually but not necessarily encountered after having moved through the biographical band, is a realm of experience associated with the trauma of biological birth. Because of the close

connection with the birth process Grof refers to this level of the unconscious as *perinatal*. The term is a Greek-Latin word which means near and around birth.

This important realm of consciousness has not been much recognized by traditional psychology. Rank, one of Freud's close collaborators, who was later rejected by him, is one of the first psychiatrists who pointed out the importance of the birth trauma and its effects on the future development of the psyche. Rank (1929) said in The Trauma of Birth:

In attempting to reconstruct for the first time from analytic experiences the, to all appearances, purely physical birth trauma with its prodigious psychical consequences for the whole development of mankind, we are led to recognize in the birth trauma the ultimate biological basis of the psychical. (p. xiii)

Rank recognized birth as the first and most important traumatic experience in somebody's life. For him, most events felt as traumatic by an individual are experienced that way because of their similarity with the biological birth. In fact, this primal trauma is so important that he saw infancy as a series of attempts at overcoming this first psychological trauma.

Accordingly, all forms and symptoms of neuroses have only one fixation place, namely the maternal body. The most important human conflict is created by a wish to return to the womb and the fear generated by this wish. Consequently, therapeutic interventions must take into account this first place of fixation. Rank (1929) reached the conclusion that the patient ultimately uses the analytic healing process for repeating the birth trauma in order to abreact it.

Another contributor to the understanding of the importance of the birth process in human development is Arthur Janov. In his book Imprints Janov (1983) states that:

We now know that the traumas surrounding birth are engraved as imprints in the developing nervous systems of the fetus of the newborn. The birth imprint thus determines physiological and neurological response tendencies, shapes later personality and physiotype, and directs the type of pathology we eventually develop. ...Gestation and birth experiences can and do dictate how we act and react for the rest of our life. (p. 14)

Janov's conclusions are drawn both from over 20 years of systematic observations involving thousands of patients around the world and from a quantity of research on fetal stress that he presents in the last section of this book.

Verny and Kelly (1981) have reached similar conclusions in their book The Secret Life of the Unborn Child. They state that:

...the unborn child is a *feeling, remembering, aware* being, and because he is, what happens to him - what happens to all of us - in the nine months between conception and birth molds and shapes personality, drives and ambitions in very important ways. (p. 15)

After six years of intensive study which involved exchange of ideas with leading psychiatrists, psychologists, physiologists, fetologists, obstetricians and pediatricians and the realization of several research projects, Verny and Kelly have made the following discoveries: the fetus can see, hear, experience, learn and feel in utero; what the child feels and perceives shapes his or her own attitudes and expectations about himself or herself; his or her personality is shaped by the emotional life of the mother; and finally, that the success of pregnancy is heavily conditioned by the way a man feels about his wife and unborn child.

Although Verny and Kelly made those claims in their book in 1981, Verny published in 1992 the result of extensive research he conducted with Irving-Neto that did not fully support his claims. In a research project Irving-Neto and Verny (1992) administered a questionnaire concerning the relationship between pre- and perinatal experiences and people's personality to 2,116 subjects from a variety of

backgrounds and places of origin. Questions were designed to explore the relationship between present personality and maternal drug use during pregnancy and labour, maternal stress during pregnancy, birth type and physical placement after birth. Few of the hypotheses linking pre- and perinatal experiences to personality traits were supported. Nevertheless, the authors found some support for the overall postulate that there exists a link between pre- and perinatal experiences and different personality traits.

Although the birth trauma represents an essential aspect of the experiential process at this level of the unconscious, the perinatal realm clearly transcends biology and has important psychological, philosophical, and spiritual implications. In fact, many important characteristics of this level suggest the presence of phenomena much broader than the reliving of the biological birth, and reducing this level to the birth trauma only would be an oversimplification of a very rich and complex domain of the psyche (Grof, 1988).

As an individual is reaching the perinatal level the emotional and physical pain can become very intense.

Experiences on this level of the unconscious are typically accompanied by dramatic physiological manifestations, such as various degrees of suffocation, accelerated pulse rate, palpitations, nausea and vomiting, changes in the colour of the complexion, oscillation of the body temperature, spontaneous occurring of skin eruptions and bruises, or tremors, twitches, contortions, twisting movements and other striking motor manifestations. (Grof, 1985, p. 29)

Because of the intensity of the process, the pain, the suffocation and other dramatic changes, the person involved in such an experience can believe that he or she is actually dying. The emotional and physical pain can be so extreme that the person feels he or she has transcended the boundaries of personal suffering and is

experiencing the pain of an entire group or even all of humanity. The process can at times feel like a spiritual opening on to a more collective aspect of the unconscious. The perinatal level is thus a kind of interface between the personal and the transpersonal level of the psyche.

So, while facing the agony of death through pain, suffocation and body contortions, the person is simultaneously re-creating the mechanics of his or her struggling to be born. As we have said, the experiences of the perinatal domain of the unconscious, although they cannot be reduced exclusively to the birth trauma, have basic characteristics which are related, through experiential logic, to anatomical, physiological, and biochemical aspects of the different clinical stages of the birth process (Grof, 1988).

Perinatal experiences appear in four constellations or experiential patterns which reflect the four clinical stages of childbirth. Grof calls these experiential patterns the Basic Perinatal Matrices (BPMs). These matrices are characterized by specific emotions and are "...typically intertwined or associated with a variety of transpersonal experiences of a mythological, mystical, archetypal, historical, sociopolitical, anthropological, or phylogenetic nature" (Grof, 1985, p. 30). The complex psychospiritual dynamic of these matrices "...represent highly individualized psychospiritual blueprints that guide the way we experience our lives" (Grof, 1992, p. 29). Its influence can also be traced in different kinds of psychopathology, religion, art, philosophy, politics, and other areas of life.

First Basic Perinatal Matrix (BPM1): The Amniotic Universe. This experiential matrix has its biological basis in the original union of the fetus with the maternal

organism of the mother. In deep inner exploration perinatal experiences can be relived physically through various physical sensations and/or contortions in the body in combination with different feelings and symbolic images. Depending of the presence or absence of disturbances and interferences in the womb this matrix can have a positive or a negative aspect. Moreover, because of some sort of selective connections through specific emotions and physical sensations the birth process seems to provide access to both biographical memories and themes in the transpersonal domain. These connections can be of a positive or negative nature.

If the intrauterine existence has not been disturbed by various physical, chemical, biological, and psychological factors the reliving of this experiential matrix will involve experiences where the fetus does not seem to have an awareness of boundaries.

Here belong deep experiential identification with the ocean or various aquatic life forms (algae, kelp, anemone, jellyfish, fish, dolphin, or whale) or with the cosmos, interstellar space, galaxy, or with an astronaut floating in weightless condition in cosmic space or in an orbiting spaceship. (Grof, 1988, p. 12)

The archetypal themes that are often associated with the positive aspect of this matrix refer to experiences involving images of heavens and paradises, sceneries of nature at its best with flowers, exotic birds, precious stones and fountains of the water of life. BPM1 weaves together different elements of fetal, oceanic, cosmic, natural, paradisaic and celestial nature.

It is as if the dichotomy subject-object is transcended. In fact, the ultimate expression of the BPM 1 is the feeling of being "at one" with the universe, a kind of cosmic unity.

The negative aspects of the BPM1 are associated with a disturbance of intrauterine life by different toxic elements such as attempted abortion, important

psychological stress, absorption of alcohol and/or drugs. It evokes images and experiences of underwater dangers, polluted streams, lakes, or oceans, etc. These experiences have a dark and ominous threat. The negative archetypal images sometimes involve insidious demons, evil metaphysical forces where the subject experiences some sort of universal threat or bloody apocalyptic visions.

BPM I has also experiential connections with memories from postnatal life. It is, for example, related to the symbiotic union with the mother at the breast and situations associated with relaxation, satisfaction, security, peace of mind, and beautiful natural scenery.

Second Basic Perinatal Matrix (BPM II): Cosmic Engulfment. BPM II corresponds to the first stage of the birth process and the onset of labour. The original harmony and equilibrium of the fetal existence is disturbed by alarming chemical signals and mechanical forces. Powerful uterine spasms are happening while the cervix is not yet dilated. Because of the fabric of the uterine musculature each contraction restricts the blood supply, and thus oxygen.

These very concrete disruptions of the natural environment of the fetus are reflected symbolically in the experience of cosmic engulfment. When reliving this experiential matrix, people:

...feel that they are being sucked into a gigantic whirlpool or swallowed by some mythic beast; they might also experience that the entire world is somehow being engulfed. They can actually see images of devouring archetypal monsters, such as leviathans, dragons, giant snakes, tarantulas, and octopuses, and their experience of an overwhelming vital threat can lead to intense anxiety and general mistrust bordering on paranoia. Others have a sense of descending into the depths of the underworld, the realm of death, or hell. (Grof & Grof, 1990, p. 147)

The reliving of this matrix can be one of the most painful and frightening experiences a human being can have. The intensity of the physical and emotional pain, coupled with the conviction that the situation will never end and that there is absolutely no way out, brings very intense feelings of hopelessness and helplessness. "Agonizing feelings of metaphysical loneliness, helplessness, hopelessness, inferiority, inadequacy, existential despair, and guilt are standard constituents of this state of consciousness" (Grof, 1988, p. 18).

Like the first matrix, BPM II has also its more transpersonal or mythological counterpart. For example, the experience of unbearable emotional and physical suffering that will somehow last forever finds its full expression in the archetypal image of hell. A person experiencing these aspects of the second matrix may identify experientially with sinners in hell and archetypal figures representing eternal damnation. One can identify with a Greek mythological figure like Sisyphus who hopelessly is trying to push a large boulder up the mountain but losing it each time. It can also be some kind of identification with Christ's suffering and crucifixion.

As with BPM I, this matrix has also experiential connection with memories from postnatal life. Events which have experiential connections with BPM II are those where a person felt threatened and hopeless or was put in a situation where he or she felt a helpless victim of circumstances. They can also be situations or memories of situations where physical well-being and survival were at risk as in automobile accidents or surgical interventions. One important aspect to mention here is that when somebody experiences such traumatic events in a current life situation the events carry the person back to the corresponding perinatal material in

a way that reactivates the unintegrated emotional and physical pain of this specific matrix. The early trauma acts as a kind of reservoir of old pain which feeds the present experience and makes the person almost defenseless in front of the intensity and the depth of its pain.

Third Perinatal Matrix (BPM III): The Death-Rebirth Struggle. BPM III

correlates with the second clinical stage of the birth process. At this point the cervix is dilated and the fetus can actually move through the birth canal. As in BPM II, each uterine contraction continues to interrupt blood circulation and cause suffocation. Moreover, the umbilical cord can become wrapped around the neck and cause further strangulation of the fetus. The intense mechanical pressures, which oscillate between fifty to one hundred pounds, are pushing the fetus through the birth canal. Because the cervix is open and the fetus is really moving through the birth canal, there is now a sense of hope and a direction to the struggle.

Phenomenologically, BPM III presents some extremely rich and complex experiential elements which are related through deep experiential logic to anatomical, physiological, and biological aspects of childbirth. The overall theme of this matrix is the *death-rebirth struggle*. The reliving of the actual struggle in the birth canal is associated with typical thematic sequences:

The most important of these aspects is a sense of being involved in a fight of titanic proportions, sadomasochistic experiences, intense sexual arousal, demonic episodes, scatological involvement, and encounter with fire-- all occurring in the context of a determined death-rebirth struggle. (Grof, 1985, p. 31)

The titanic aspect is related to the enormity of the forces of the intrauterine contractions with which the frail fetus is confronted. The reliving of this experience

can take the form of identification with raging elements of nature, such as volcanos, earthquakes and, tornados, scenes of war, atomic bombs, and gladiator combats. Related themes from the archetypal and mythological realm involve images of the Last Judgment, purgatory, or battles of cosmic proportions involving forces of Light and Darkness.

The sexual element is a very important theme of BPM III and seems to be associated with "...a mechanism in the human organism that transforms extreme suffering, particularly when it is associated with suffocation, into a strange form of sexual arousal" (Grof & Grof, 1990, p. 148). The experiential sequences represent various combinations of sexual arousal, emotional and physical pain, aggression, imagery of various sadomasochistic scenes, and pornographic images. "At this level of the psyche sexuality is inextricably connected with death, danger, anxiety, aggression, self-destructive impulses, physical pain, and various forms of biological material..." (Grof, 1988, p. 23).

The demonic element shares the same combination of elements just mentioned but these themes are experienced in the context of scenes of the Sabbath of the Witches, satanic orgies and Black Mass Rituals. These experiences have in common some form of distorted spiritual impulse.

The scatological facet of the third matrix is related to the fact that the fetus is often in contact, in the final stage of delivery, with various forms of biological material such as blood, mucus, urine, and even feces.

The element of fire, which is often experienced in the reliving of the transition between the third and the fourth matrix, can appear in its ordinary form or in an archetypal form of purifying fire which has a purgatorial quality. This kind of fire

seems to to destroy whatever is corrupted to prepare the individual for spiritual rebirth. A classical symbol of this transition is the Phoenix who dies in fire and rises again from the ashes.

As far as the mythological and spiritual aspects of this matrix is concerned one can experience archetypal images of confrontation between the forces of good and evil. Images of deities, which have destructive components to their nature, such as Kali, Shiva, or Satan can be encountered. The mythological figures who represent the death and rebirth process such as Osiris, Dionysus, and Balder are very typical of this matrix. Identification with the death and resurrection of Jesus Christ is also frequent.

Like the other matrices, BPM III has experiential connections with memories from postnatal life. For example, it can be connected with experiences of real war, with specific situations where excitement was mixed with fear and danger as in car racing, boxing or with situations where sexual experiences were associated with violence, as in rape.

Fourth Basic Perinatal Matrix (BPM IV): The Death-Rebirth Experience. BPM IV corresponds to the third and final stage of delivery which is the actual birth of the child. As for the other matrices the concrete memories of the physical events have their symbolic counterparts in the *death-rebirth experience*, which is the resolution of the previous *death-rebirth struggle*.

On the verge of final liberation the individual is experiencing the feeling of imminent catastrophe of enormous proportions. In fact, the transition from BPM III to BPM IV, "involves a sense of total annihilation on all unimaginable levels -- physical destruction, emotional disaster, intellectual and philosophical defeat, ultimate moral failure, and absolute damnation of transcendental proportions" (Grof, 1988, p. 30). It is as if the "ego death" involves the destruction of all the reference points of the individual.

In this final stage what is really dying is a narrow, fear-based, basically paranoid self-definition of oneself which originated out of the vulnerability, inadequacy, and weakness that one experienced at birth. This false ego, or the skin-encapsulated ego as named by Watts (1972), with its compulsive need to control based on its sense of inadequacy, needs to be purged of its old programs by letting them emerge into consciousness. So, when the person lets go of his or her fear and surrenders to the death-rebirth process:

The entire world seems to collapse and we lose all meaningful reference points in our lives -- personal accomplishments, loved ones, support systems, hopes, and dreams all seem for naught. The route to freedom from the despair and helplessness we feel is through surrender -- the very things our ego is fighting. (Grof, 1992, p 74)

After having gone through this experience of hitting bottom the person often encounters visions of light of supranatural radiance and beauty. A feeling of spiritual liberation and redemption associated with a flood of positive emotions toward oneself and others generally follow this kind of experience.

The spiritual and mythological symbolisms associated with this matrix are also very abundant. The death-rebirth theme can be found in virtually any cultural tradition. The identification with the death and the resurrection of Jesus Christ is

one of the most frequent experiential forms of this matrix. The ego death can be experienced through the imagery of the Indian Goddess Kali whereas the spiritual rebirth can be experienced as an union with deities like Osiris or Adonis.

Sometimes the spiritual rebirth takes the form of the Atman-Brahman union as described in ancient Hindu texts. It is the union of the individual self with his or her Divine or Universal Self. "The realization of the fundamental identity of the individual consciousness with the creative principle of the universe is one of the most profound experiences a human being can have" (Grof, 1992, p. 76). These kinds of experiences can leave the person permanently transformed.

Experiential sequences of BPM IV have also some biographical connections. They involve memories such as personal successes, ends of wars or revolution, survival of accidents, or the end of a difficult marriage and the beginning of a new and positive relationship. (For a summary of the BPMs see Appendix C).

The Transpersonal Dimensions of the Psyche

As the process of inner exploration deepens, one can experience the third level of his or her own psyche: the transpersonal domain. Although someone can access this domain directly it is usually the result of having cleared many of the blocks at the biographical and perinatal levels. In fact, the perinatal domain represents the natural doorway or the interface that bridges the personal level to the transpersonal.

The transpersonal realm is a very broad domain and it refers to a variety of states known as spiritual, mystical, religious, parapsychological, or paranormal. All these states differ from the ordinary state, which characterizes our everyday consciousness, by the fact that the usual limitations imposed to consciousness by the

senses appear to be transcended. "The common denominator of this rich and ramified group of transpersonal phenomena is a feeling that consciousness has expanded beyond the usual ego boundaries and has transcended the limitations of time and space" (Grof, 1985, p. 34).

In OSCs, people's experiences are confined by the usual spatial and temporal boundaries whereas in transpersonal experiences, these limitations are transcended and it is therefore possible to identify experientially with anything in the universe (Grof, 1985). It is as if in a transpersonal state of mind, all the usual limitations imposed by the space-time continuum can be transcended. Because transpersonal experiences represent a critical challenge for the Newtonian-Cartesian paradigm of Western science it seems very important to consider them seriously.

In the history of psychoanalysis, two of Freud's early disciples have recognized the importance of the transpersonal realm of experience: C. G. Jung and Roberto Assagioli.

In fact, Jung became rapidly dissatisfied with Freud's limited view of the psyche, and especially of the unconscious. Unlike Freud, who limited the unconscious to the personal level, Jung was convinced that we must look much further than the personal level if we are to grasp the true nature of the psyche. Supported by a lifetime of systematic clinical work, Jung found evidence for the existence of what he called the collective unconscious:

The collective unconscious is a part of the psyche which can be negatively distinguished from a personal unconscious by the fact that it does not, like the latter, owe its existence to personal experience and consequently is not a personal acquisition...My thesis, then, is as follows: In addition to our immediate consciousness, which is of a thoroughly personal nature and which we believe to be the only empirical psyche (even if we tack on the personal unconscious as an appendix), there exists a second psychic system of a

collective, universal, and impersonal nature which is identical in all individuals. (Jung, 1968, p. 42)

The collective unconscious is a transpersonal realm by virtue of the fact that its contents are not made up of material that has been conscious and then been repressed, but rather of material that has never been a part of the personal unconscious. The contents of the collective unconscious are called archetypes, and they are instincts or *patterns of instinctual behavior*.

Assagioli (1965), who was first a follower of Freud and a pioneer of the Freudian school in Italy, expressed many of the same ideas as Jung about the narrowness of the Freudian understanding. Assagioli elaborated a cartography of the human psyche similar to Jung's by taking into account the spiritual domains and the collective elements of the psyche. He said:

In our study of the psychological make-up of human beings the time has come to focus our attention on the higher part of the unconscious: the superconscious and the spiritual Self. We need, at the outset, to affirm the *reality* of the superconscious because it is not yet recognized, particularly in the area of science and psychology where it is an unknown quantity. (Assagioli, 1991b, p. 23)

The trans-biographical domain of the psyche as defined by Assagioli and Jung is particularly well known in Eastern traditions. Most of these traditions recognize states of consciousness and realities that go far beyond the biographical domain.

In Grof's cartography, transpersonal experiences can be divided into three categories. The first group of experiences refers to "transpersonal experiences involving expansion of consciousness within consensus reality and space-time." It is further subdivided into "transcendence of spatial boundaries" and the "transcendence of the boundaries of linear time." The second large group of experiences refers to "transpersonal experiences involving expansion of

consciousness beyond consensus reality and space-time." Finally, the third category of experiences refers to "transpersonal experiences of psychoid nature."

In the first category of transpersonal experiences which transcend the usual spatial boundaries are:

Experiences of merging with another person into a state of dual unity or assuming another person's identity, of tuning into the consciousness of a specific group of people, or of extension of one's consciousness to such an extent that it seems to encompass all of humanity. In a similar way, one can transcend the limits of the specifically human experience and identify with the consciousness of animals, plants, or even inorganic objects and processes. In the extremes, it is possible to experience the consciousness of the entire biosphere, of our planet, or the entire material universe. (Grof, 1988, p. 45)

The Grofs observed that people who had such experiences often acquire insights and new information about the phenomena encountered; information which went often far beyond their own knowledge.

Transpersonal experiences which refer to the transcendence of the boundaries of linear time are also very numerous. A person in a NSC can:

Identify with the embryo in very early stages of its intrauterine development, or even with the sperm and the ovum at the time of conception. Sometimes the historical regression goes even further and the individual has a convinced feeling of reliving memories from the lives of his or her ancestors, or even drawing on the memory banks of the racial or collective unconscious. ...On occasion, subjects report experiences in which they identify with specific animal ancestors in the evolutionary pedigree, or with the entire phylogenetic tree. It is even possible to experience the history of the universe before the origin of life on earth and witness dramatic sequences of the big bang, formation of the galaxies, birth of the solar system, and the early geophysical processes on this planet. (Grof, 1988, p.74)

The second category, the extension beyond consensus reality and space-time, refers to experiences that seem to go beyond the phenomenal world and the time-space continuum. Here belong phenomena such as apparitions, experiences of the chakras, auras and other energetic manifestations. At times subjects report

encounters with spirit guides and superhuman entities. The world of images and universal symbols of the collective unconsciousness as described by Jung is also an important part of this category. Experiences of this kind can bring a person's consciousness to a very deep level and "in its furthest reaches, individual consciousness can identify with the Creator and tap sources of cosmic creativity, or merge with the Universal Mind, with the Supracosmic and Metacosmic Void, or the Absolute" (Grof, 1988, p. 106).

Finally, the last category of transpersonal experiences is the experience of a psychoid nature. This category refers to phenomena which have a clearly subjective aspect interwoven with specific physical changes in consensus. They represent a strange mixture or a hybrid combining intrapsychic phenomena with events in the material world. Although Grof says he has only a limited experience of such phenomena he considers them important enough to include them in his cartography.

Basically the psychoid experiences can be divided into three large categories. The first refers to phenomena where intrapsychic experiences are synchronistically linked to physical events. The second refers to events in which psychological processes are associated with events in physical reality in a way that defies the usual laws of mechanistic science. Examples of such phenomena are stigmata and poltergeist phenomena. Finally, the third category refers to experiences where there is deliberate intervention in the physical world by psychological means. Various forms of magic, healing at a distance and psychokinesis are examples of this type of phenomena.

COEX Systems

These three levels of consciousness, biographical, perinatal, and transpersonal are interrelated by what Grof calls a System of Condensed Experience, or COEX system. A COEX is a constellation of experiences which are interconnected by a common emotional quality or physical sensations which they share. The emotional charge or the sensation is acting as an organizing principle at different levels of consciousness. For example, a very specific and strong biographical experience can be linked through experiential connections to a similar perinatal experience which also can be connected to a specific theme of the collective unconscious. It is the experiential similarity of the themes from the different levels of the psyche that connects them and forms the COEX. This concept of COEX system is closely related to Jung's idea of the archetype as the constellating core of the complex.

The Power of the Breath

Holotropic Breathwork™, which is an approach to healing and self-exploration, is a strategy that uses breath as its main vehicle. So, in order to better understand this strategy it is essential to investigate the link between breath and personal transformation. But before investigating these links it is important to take a look at the medical aspects of breathing.

Medical Aspects of Breathing

Breathing is a natural and vital process of the human condition. Its main purposes are to bring atmospheric air, which contains about 21% oxygen, 0.03% carbon dioxide, and 78% nitrogen, into the blood for distribution to cells for

metabolism, and to excrete the gaseous product of metabolism, carbon dioxide (Fried, 1990; Friend & Legge, 1988). It is an ongoing process that reaches all the way to the cellular level. Breathing is so vital that the body can keep its normal functioning for only a very short time if oxygen intake ceases (Fenn & Rahn, 1964).

Breathing, among all the vital functions of the body, is the only one which can be easily and voluntarily controlled. One cannot, for instance, easily control blood pressure at will or digestion, or sweating, but one can control one's own breathing. For example, one can accelerate or decelerate the respiratory rhythm, one can stop breathing for a short while and one can inhale or exhale at different level of intensity.

Basically, the breathing process involves a succession of in- and out-breaths. With the in-breath the air enters the body either through the mouth or through the nose. But because the nose is full of nose hairs that filter the air coming in, it is best suited for that job. The air enters the nasal cavity and then the trachea to finally reach the bronchi of the lungs. Down inside the lungs, in the alveoli, hot and steamy gas exchanges are taking place. The alveoli pass oxygen into the blood while the blood passes carbon dioxide back into the alveoli. The exhaled air goes out by the same passage and is composed of 14% of oxygen and 69% of nitrogen (Friend & Legge, 1988).

Normally, when one sits quietly, breathing rate should be about 13 breaths per minute. Usually men breathe 12 to 14 breaths per minute whereas women breathe 14 to 15 breaths per minute (Fried, 1990).

In many studies of the complex mechanisms involved in the respiratory process two aspects in particular have been studied. The first is concerned with the

respiratory rates, flows, volumes, and pressures. The second is concerned with the gaseous concentrations in the blood and lungs. This second category of study is more relevant for our research by the fact that breathing, as done in Holotropic Breathwork™, affects greatly the gaseous concentration in the blood. The study of abnormal blood gas levels shows three kinds of possible conditions (Comroe, 1965):

1. Hypoxia is low or reduced oxygen concentration;
2. Hypocapnia is low or reduced carbon dioxide concentration; and
3. Hypercapnia is high or increased levels of carbon dioxide.

Any imbalances in the gas concentration outside certain ranges will immediately activate regulatory mechanisms in the body.

In Holotropic Breathwork™, the focus is on voluntarily changing the gas concentration in the blood and lungs by asking participants to breathe faster and deeper than normally. By doing so participants expel more than the normal amount of carbon dioxide (CO₂) from their body. By breathing in such a way people participating in breathwork sessions are experiencing a substantial shift in their OSC. In fact, such breathing is said to bring people into a NSC (Grof, 1988).

This increased expulsion of carbon dioxide is related to a breathing condition called hyperventilation. Western medicine consider hyperventilation as an abnormal condition. According to Fried (1990), hyperventilation "is one of the commonest abnormal breathing patterns associated with psychosomatic disorders and stress reaction" (p. 68). Some of the side effects of such a state include dizziness, headache, muscular spasms, twitching, fatigue, mental confusion, and inability to concentrate. These are viewed as some of the classic responses to rapid breathing. So, according to Western medicine hyperventilation, as occurring during Holotropic

Breathwork™, should produce the so-called "hyperventilation syndrome" as a classic response to rapid breathing. But this is not the case.

After conducting sessions with thousands of people, Grof (1988) who is also a medical doctor, found this hypothesis to be incorrect. He maintains that many individuals who have experienced rapid breathing did not show the classical hyperventilation syndrome, but on the contrary some progressed into a state of progressive relaxation, others had intense sexual feelings, and many even had mystical experiences. Grof did not say that no one experienced some of the symptoms usually found in the hyperventilation syndrome, but for those who did, it was usually during the initial stages of breathwork and these tend to vanish with repeated sessions. According to Grof (1992):

What seems to happen is that hyperventilation creates a biochemical situation in the body that allows old emotional and physical tensions associated with unresolved psychological and physical traumas to surface and become manifest; this offers a unique opportunity for healing. (p. 9)

So, although some of the symptoms mentioned by Fried are present, they did not reflect an abnormal physiological condition; instead, they seemed to be associated with the emergence of old physical and emotional trauma.

Alexander Lowen, the founder of Bioenergetics, has himself experienced the so-called negative effects of hyperventilation and as he continued his personal exploration with the breath he discovered that these symptoms ceased. He said, "strangely, as the therapy progressed I ceased experiencing any symptoms of hyperventilation when I let my breathing become deeper and freer" (Lowen, 1990, p. 42). Lowen gives two kinds of explanations for this phenomenon. First, he sees that the term "hyper" is relative to the previous depth of one's breathing and if a person's breath becomes deeper than usual the symptom will develop, but as soon

the body is accustomed to that kind of ventilation it is no longer experienced as "hyper". Second, he sees the breath as a way to charge the body energetically. When the breather reaches a state in which the body is overcharged, the body contracts and the symptoms of hyperventilation emerge. However, by releasing the higher charge, the body of the breather will feel more alive and relaxed (Lowen, 1990).

A way to understand these differences is by noting the difference between the voluntary and controlled hyperventilation used in breathwork and the hyperventilation syndrome as diagnosed by physicians. The latter is an involuntary, abnormal, and chronic breathing pattern which restricts the air at the chest level without allowing it to reach the abdomen (Fried, 1990). The person's breathing is rapid and shallow which results in an increased expulsion of carbon dioxide. This abnormal condition is the cause and the result of a variety of physical problems such as pulmonary problems, metabolic disorders, brain dysfunctions, gland problems, or psychological disorders and emotional stress (Fried, 1990). So in brief, the hyperventilation syndrome of Western medicine is a chronic and abnormal rapid and shallow breathing pattern whereas in breathwork hyperventilation refers to voluntarily changing one's normal way of breathing by consciously breathing faster and deeper than usual.

Moreover, people who are doing breathwork are assumed not to have any abnormal breathing patterns. In fact, as a way to prevent the participation of anybody having a physical condition which would not be suited for the breathwork experience, the Grofs have put together a medical form which is used by facilitators to evaluate the physical condition of each participant and to screen out people for

whom Holotropic Breathwork™ (hyperventilation) would not be suitable.

Contraindications include cardiovascular problems, lung diseases, debilitating conditions, post-traumatic and post-operative states, pregnancy, glaucoma, and epilepsy.

The Relationship Between Breath, Body, Mind, and Spirit

As already mentioned, one of the most important components of Holotropic Breathwork™ is breathing. In this section, first some historical perspectives on breathing will be explored through languages, then the Eastern approaches to breathing, and finally the Western approach to breathing will be presented.

Historical Perspectives of Breathing

It is very interesting to note that breath and breathing have played an important role in just about all major traditions, philosophies, and religions. Almost every important approach or system seeking to understand human development has seen the breath as an interface or link between body, mind, and spirit (Stroebe, 1993). Most spiritual masters throughout time have given much attention to the power of the breath to regulate our bodies, our emotions, our mental life and to reach higher states of consciousness (Rama, Ballentine, & Ajaya, 1976). The link between breath, mind, and spirit becomes very obvious when one looks at the way major languages of the world reflect this connection.

In the Indian tradition the term *prana* does not only mean air or breath, but this word is also the Sanskrit term meaning Absolute Energy (Ramacharaka, 1904, p.

18). It is a universal force and principle which is the essence of all things; it is in the air but it is not the air.

In old Hebrew tradition, breath and creative spirit -- *ruach* -- were seen as the same. *Nefesh* and *ruach*, meaning "soul" and "spirit" both have root meanings of "breath" (Grant & Rawley, 1963). In the Book of Genesis we are told that it is the *breath of God* who created man: "And God formed man of the dust of the ground and breathed into his nostrils the breath of life, and man became a living soul" (Orchard & Fuller, 1966, p. 2).

In ancient Greece the word *pneuma* not only meant air of breath but spirit or the essence of life. In Latin the word *spiritus* meant breath, breath of God and inspiration.

In the Chinese tradition, the term *ch'i* has both a physical as well as a spiritual dimension. The term refers to the natural air we breathe and the cosmic energy or energy of life. In Japan the corresponding concept is *ki* as in the Japanese martial art Aikido which aims at mastery of the universal energy.

Some of these linguistic links between wind, spirit, and breath are well expressed by Jung (1975):

In primitive beliefs the spirit is a kind of wind. Therefore, in many languages there is the same word for wind and spirit, spiritus for instance, and spirare means to blow or to breathe. Animus, spirit, comes from the Greek anemos, wind; and pneuma, spirit is also a Greek word for wind. In Arabic ruach is the wind soul or the spirit; and in Hebrew, ruach means spirit and wind. (p. 29)

So, it seems that the connection between breath and spirit is a phenomenon which is reflected by many cultures.

Eastern Perspective on the Breath

This section will more specifically explore the role of breathing as it is described in the yogic tradition.

The Western mind primarily sees the connection between breath and life through the understanding that air is mainly composed of oxygen, and that oxygen is used for nourishing the blood. Orientals assume that there is more in the air than merely oxygen, there is *prana*. Swami Sivananda (1971) defines it:

...as the finest vital force in everything which becomes visible on the physical plane as motion and action and on the mental plane as thought....Prana is the very essence of cosmic life, that subtle principle which evolved the whole universe into its present form and which is pushing it towards its ultimate goal. (p. VIII)

One of the ultimate goals of the yogi is to control this vital force in order "to increase power, to develop knowledge and to attain immortality and eternal bliss" (Sivananda, 1971, p. xi).

For yogis, the control of the breath is a key to the mastery of the body, the mind, and the spirit. In fact, there is an intimate connection between breath and nerve-currents, and the control of breath is a doorway to the control of vital inner currents. The human organism is composed of a network of channels known to physical science as nerves. To this already complex physical network yogis have identified a network of yet more subtle channels called *nadis*. They are the major channels through which the body is energized (Rama, Ballentine, & Ajaya, 1976). Three of these nadis are of vital importance and are connected with the limbic system influencing the hypothalamus, the pituitary gland, the thalamus, the corpus callosum, and the cerebellum (Johari, 1989).

Breathing is also at the heart of several meditation practices developed by yogis. Kornfield (1977), in his study of the Theravada Buddhist tradition, says:

"Some form of concentration on breath in meditation is the most common formal practice found in the Theravada tradition" (pp. 305-306). By using different kinds of breathing exercises yogis try to alter consciousness in order to develop spiritual faculties. In fact: "The Yogis seek to attain this state of Universal Consciousness by meditation and rhythmic breathing, and many have thus attained the highest degree of spiritual attainment possible to man in this stage of his existence" (Ramacharaka, 1904, p. 86). In Holotropic Breathwork™ there are no specific rhythmic patterns that need to be followed. The breather is just asked to breathe faster and deeper than normal.

As stated above, in the yogic tradition breathing is an intrinsic part of many meditation practices. "The most well-established schools of meditation teach breath awareness before leading a student toward an advanced technique of meditation" (Ballentine, 1976, p. 97). For Ballentine, the aim at learning the techniques of breath awareness and meditation is to teach the student that he or she can have conscious control over his body, his breath, and his mind. One important point of the exercises of *pranayama*, or breathing exercises, is to influence the motion of the lungs, the respiratory system, the heart, the brain, and the autonomic nervous system in order to bring it into balance. This kind of control is vital if one wants to learn the higher technique of meditation.

Ballentine (1976) reported that the meditation process is a seven step process where the first step is a steady, comfortable, and easy posture and the second step is a calm, serene, and even breathing. He mentioned that in the monastic tradition a student is not introduced to advanced techniques of meditation unless stillness of the body and the serenity of the breath is gained. After having gained a still and

comfortable posture, breath awareness becomes an important vehicle for the awakening of the *sushumna*, which means a state of undisturbed and joyous mind. So, when the breath starts flowing freely and smoothly, the mind becomes calm and that offers the condition for the mind to travel into deeper levels of consciousness. Such a condition is often created toward the end of a breathwork session where the music is calm and gentle and the breather relaxed.

One important distinction that could be made here between the Eastern and the Western approaches to breathwork is that, in the former, the aim is mainly to use the breath as a way to control the mind, whereas, in the latter, the aim is more about using the breath as a way to let go of the control of the mind and to experience and express whatever is in the psyche.

There exists much research on the relationship between meditation practices and the respiratory system. Most research on this topic has primarily focused on the effect of meditation on the respiratory system, and no research was found that studied the impact of breathing on meditation.

Western Approaches to Breathing

In this section contributions of modern research on breathing are explored and then the contribution made by breathwork practitioners such as Wilhelm Reich, Alexander Lowen, Leonard Orr, Gay Hendrix and Stanislav Grof will be presented. I refer to these people as practitioners so as to stress the fact that their contribution to our understanding of breathwork did not mainly result from research methodologies but rather from many years, and even decades, of experiential work with the breath both personally and/or professionally. Although the kind of

knowledge gathered by these practitioners is not the result of "scientific research" it can be nonetheless the result of years of systematic observations and consequently should be considered as valid knowledge.

One of the most important contributions to our understanding of breathing and its impact on human life has been done by Robert Fried. Fried's three books, The Hyperventilation Syndrome (1987), The Breath Connection (1990), and The Psychology and Physiology of Breathing in Behavioral Medicine, Clinical Psychology, and Psychiatry (1993), provide an impressive amount of research which shows that the simple act of breathing has a profound impact on people's health. His research also leads to a very important conclusion; *all* psychosomatic and stress-related conditions "have one physiological thing in common, primary or secondary respiration impairment" (Fried, 1993, p. 106). According to Fried it seems that breathing impairment, which is very common, is the cause of or is related to many physical as well as emotional problems.

As we have mentioned above, shallow and/or rapid breathing, which is called hyperventilation or respiratory alkalosis, is a very common breathing disorder. Rice (1950) reported a frequency of 10.7% in about 1,000 consecutive office patients. Brashear (1983) found that 6% to 11% of the population suffer from hyperventilation. Fried (1993) consider these findings very conservative and based on his clinical experience he considers that no more than 1% of his clients show normal breathing pattern.

Abnormal breathing patterns such as hyperventilation are related to different physical problems. Bell, Davidson, and Scarborough (1968) have shown that breathing affects the cardiovascular system. Nixon (1989) has observed that

hyperventilation associated with a high arousal state is an important cause of angina pectoris, and myocardial ischemia. Nixon has also associated hyperventilation with other cardiovascular conditions such as chest pain with loss of capacity for sustained effort and arterial constriction such as Renaud's disease.

Shallow and rapid breathing results in reduced concentration of carbon dioxide in the body which is called hypocapnia. The body as a whole has its own way to adapt to such a situation. The brain also has its own characteristic response to carbon dioxide reduction. In fact, the net result in the brain is hypoxia (Fried, 1993). Hypoxia is a low or reduced oxygen concentration. Siesjo, Berntman, and Rehncrona (1979) have reported that even a small decrease of oxygen supply is accompanied by symptoms of neurological dysfunction. For example, Meyer and Gotoh (1960) have linked chronic hypoxia to relatively well-known neurophysiological disorder such as epilepsy, and Katz (1982) has found it to be related to depression and other affective disorders.

Breathing is also associated with blood pressure. Hale (1732), who is the first one to measure the pressure of blood escaping from the artery of a horse observed that blood pressure alternately rises and falls slightly with inspiration and expiration (Fried, 1990). We have already seen that shallow and rapid breathing effects the brain. The medulla, which is an important part of the brain that controls the diameter of the arteries, is affected by the quantity of carbon dioxide in circulating arterial blood (Fried, 1990). Shallow and rapid breathing may cause some person to experience an unexpected dramatic decrease in blood pressure which may cause syncope, or fainting (Lechtenberg, 1982). On the other side, Richardson,

Wasserman, and Paterson (1961) have shown increased blood pressure in the forearm and the large muscle groups during hyperventilation.

Many clinical studies have also shown important relationships between respiration and emotional states. Dudley, Martin, Masuda, Ripley, and Holmes (1969) have been able to detect breathing pattern changes induced by changes in emotional state. They found for example that sighing increases during periods of anxiety, the breathing rate decreases when subjects feel tension, and that breathing became irregular when anger was suppressed.

Changes in breathing patterns such as irregularity, shallow breathing, or increased breathing rate have been noted in anxiety (Suess, Alexander, Smith, Sweeney, & Marion 1980; Tobin et al., 1983). These breathing changes seem to vary according to whether the emotional state is "action-oriented," as in anger, rather than "nonaction-oriented," as in depression (Dudley & Pitts-Poarch, 1980).

Hypocapnia, which is a low or reduced carbon dioxide concentration, has been found in panic disorder, social phobics, and generalized anxiety sufferers (Holt & Andrews, 1989). Based on many studies looking at the relationship between anxiety and respiratory patterns, Fried (1993) thinks that " the chronic hyperventilator is prone to anxiety *and* other extended arousal-related somatic and psychological disorders, including panic, phobia, depression, and so forth" (p. 208). Salkovskis, Warwick, Clark, and Wessel (1986) have found that the sensations of people experiencing panic attacks were very similar to those who hyperventilate. Gibbs (1992) goes even further than only seeing a relationship between hyperventilation and panic attacks by bringing reports that support the idea that hyperventilation-related changes in acute anxiety and panic disorder may be etiological.

Breathing disorders are also related to agoraphobia. Lum (1981) stated that out of the 2,000 patients who were treated in his clinic for hyperventilation one quarter presented phobic symptoms. These observations are supported by Bonn, Readhead, and Timmons (1984) who maintain that hyperventilation plays a crucial role in agoraphobia. In their research where they used breathwork training as a therapeutic approach to treat agoraphobic clients they found that the group that received breathing retraining, which consisted of diaphragmatic breathing, significantly improved in the control of panic attacks.

Western medicine has used different breathing strategies to rehabilitate people with either breathing, psychosomatic, and/or psychological problems (Fried, 1993). Many breathing methods used in behavioral medicine are similar to yogic breathing methods, and in fact, many have been derived from yogic exercises and meditative practices (Fried, 1993). These Eastern practices had not been designed to treat breathing abnormalities such as hyperventilation but the fact that they focus on breathing makes them beneficial to treat breathing disorders. For example, some researches have demonstrated that Transcendental Meditation (TM), because of its focus on breathing, produces positive psychophysiological changes on the respiratory system which are useful in the control of breathing disorders (Badawi, Wallace, Orme-Johnson, & Rouzere 1984; Fried, 1993).

Benson, Beary, and Carol (1974) have made a synthesis of many elements of Eastern practices and developed a method that is said to produce a "Relaxation Response." The Relaxation Response is induced by asking the subject to sit quietly, to close his or her eyes, to relax his or her muscles, and to gently breathe for about 20 minutes. Benson (1976) has observed that the feelings elicited by the Relaxation

Response vary among individuals. Most people feel a sense of calm and feel very relaxed. A few report ecstatic feelings whereas others report feelings of pleasure, refreshment, and well-being. However, regardless of the nature of the feelings reported Benson's subjects have experienced physiologic changes such as decreased oxygen consumption.

Fried (1993) designed a training procedure which mainly focuses on breathing retraining to help people to deal with somatic, affective, and psychopathological conditions. Its innovative strategy incorporates multiple and sophisticated physiological measurements that are designed to monitor the relationship between breathing and other medical conditions. Fried mainly uses physiological biofeedback to facilitate breathing training. As a general procedure Fried's training proceeds this way: (a) the client is first taught deep-diaphragmatic breathing with physiological monitoring and biofeedback, (b) the client is then taught a systematic relaxation program, and (c) the client is taught advanced maneuvers where complete respiration is combined with imagery. As a general outcome, Fried (1993) concluded that:

The application of these methods has been shown to have corrective effect on breathing and a salutary effect on the client, reducing tension, stress, anxiety, and the frequency and severity of symptoms, and in numerous cases, eliminating symptoms altogether. (p. 304)

As a final note on this section it is important to be aware that breathing plays a crucial role in most metabolic functions and that any increase or decrease in the periodicity of the breathing cycle which is inconsistent with metabolic demand may have detrimental effects on metabolism and may be a link to or cause organic as well as psychological disorders. On the other hand, because breathing is so

connected to the whole person it becomes an important tool to positively affect the whole being.

Wilhelm Reich.

Wilhelm Reich's (1949) early contributions were clearly rooted in the psychology of Freud. Based on his understanding of the ego's need to protect itself against instinctual forces, Reich developed his concepts of character and character armor. Basically, the character is the habitual attitudes, values, style of behaviors, physical attitudes and consistent responses to life situations (Reich, 1949). As these attitudes and habitual responses, which are first formed as defenses against the anxiety of intense sexual feelings, become automatic, they develop into character traits. Eventually these character traits become an integral part of the personality and depending on the kind of traumatic situations a person has faced and the kind of defenses he or she has been using, the person develops a specific *character* (Reich, 1949). This character structure, although elaborated as a psychological way to defend oneself against anxiety, is also reflected in the body as chronic physical tension and holding patterns creating chronic contractions of muscular fibers called character armor. This muscular armoring is composed of seven major segments which are centered in the eyes, mouth, neck, chest, diaphragm, abdomen, and pelvis (Reich, 1961).

So, one important and basic Reichian concept is "the functional identity of muscular armoring and character armoring or of an individual's bodily attitude and his ego structure" (Lowen, 1976, p. 181). In other words, there is a unity between the physical and the psychological which allows the therapist to diagnose a

personality disturbance through the body. Not only can he diagnose but he can work with the body in order to bring about therapeutic changes. According to this principle Reich analysed his clients' posture and physical attitudes in order to help them understand the way they were suppressing feelings. After identifying the particular set of tensions used by the client to suppress unwanted feelings he would proceed to intensify the tension as a way to elicit the emotion. He discovered that as the emotion was released the chronic body tension would disappear.

As a consequence, Reich's therapeutic intervention focused primarily on loosening and dissolving the armor. To do so, Reich used different tools such as direct manipulation of muscles, verbal interactions, and deep breathing (Baker, 1967). Breathing played an important role in Reichian psychology. In fact, Reich soon realized that resistance to the analytic process was reflected in an unconscious holding of the breath (Lowen, 1976). He realized that people with emotional problems breathed in a shallow and superficial manner (today this is called hyperventilation). He understood that any kind of inhibition of emotional responsiveness would cause specific restriction of respiration. This understanding brought him to work with the breath as a way to free people from their emotional inhibition.

By using deep breathing Reich was able to intensify inhibition until it naturally discharged the bodily tension. In fact:

When the patient was encouraged to breathe deeply, his resistance fell apart, resulting in a flood of repressed material together with its accompanying effect or feeling. This observation led Reich to the realization that emotional responsiveness is dependent on the respiratory function. (Lowen, 1976, p. 181)

This idea was also reported by Marrone (1990) who studied the psychology of Reich. Marrone said "Breathwork, Reich noted, not only stimulates the release of

repressed emotions, but often retrieves the originating memory: the traumatic and, often, infantile event associated with initiating the repression process in the first place" (p. 28).

As a general principle, the unblocking of these tensions followed a pattern moving from the head to the pelvis. Once all blockages have been discharged the breathing is free and the person has achieved orgasmic potency, which is the capacity to surrender to the flow of biological energy without any inhibition (Reich, 1948).

Alexander Lowen.

One of the most important followers of Reich is Lowen (1971). Lowen was a client, trainee and later a collaborator of Reich. It is not surprising to notice that Lowen's approach, Bio-energetic Analysis, has its foundation in the three major concepts that constitute the framework of Reich's character-analytic, vegeto-therapy. The first concept is that there is a functional identity between muscular armoring and character armoring, second that there is a correlation between respiration and emotional inhibition, and finally that sexual fulfillment plays a role in the regulation of the energy economy of the body (Lowen, 1976). Lowen also mentions that although he has accepted these concepts he made some important modifications to them.

Differently from Reich, for whom the main therapeutic goal was to restore the orgasmic potency of the client, Lowen's "Bio-energetic therapy aims to release the chronic muscular spasticities of the body and to restore, thereby, the natural mobility and expressiveness of the organism" (Lowen, 1976, p. 182). Lowen aimed to

integrate bodily processes and psychic phenomena in a better way than what has been done so far. His efforts have led to a better understanding of personality disturbances and more effective therapeutic techniques.

One of the guiding principles of bio-energetic analysis is that one should be in touch with one's own body, and that the more emotionally disturbed a person is the more out of touch with his body he or she is. As Reich, Lowen saw the body in terms of armored segments, chronic muscular tensions and emotional issues and energy to be freed-up. So, as a way to reestablish full contact with the body one has to free everything that restricts the organism.

Lowen, in accordance with the second concept of the Reichian approach, saw that muscular tensions affected one's breathing in the same way that restriction of respiration would affect the natural mobility of the body. Naturally the respiratory movements move upward in inspiration and downward in expiration. This natural movement constitutes the matrix for emotional expression and when there is chronic muscular tension this natural mechanism is blocked. Blockages of different segments such as throat, chest, diaphragm or abdomen will suppress associated feelings. In the same way, these different types of blockages will be reflected in different types of constricted breathing.

Although there are several types of respiratory disturbances, Lowen stressed two types, the schizoid and the neurotic. For the schizoid type mainly it is the chest that is depressed in the expiratory position and for the neurotic it is more a holding of the chest in the inspiratory position. For the schizoid type this condition is related to an unconscious state of terror whereas for the neurotic it is related to his need for security. "In both cases working with the patient's breathing soon uncovers

his basic anxieties and furthers the psychological working through of these anxieties" (Lowen, 1976, p. 187).

To breathe deeply is to feel deeply, said Lowen (1990). If one breathes deeply into the abdominal cavity one will feel himself as the area becomes alive. But why are people not breathing deeply? "The answer is that breathing created feelings people are afraid to feel" (Lowen, 1976, p. 39). So, to help people better feel Lowen developed a variety of breathing exercises in order to restore the natural mobility and expressiveness of the organism. In fact, breathing "is an expression of the body's spirituality" (Lowen, 1990, p. 36). So, by using breathing exercises and other therapeutic tools Lowen's ultimate aim is to restore the body's gracefulness which is the experience of the divine spirit in the body (Lowen, 1990).

Leonard Orr.

More closely related to our study of Holotropic Breathwork™ is the work of Leonard Orr (1977). His approach known as "Rebirthing" is an international movement that has affected thousands of people's lives. Orr personally discovered the power of breath while doing intense breathing in a hot tub. Through breathing Orr got in touch with specific memories of his own birth process and discovered that as he was uncovering these memories his life problems seemed to dissolve.

For Orr and Ray (1977) "the purpose of rebirthing is to remember and re-experience one's birth; to relieve physiologically, psychologically, and spiritually the moment of one's first breath and release the trauma of it" (p. 69).

To do so, Orr uses a kind of circular breath where there is no pause between the inhale and the exhale (Ray, 1983). "Rhythmical breathing is pulling on the inhale

and relaxing in the exhale in a continuous stream so that the inhale is connected to the exhale" (Orr & Ray, 1977, p. 83). This kind of breathing differs from the one proposed by the Grofs. For them, it is not necessary that the participant breathe in such a specific manner. The breathing does not have to be that rhythmical and continuous. The participant is simply invited to breathe a little deeper and faster than normally without really trying to keep it circular the way Orr and Ray suggested.

This type of breathing also produces the so-called hyperventilation syndrome, but Orr and Ray (1977) consider it to be "a natural part of rebirthing" (p. 79). For them the hyperventilation syndrome, which is usually treated as a disease by the medical community, is a cure for subventilation which is shallow breathing resulting from the birth trauma. According to Orr and Ray, the first inhibition in people's breathing pattern took place during the first breath where the newborn was struggling to breathe while suffocating and strangling in an attempt to get the amniotic fluid out of the air passages. According to this understanding the primary role of rebirthing is to get a person through the reliving (physiologically, psychologically, and spiritually) of the first breath so one can break the power of the birth trauma. The breathing release or rebirthing is therefore necessary as long as the inhibition of the breathing has not been released. In that sense, Orr and Ray consider hyperventilation more as a cure for an inhibition of the breath than a cause.

For Orr, the birth trauma leaves a person with many negative impressions about life and oneself which control one's life from a subconscious level. Some of these impressions are that "Life is a struggle," "The universe is an hostile place," "I can't get what I want," "I can't get enough love." These impressions are negative mainly because when you were born you received many things you did not need such as

bright lights, insensitive touches, harsh sounds, etc. This traumatic experience and its association with the first breath affected the way one breathes and consequently created a resistance to Divine Energy (Orr & Ray, 1977).

One important goal of rebirthing is to open "your breath so that a special flow of spiritual energy washes your mind and body with a divine bath....Rebirthing is the science of letting in God's energy, wisdom, and love" (Orr & Ray, 1977, p. 70). According to them people do not recognize their own divinity and this "original sin" is transmitted through the birth trauma which invalidates the child's divinity. The authors claim that through rebirthing one can wash over this false perception and regain its wholeness.

Orr and Ray also talk about the way people regain their wholeness through rebirthing. They say that in rebirthing the reconnection to the divine energy is experienced through vibrating and tingling in the body. The vibration is the cleansing process that moves out of the body all the negativity, the pain, the dirt, the negative impressions, and the negative mental mass formed at birth. "The tingling or vibrating sensation is the cleansing action of God's love on the psychic 'dirt' in your body and aura" (Orr & Ray, 1977, pp. 70-71). This tingling experience makes the rebirth experience a very physical process. One should note that this tingling experience is very common in rebirthing but is not a necessary condition. It seems that through this process the person is actually releasing its resistances to the Divine Energy.

Although rebirthing brings about many sensations, it is also very usual to see pictures and recall one's birth scene. As the birth trauma is removed through

successive rebirthing one will have the tendency to gain full memory of the birth experience (Orr & Ray, 1977).

As far as benefits are concerned, Orr and Ray's claims are manifold. Benefits are mainly at the physical, mental, psychological, and spiritual level. At the physical level, rebirthing has cleared up conditions such as backaches, migraines, sinus troubles, arthritis, chronic tension in legs and body, etc. At the mental level rebirthing helps release negative thoughts which are creating painful emotions and illnesses. At the psychological level the process has resolved problems like claustrophobia, insomnia, fear of harm, sexual disorder, anxiety, to name a few. Finally at the spiritual level rebirthing has, for example, freed people from their inability to receive love and to experience Divine energy.

Healing the damage done by the birth trauma to the individual consciousness, it has been found that rebirthing repairs the damage done to the breathing mechanism at birth and removes the blocks where the inner and outer breath meet, so that Infinite Energy and Infinite Being always becomes easily available to the human body. (Orr & Ray, 1977, pp. 74-75)

As we can see, Orr and Ray are making very important claims about the potential benefits of rebirthing. However, Orr and Ray's writing tend to be very optimistic and somehow very much influenced by the "new age" movement. In researching rebirthing I have not found any published empirical studies. Their theoretical framework is not supported by literature references, researches or clinical observations of any sort. Although their claims maybe justified they should be taken with much caution.

Gay Hendricks.

Another way of using breathwork which is some ways similar to both the approach we have just discussed and the one developed by the Grofs is the Radiance Breathwork as developed by Gay Hendricks. Hendricks tells in his book Radiance! Breathwork, Movement & Body-Centered Psychotherapy, how he discovered breathwork. As he was working with a client who was struggling to control her fear through labored and controlled breathing, he supported her in letting go of her need to control her breathing, and as she did that her breathing became deeper and faster. As she gradually let go of control she went through vibrating and shaking and Hendricks felt it was right to stay with what was happening. He said he was able to support and trust her body's wisdom. After a while he reported that she came out of the process radiant (this kind of comment inspired the name Radiance Breathwork) saying she felt alive and confident.

From there Hendricks became very interested in the power of the breath and for the next two years he watched people breathe, participated in bioenergetics and Reichian therapy training and read about breathing from an Eastern as well as from a Western point of view. He thought breathwork was "one of the most powerful catalysts of transformation available" (Hendricks & Hendricks, 1991, p. 13).

Hendricks' research lead him to develop two approaches of breathwork: cathartic and centering.

The centering approach is called Radiance Breathing Meditation. "It is designed to expand your ability to experience positive energy" (Hendricks & Hendricks, 1991, p. 26). The meditation aims at filling the body with energy and the mind with light so one can stay in a state of positive energy all the time. Basically this type of breathwork is a mixture of full and deep breathing in the

abdomen and very quiet breathing which are performed at different sequences. The big rhythm fills the body with energy and the mind with light, and the quiet breathing or subtle rhythm lets the body integrate the energy.

With the cathartic approach the client is lying down on a mat and is asked to set any intentions or goals and to consider any fears he may have. He is then asked to relax the jaw, open the throat, and breathe in and out through the open mouth. The mouth should open wide enough to get one or two fingers between the upper and lower front teeth. The client is asked to say out loud a long "AAA" during the in-breath and "HAAA" during the out-breath and then to continue the same thing in silence. By listening to the sound of the air passing through the throat the facilitator is able to determine if the energy is flowing through the body freely or if it is encountering some blocks. The person is free to breathe as fast or slowly as he or she wishes (Hendricks & Hendricks, 1991).

Participants are invited to take each experience as it comes without judging or trying to control it. Several phenomena can occur during Radiance Breathwork. The most common experience is the releasing of emotions. It can be waves of sadness, intense anger, sexual feelings, fear, or anything else. The idea is to welcome the feeling and not to hold onto it when it wants to go.

Losing the form is another phenomenon occurring during breathwork. Usually it means the person has encountered a block and has lost the deep breathing and has gone unconscious, i.e., that unconscious material has emerged and has taken the place of the conscious intention to breathe deeply. Sometimes when a very deep block is accessed the person may go to sleep.

Tetany, which is characterized by stiffness in the hands and feet, numbness, a tight band around the forehead and the puckering of the mouth is another phenomenon that happens. If this occurs the therapist invites the client to stay with it and not move away from it in fear. Other physical manifestations can occur such as flickering eyelids, coughing or choking, buzzing, tingling or humming.

Persons who are willing to let go deeply may have experiences of space, inner clarity and visions of all kinds. At times, some may have experiences related to birth and/or conception. Although those kind of experiences happen in Radiance Breathwork the techniques do not focus on reliving birth as is the case in rebirthing for example. The focus is more on letting things come up in an organic manner rather than forcing the process to go in a particular direction, which is very similar to the Holotropic Breathwork™ strategy.

Hendricks (1991) mentions several benefits associated with or resulting from having these experiences. Radiance Breathwork assists the transformational process by releasing unresolved emotions held in the body, by increasing the amount of energy a person can handle, by removing resistances to positive energy, by clearing the effect of the birth trauma, by giving people easier access to positive feelings, by improving the quality of one's sexual experience, and by connecting a person to the transpersonal realm of life.

In 1995, Gay Hendricks published another important book on breathing called Conscious Breathing: Breathwork for Health, Stress Release, and Personal Mastery. In this book Hendricks presents the results of over 20 years of research into breathwork and body-centered therapy. The book is highly practical and focuses on guiding people to learn how to correct unhealthy breathing patterns. He presents

techniques for treating asthma, addictions, post-traumatic stress, chronic pain, and depression. There are also breathing exercises for athletes and to enhance sexual pleasure and communication between couples.

Hendricks (1995) has found that conscious breathing helps people in eight different ways: (a) it releases stress and tension, (b) it builds energy and endurance, (c) it contributes to emotional mastery, (d) it prevents and heals physical problems, (e) it contributes to graceful aging, (f) it helps to manage pain, (g) it enhances mental concentration and physical performances, and (h) it facilitates psychospiritual transformation.

Although Hendricks mentioned that he has studied breathwork for more than 20 years, he did not support his claims by any published studies. So, the observations presented by Hendricks may be valid but should nevertheless be taken with caution.

Stanislav and Christina Grof

The last contributors to our understanding of the power of the breath are Stanislav and Christina Grof. As we have already mentioned, the Grofs have developed a breathwork approach to self-exploration and personal growth. After having explored various breathing techniques the Grofs have opted for a very simple form of breathing which simply consists of breathing deeper and faster than the normal rhythm. The Grofs have observed that breathing deeper and faster than usual induces a NSC (Grof, 1988). After a few moments of that simple way of breathing a person's consciousness will shift substantially. The person's consciousness will in fact shift from a hylotropic mode (matter oriented) to a holotropic mode (field of consciousness) (Grof, 1988).

Different from the other breathing approaches presented above, the Grofs do not really insist on the way people should breathe in a breathwork session. They simply invite people to breathe faster and deeper than normally. People do not need to do it through the nose or through the mouth or add any sound to it.

The range of experiences which are likely to happen during the course of holotropic sessions will greatly vary from person to person and, within the same person, from session to session. In most cases the faster and deeper breathing will allow the breather to experience different conditions such as alteration of sensory perception, physical manifestations, intense emotions, and psychosomatic manifestations (Grof, 1992). Breathing faster and deeper will also loosen the defense mechanisms allowing the emergence of unconscious material (Grof, 1988).

More specifically, the emergence of unconscious material at the emotional level will cover a wide range of emotions such as anger, fear, sadness, guilt, and shame. At the physical level the individual may experience muscular tensions, various motor manifestations, shaking or gagging. Sometimes the individual may stay in a motionless position during the whole session although he or she may have profound experiences. Others are very agitated and manifest rich and complex movements and gestures. These movements are at times the reproduction of the one of a newborn infant. They can also be the expression of certain animals such as snakes, birds or predators. Some people assume spontaneously various yogic postures and gestures with which they are not at all familiar.

Some physical tensions which appear during breathwork have a complex psychosomatic structure and it is often possible to identify the biographical,

perinatal, or transpersonal source of these physical tensions, or at least to identify their general psychological meaning (Grof, 1988).

Grof's insights on the meaning of these discomforts are summarized here. When physical tensions develop in the hands and the feet (tetany) they often reflect a conflict between a desire to do something and an opposing impulse conflicting with this desire. The breathing is amplifying the withheld impulses which are expressed in the physical tensions. These kinds of tensions can also represent blocked creative energy such as an impulse to paint, to draw, or to play a musical instrument.

Tensions in the legs and feet are less complex than those of the hands and arms. Many problems associated with legs and feet have a connection with the expression of aggression and physical trauma. Tensions in the thighs and the buttocks often reflect psychological dynamics associated with sexual defenses, fears and inhibitions.

At a deeper level, tensions in the legs and the arms are associated with biological birth. Through birth the infant is subjected to extreme physical pressure for several hours and this tends to generate an enormous amount of neuronal stimulation which has no way to be discharged. This energy is thus blocked in the organism. When this energy is then stimulated by deep breathing it manifests as intense and sometimes painful spasms in the extremities.

Grof has also noticed that many of the tensions in the other parts of the body appear in the areas or locations of the so-called chakras as described in the Tantric system. For Grof this is not surprising since both approaches put a great emphasis on breathing.

Here again are some of the Grof's insights on the relationship between blockages and the chakras. In summary, blockage at the crown center is often experienced as painful compression of the head and is common for people with history of tension or migraine headaches. This kind of pain is mostly linked to the birth process where enormous pressures are imposed on the frail head of the baby.

Blockages at the brow chakra appear in the form of intense tensions or pains around the eyes. People with eye problems often report these kinds of experiences. Also people who have been forced to witness or look at things or situations which were frightening or painful for them may also experience this kind of tension or blockage.

The next chakra, the throat center, is a significant spot where many people experience tension. Tension at this level will often manifest in the form of constriction of the throat and suffocation. Biographical material associated with this condition often involve situations where there was some kind of lack of oxygen as in pneumonia, diphtheria, or near-drowning. Most frequently this condition is linked to the biological birth where the infant's supply of oxygen has been temporarily cut off and the infant was suffocating.

Blockage of the heart chakra is experienced in the form of strong contractions around the chest and tightening of the ribcage. This is often linked to problems in expressing emotions. It can be either a problem in expressing emotions or receiving other people's emotions. Opening of this chakra has often profound influence on the individual and brings about, in many cases, a sense of grace and emotional liberation as well as a deeper connection with nature and the world at large.

Blockage at the navel center is experienced as spasms or tensions around the navel. It is psychologically related to issues such as self-assertion, problems with self-esteem, sense of inferiority, compensatory grandiose fantasies, ambitions, and hopelessness. This may be connected to events where security needs or survival of the individual may have been threatened. It is often linked to the biological birth and specifically around situations involving the umbilical cord.

Blockages at the sexual center can be manifested through intense sexual arousal and pain around the genital and pelvic area. These tensions are related to different aspects of sexuality which involve things such as traumatic psychosexual memories, orgasmic insufficiency, frigidity or sadomasochistic tendencies.

Finally blockages at the root center are often felt as anal spasms. At the biographical level these tensions are associated with experiences such as history of childhood colics, painful enemas, and harsh toilet training.

Usually in a typical breathwork session these tensions will be amplified by the breathing to the point of their resolution. This principle of amplifying symptoms is based on the idea that symptoms are already manifestations of the healing activity of the organism.

In Grof's Holotropic Breathwork™ participants do not plunge without any preparation into the breathing experience itself but are carefully prepared by a facilitator. In fact, Holotropic Breathwork™ should not be seen simply as an exercise which involve breathing faster and deeper than usual but as a self-exploratory or therapeutic procedure which involves much more than just breathing. As we will describe in the following section Holotropic Breathwork™ also involves music, bodywork, mandala drawing, sharing time, and theoretical presentation.

Usually, a typical experience of Holotropic Breathwork™ is done in group settings. Participants are prepared for the breathing experience through a theoretical presentation which helps people to get acquainted with the new cartography of consciousness as developed by Grof. Then people are informed of the more technical aspects of the approach which involve some explanations on how to breathe, on the importance of music, on mandala drawing, on the sharing of experience, on bodywork and on the importance of the breather/sitter relationship. All these points are clearly presented and questions are discussed so that participants can enter into the experience with an understanding of the basic principles of the approach. It is important to note that there is a ratio of about one facilitator for about eight to ten participants as a way to create a safe experiential container.

An important point to discuss here is the impact of telling participants what they may experience during the holotropic session. It is a part of the workshop procedure to go over the different experiences (biographical, perinatal, and transpersonal) one can have during the breathwork. On one hand, this procedure gives the participant a certain sense of what he or she may encounter which can help the person to release control and surrender to the often "unusual" experiences. On the other hand, it is also possible that presenting such theoretical material before a session leads participants towards such experiences. For example, if a participant acquires much information about the perinatal experiences he or she may intend to have such experiences and unconsciously choose to amplify emotions and sensations that could lead to such experiences. He or she can voluntarily take a fetal position and so on. Setting up a research protocol which could explore such variables could be very valuable to answer this question.

In brief, breathing is an essential and fundamental aspect of our whole being. The breath is multidimensional by the fact that it is a link between body, mind, and spirit. It is a complex and multifaced reality that affects people at different levels. As Hendricks (1995) said, "Breathing has the power to enhance both the practical present moment and our mystical connection with infinity" (p. 3).

The Transformative and Healing Potential of Music

Historical and Philosophical Considerations

People's fascination for knowing the source of our being has led humans to the investigation of the primary causes of existence. People's quest for meaning has constantly been directed to an understanding of the way the Divine Idea was first brought to manifestation. The Primordial Sound is seen in the cosmogonies of many religions as the force that transformed the Divine Idea into reality.

The Ancient Wisdom reveals that the universe was conceived in Divine Thought forever hidden in the Absolute, and that Sound was the first manifestation of spirit and the precursor of form. Accordingly, the Source of Sound dwells eternally in the Great Deep of Brahman. When, however, the divine hour strikes, and the state of rest (pralaya) gives way to activity (manvantara), the Great Breath of Brahman expresses itself as the cosmos by means of the creative Word or sound vibration of the universe, which manifests not only as the Cosmic Logos, but, in accordance with cyclic law, as the Logos of the human soul. (Limbrick, 1991, p. 308)

The sound is seen as the Logos of the universe which possess the powers to create and sustain the entire creation. "From a Hindu perspective the universe is

said to have evolved from pure Consciousness through the sacred sound of *Aum* (*Om*). This sacred *Aum* vibration emitted and divided itself into infinite patterns of conscious light and sound frequency" (Cornell, 1994, p. 14). In other words sound has not only given birth to the universe, but it has also played an intrinsic part of the web of energy that sustains it.

One of the ways that the power of sound has been mastered by human beings is in music. During the millennia, music as a sound technology was used by different cultures as a powerful mind-altering tool (McClennan, 1991). Gilbert Rouget (1985), analyzed the relationship between music and trance, and concluded that music had been associated with ritual trance and altered states of consciousness from antiquity to modern time. The ethnomusicological literature also suggests that most music from Indonesia, Australian Aboriginals, several subSaharan African cultures, North American Indians, Alaskan Eskimos, South American and other cultures is very oriented towards healing (Moreno, 1991). A powerful example of that is the shamanic tradition which represents in itself 30 thousand years of development of music for healing purposes (Moreno, 1991). Drumming and chanting have been some of the primary and indispensable tools used by shamans in their healing journey (Kovach, 1985; Rouget, 1985).

In the Western world, Greeks had also discovered the value and power of music. By studying Plato's dialogues (*Phaedrus*, *Laws*, and *Ion*), Rouget (1985) had been able to formulate Plato's theory of the link between trance, music, and healing. According to Rouget, Plato's theory was that individuals who were psychologically sick or suffering from divine madness cured themselves by practicing a ritual trance.

In this ritual, music and dance helped the person to reintegrate the general movement of the cosmos.

McClellan (1991) stated the same idea about the Pythagoreans:

In Pythagorean philosophy, the laws of music act on the inner world of man through harmony. Harmony of the universe is equal to the harmony of the soul or inner universe of mankind. Therefore melody and rhythm can assist in restoring the soul to order and concord...By arranging the musical intervals in proper order to reflect the natural order of the heavens, the soul becomes purified and united with the order of the heavens, nature and the divine. (p. 115)

Pythagoras saw the laws of music as capable of producing harmony in the heart of human beings. This is done simply by reestablishing or readjusting the intimate relationship between the inner world of human beings and the universe. Pythagoras believed in a universal law of harmony that is based on numerical relations. This was common to the functioning of the heavenly bodies as well as the inner world of human beings.

Today Pythagoras is considered to be the founder of musical theory and science of acoustics. He is the one who calculated the ratio of intervals. Furthermore, he systematized the mathematical basis of the musical scale that formed the groundwork of Western musical theory.

Vibration, Rhythm, and the Physical Body.

Although the manifested world seems to appear, under the eye of flesh, as a solid manifestation, modern physics suggests that it is simply a web of energy vibrating at different speeds. In his book, The Turning Point, physicist Fritjof Capra mentioned that modern physics no longer describes matter as something inert and passive. Instead, Capra defines it as something driven by a perpetual movement

-- a dance of vibration where rhythms are determined by nuclear, atomic, and molecular structures. Modern physics has just begun to realize this idea, whereas most spiritual traditions have long recognized this aspect of reality. Hazrat Inayat Khan (1983), an Indian Sufi master stated the following:

The mineral, vegetable, animal, and human kingdoms are the gradual changes of vibration, and the vibrations of each plane differ from one another in their weight, breadth, length, color, effect, sound, and rhythm. Man is not only formed of vibrations, but he lives and moves in them...all conditions of life depend upon a certain activity of vibrations, whether these be thoughts, emotions, or feelings. (pp. 5-6)

Modern chemistry and physiology have also recognized the idea that the human body consists of an interdependent vibrational system of various frequencies and densities. The different organs and systems form a virtual symphony of frequencies and sounds, along with biological, mental, and emotional rhythms in a state of continuous flow. The organism is constituted at its core of atoms that are vibrating energetic parties. In other words, the human body is a complex electro-vibratory phenomenon that produces and emits sounds. Robert Fried, a psychophysicologist, expressed this idea very clearly. He said:

Most aspects of physical matter have their own rhythm, a signature, as it were, which interacts with other such rhythms to result in yet new rhythms for the aggregate. When physical matter is combined into a life form, we may observe it to have a complex interplay of these energy oscillation -- something like the core of a symphony -- where, at any moment in time, each component plays its characteristic "note" as part of its own melody and rhythm, and the aggregate creates a distinct new sound, superimposed on yet a new rhythm. And so it is in psychophysiology that we begin with the assessment of the rhythm of the energy in an organ system, because we recognized dysrhythmia as dysfunction, and we believe that we can, like turning the pegs of a violin, restore the rhythm to the strings that will give the organ the proper pitch and harmonic composition. (1993, pp. 305-306)

McClellan wrote in his book The Healing Forces of Music, History, Theory & Practice a very similar idea. He said:

...that we consist of frequencies and rhythms of various densities and time rates, a web of pulsating vibrational energies that give shape and energy to our bodies, thoughts and emotions. We are a resonating system in process rather than a stable solid mass. (1991, p. 44)

Music and its Effects on Body, Mind, and Spirit

Literature concerning music seems to suggest that music has the power to affect people physically, emotionally, and spiritually (Hesser, 1995; McClellan, 1991; Perez, 1991; Rouget, 1985). The recognition of this power is at the origin of a stimulating and challenging field called music therapy. Peters (1987) defines music therapy "as the prescribed, structured use of music or music activities under the direction of specially trained personal (i. e., music therapists) to influence changes in maladaptive conditions or behavior patterns, thereby helping clients achieve therapeutic goals" (p. 5).

The field of music therapy is very broad and for that purpose this research will only focus on studies demonstrating the use of music to promote health.

Maranto (1993) reported that music therapy is used in clinical and experimental settings in 11 areas of medical practice. She stated that music is used in: surgery, intensive care units, pediatric medical care, physical rehabilitation, respiratory care, burn care, pain management, stress reduction, general hospital, labour and delivery, and in oncology/terminal illness. In each context, four goals are usually looked for. These goals are the elimination of stress and anxiety, the elimination of pain, the elimination of depression, and the enhancement of immune functioning (Maranto, 1993).

Medical situations have been noted to produce anxiety in many patients. The incidence of a patient's anxiety ranges between 40% and 86% for non-premedicated patients and between 26% and 92% for premedicated patients (Spintge, 1989). Many studies have been done on the anxiety-reducing effects of music in medical settings. Spintge and his research team have spent over a decade conducting several clinically controlled and randomized studies in various medical specialties to determine the therapeutic values of what they called "anxiolytic music." In this context, anxiolytic music is defined as a music that has been proven to produce positive psychological, social, and physiological effects.

In order to achieve such effects, some preconditions must be fulfilled. For example, musical works must be selected according to four aspects: duration, instrumentation, dynamics, and interpretation. The patients should make their own selections. The effects of individual pieces and combinations of pieces should be tested and verified in ongoing clinical studies. The recording should be of a high quality (Spintge, 1989).

To date, Spintge and his team have collected data on more than 56,000 patients through pre- and postoperative standardized questionnaires and a series of clinically controlled and randomized studies with 8,000 patients in private practices, hospitals, and dental clinics. "In all studies, perioperative anxiety occurred in about 17% of the music patients as opposed to findings in the literature which cited the minimum percentage as 26% for nonmusic patients" (Spintge, 1989, p. 85).

A similar type of research has been conducted by Chetta in 1981 with children who needed to be prepared for surgery. The subjects consisted of 75 children who were admitted for elective surgery. In an experimental design that incorporated a

three-sample method, the effect of music as a means to decrease anxiety in children in a preoperative situation was tested. The study showed that the group receiving music therapy, prior to induction of preoperative medication, was consistently rated as indicating less anxiety before and during administration of preoperative medication (Chetta, 1989).

Music has also been studied in the context of pain management. Fowler-Kerry and Lander (1987), have studied the effect of music distraction on the management of injection pain in children. Two hundred children randomly assigned to four different groups participated in the study. One group was exposed to music; the second was exposed to music and suggestion; the third was only exposed to suggestion; and finally the fourth was exposed to neither music nor suggestion. The conclusion drawn from the results was that music significantly decreased pain whereas suggestion did not. Other studies conducted by Rider (1985), Wolfe (1978), and Brown (1989), supported the idea that music can be used as a means to reduce pain.

In addition, music is widely used with patients who are struggling with life-threatening diseases or those who are terminally ill. People in such conditions usually face a great deal of fear, pain, and isolation along with feelings of dependency too. Music therapy has been helpful promoting muscle relaxation, reduction of pain perception, and in the increase of feelings of comfort, contentment, and well-being (Curtis, 1986; Munro & Mount, 1978). Therefore, terminally ill patients are provided with tape-recorded music and headphones which enables them to play it at any time, day or night.

Various music activities may also be used to help the psychological, emotional and spiritual need of people facing life-threatening illnesses. For example, Bailey (1984), reported that for some patients, religious music and lyrics have provided a source of comfort and reassurance. On the other hand, some patients may use this type of music as a way of expressing doubts, anger and fears.

The effects of music on psychological and psychiatric problems has also been researched. For example, several music therapists have found that music can be helpful for establishing contact with autistic children (Peters, 1987). Music is an aspect of the environment which most autistic children respond to with pleasure. In conducted studies, an increase in eye contact, environmental awareness and appropriate social behaviors were observed (Malhberg, 1973; Saperston, 1973). Nelson, Anderson and Gonzales (1984) have also found that nonverbal instrumental improvisation, which generates a very low anxiety level, seems efficient for establishing initial contact with autistic patients.

Music therapy has also been used in the treatment of psychotics. In this context, music therapy is understood to be a means to modulate the therapeutic relationship (Berruti, Del Puente, Gatti, Manarolo, & Vecchiato, 1993), and to create significant intrapsychic synthesis (Kortegaard, 1993). It is also a means to help clients develop motor skills, to increase sensory awareness and the ability to follow directions, to learn to relate to others nonverbally and to cooperate with others to achieve a desired effect (Wolfgram, 1978). Music opens up new communication channels both for the therapeutic relationship and for a more intimate contact with the intrapsychic world. Activities such as: singing, playing instruments, moving to music, selecting and listening to music are all ways to

explore the emotional world of psychotics. As Berruti and al. (1993) have said: "The evocative value of music is used to revive and arouse an emotional world, otherwise unexplored, or little known to the patient himself" (p. 67).

The fact that music affects people at an emotional level is a very significant characteristic of music. People's emotional response to music has been investigated in depth by Clynes (1991) who conducted more than two decades of research on the relationship between music and emotion. Clynes' premise is that music acts both on mind and body. For him, music is able to cross the body-mind barrier and not only does it move people emotionally it also moves them bodily.

Clynes' studies led him to the discovery of what he called *essentic form*. "Essentic form is the biologically given expressive dynamic form for a specific emotion" (Clynes, 1991, p. 124). According to Clynes, essentic forms command people's emotional experience. They are windows across the mind-body barrier. The essentic forms and their specific feelings have the power to drive the body and the mind as they unfold. However, what Clynes discovered is that music has the capability to elicit these essentic forms. "Music, in fact, is an organization created to dictate feelings to the listener" (Clynes, 1991, p. 125). Melodies for example, are musical expressions which represent the embodiment of the essentic form. The melodies, when listened to, impose their power on the listener by suggesting the essentic form they embody. In a musical performance, the:

...essentic forms may follow one another with subtle changes or they may be strongly contrasted. In some compositions essentic forms of similar shades of feelings are chained, thereby intensifying the mood in accordance with the essentic principle of a rhythmic repetition. (Clynes, 1991, p. 129)

Moreover, Clynes (1975) also suggested that the neurobiologic process of recognition of pure essentic forms may release substances in the brain which

activate specific emotional experiences. These substances produce changes in the organism which seem to have beneficial effects on the different systems (the immune system for example).

The fact that the essential form can be used at will to prompt the body and the mind to adopt certain configurations is a key element to the understanding of the healing power of music. In fact, Clynes developed a computer program which helps composers to create musical performances according to the essential forms or emotions that they want to elicit (Clynes & Nettheim, 1982). By doing so, music can be created to elicit neuropsychological changes which could be beneficial to the listener and to the musician.

In his paper "On Music and Healing", Clynes (1991), mentioned that music has a transformative and healing power that can be classified into three categories. The first is that music has a de-stressing potential because of the following characteristics: it evokes pleasant feelings, it has cathartic effects of releasing repressed emotions, it helps contact memories and associations, it increases people's empathy, it awakens feelings of belonging and it connects with other life or the universe. Second, he states that music affects the immune system in a positive way. Finally he observes beneficial aspects of musical performance on health because of its neuromotor and exercise effects.

The notion that music can have a beneficial effect on the body and the mind is also supported by Guzzetta (1991). Guzzetta, who had contributed to several books including Critical Care Nursing: Body-Mind Spirit, states that because of the intimate link between music and the body-mind-spirit:

...it is possible that musical vibrations that are in tune with our fundamental vibratory pattern could have a profound healing effect on the entire human body

and mind, affecting changes in emotions and in organs, enzymes, hormones, cells and atoms. (1991, p. 155)

Music therapy, as a behavioral science, has mainly been concerned with the effect of music on behavior, emotions, and physiology. However, music has also been widely used as a means to alter consciousness and to facilitate psychospiritual development and healing. One of the most ancient accounts of the use of music to change consciousness can be found in the Shamanic tradition. As previously mentioned the shaman is the one who can have access at will to nonordinary reality. In order to help him or her enter and stay in an altered state of consciousness, the shaman uses a rhythmically hypnotic music in the form of rhythmic drumming (Harner, 1980). In Rouget's (1985) study of the relationship between music and trance he mentioned that music plays an essential role in maintaining the trance state. He said that "...music constitutes in every case an essential factor guaranteeing continuity during the shamanic journey" (p. 133). The shaman's relationship to music is very active because he or she "...goes into trance not by listening to others who sing or drum for him, but, on the contrary, by singing and drumming himself" (Rouget, 1985, p. 126).

Observations and researches on ethnomusicology by Olsen (1980) support the idea that shamans have used music as an "ecstasy-inducing" device for their healing practices. In his article, Olsen (1980) wrote "drumming is another ecstasy-inducing musical device, as among the Araucanian Indians of the southern Andes, where the female shaman puts herself into a trance by drumming upon her kettledrum" (p. 369).

Maxfield (1992) has explored in an experimental setting with biofeedback technology, the effects of drumming on people. In her study, she reported that:

A majority of the participants, in one or more sessions, were conscious of the fact that there had been a qualitative shift in mental functioning, and the twelve themes, as synthesized from the participant's oral and written report, may be correlated with Ludwig's delineations of features that tend to be characteristic of most ASCs. (Maxfield, p. 145)

She found that rhythmic drumming has specific neurophysiological effects and that it facilitates entry into an altered state of consciousness.

By using music as a catalyst for entering an altered state of consciousness, so they may perform their healing ceremony, shamans invite us to acknowledge the place played by music and NSCs in their healing practices.

McClellan (1991), who is nationally recognized as a leading authority on music and healing, affirmed that "...music can be a very effective means of altering our state of consciousness and has been used for such purposes from very ancient times to the present day" (p. 153).

For Guzzetta (1991), the structured auditory event generated by music not only contains the power to break the OSC, but also to move people into a transcendent or transpersonal state. By going beyond the usual and limited level of functioning of the ego-consciousness, music has the strength to open the human mind to a wider perception. "When appropriately applied, music can be a way...to pass from ordinary states of consciousness to an altered state of consciousness to achieve the mind's fullest potential" (p. 152).

Crowe's (1991) research on the power of music, to heal in the transpersonal stage of human development, is also very interesting. In her research, she asked groups of music therapists to answer the question: "What is music/music therapy?" At the same time, they were listening to a forty-five minute tape of music created for inducing a contemplative state of mind. The following quotes are some examples of

the answers she received: Music is: "bonding with nature," "allowing creativity to express itself," refreshment of the spirit," "a development of the spiritual within us," "getting in touch with the eternal flow," and "spiritual bonding" (Crowe, 1991, p. 118). She concludes her research by saying that:

From the results of this study, I have come to believe that the potential for music to heal comes not just from music's ability to break through normal consciousness and open us to transcendent awareness, but from the fact that music is the ultimate manifestation of this wholeness. (Crowe, 1991, p. 119)

In Holotropic Breathwork™, the use of music is seen as a significant adjunct to the power of the breath. Music helps to mobilize old emotions; it intensifies and deepens the process and provides a meaningful context for the holotropic experience (Grof, 1988). As a general rule, breathers are invited to have an open attitude toward the music that is played; to allow themselves to give expression to whatever is triggered in them. Participants are also invited to suspend any analytical processing regarding the music such as trying to guess who is the composer or from which culture the music may be coming. The music has to be allowed to affect the psyche and the body of the breather in a spontaneous way.

The power of music, when added to the power of the breath, creates a very powerful mind-expanding strategy that opens new dimensions of awareness to the individual (Grof, 1988). In fact, music that is listened to while in a NSC, has a great therapeutic value as suggested by Bonny and Savary (1973), in their book Music and Your Mind:

Music listened to in altered states of consciousness can bring out things in you that nothing or no one has ever previously elicited. Many describe the experience as full of insight; others find a healing force; some let the music take them to unexplored provinces of the psyche; while for others it provides a heightened awareness of their ordinary world. (p. 19)

In itself music is multidimensional and has the power to affect people physically, emotionally, and spiritually (Hesser, 1995; McClellan, 1991; Perez, 1989; Rouget, 1985). As a body-mind-spirit approach, music can play an important and unique role as "cotherapist." In fact, Bonny and Pahnke (1972) have discovered that music complements the therapeutic objectives in five interrelated ways: (a) by helping the individual relinquish usual controls and enter more fully into his inner world of experience, (b) by facilitating the release of intense emotions, (c) by contributing toward a peak experience, (d) by providing continuity in an experience of timelessness, and (e) by directing and structuring the experience.

In a breathwork session the general programming strategy used to select the pieces of music for each session follows a general pattern. Each facilitator is encouraged to put together his or her own selection according to certain guidelines. As Grof (1988) said, "the basic rule is to respond sensitively to the phase, intensity and content of the experience, rather than try to impose a specific pattern on it" (p. 188). Music of a high artistic quality that is not known too much and has little concrete content is privileged. Songs with specific messages and content are avoided so as to elude imposing a definite theme on people's experience. Songs sung in the language of the participants are also avoided. The musical selection can either be pre-recorded on a tape or played live. The facilitator can select pieces of music according to the prevailing experience of the group when the selection is played live. It is important to remember that the idea is not to try to create some specific effects but rather to support the participant's experience through sound technology.

The actual selections for each session are chosen by the facilitators and will vary with the focus of the session and needs of the individual participant or group. At the initial stage, pieces that are evocative and driving are chosen to help participants breathe faster and deeper. This helps to induce NSCs. Selections from the album "X", by Klaus Schultze or pieces from the French composer Jean Michel Jarre are good examples. This stage is usually followed by rhythmic and drumming music. For instance, selections from the album "Drums of Passions" by Olatunji or the album "Planet Drum" by Mickey Hart fit into this category. As we previously mentioned, experimental and ethnographic studies have suggested that rhythmic drumming has specific neurophysiological effects. In addition, these studies have also shown that such music has the ability to elicit temporary changes of subjective state of consciousness. It seems that such drumming induces a NSC.

This phase is followed by a sequence of more dramatic music which is often helpful in facilitating the release of intense emotions like anger or rage. Pieces such as "Mars" from Holst "The Planets" or music from the album "Mask" performed by Vangelis are used. This phase is followed by a musical sequence that helps participants to make a transition to the ending phase. At this point, "breakthrough" music such as the original motion picture soundtrack "The Last of the Mohicans" can be followed by the soundtrack "The Mission" by Ennio Morricone.

In the later stage of the session, when the participant is quieting down, soft and less dramatic music is played. "Enya", by Enya or "Om Nama Shivaya", by the Ganeshpuri group or Native American music from the album "Migration" by Peter Kater and Carlos Nakai are some good examples of selections used.

In general, music will be played loudly with a high quality stereo equipment in order to fill the room with sound. The loud music is also intended to create a background which can mask sounds made by participants in various stages of their process. The combination of the breathing and skillful use of music can facilitate the emergence of different cathartic experiences. This permits participants to express any sounds or specific experiences that spontaneously emerge.

As a final note we would like to quote a reflection by Assagioli (1991):

We trust that the magic of sound, scientifically applied, will contribute in ever greater measure to the relief of human suffering, to a higher development and a richer integration of the human personality, to the harmonious synthesis of all human "notes" of all "group chords and melodies"- until there will be the great symphony of the One Humanity. (p. 109)

Bodywork or Focused Energy Release

As Reich (1949) proposed, a person's psychological structure and set of defense mechanisms are reflected in the body as chronic physical tension and holding patterns creating chronic contractions of muscular fiber called "character armor." Reich saw the mind and the body as functionally identical. He wrote in Either, God, and Devil (1973) that "functional identity as a research principle or organomic functionalism is nowhere as brilliantly expressed as in the unity of psyche and soma, of emotion and excitation, of sensation and stimulus" (p. 91). As a consequence, most of Reich's therapeutic interventions focused of the body as a way

to loosen or dissolve the armor. This was mainly accomplished through breathwork and direct manipulation of the chronically tense muscles (Baker, 1967).

Lowen (1976), a student of Reich, also recognized the importance of working with the body in a therapeutic setting. Lowen (1990) pointed out that when an impulse is consciously held back or suppressed, it creates rigidity and tension in the body. "When the tension becomes chronic, however, the muscles become fixed and the holding back of the impulse becomes unconscious" (p. 73). As a consequence, people's sensitivity and capacity to experience feelings is diminished. "Chronically tense muscles give the body a rigid quality and destroy its gracefulness by blocking the flow of excitation" (p. 74).

Inspired by the work of Reich, Lowen created Bioenergetic Therapy whose aim is "to release the chronic muscular spasticities of the body and to restore, thereby, the natural mobility and expressiveness of the organism" (Lowen, 1976, p. 182). Thus, one important goal of Lowen's therapy was to remove these tensions. This is done through a three step process. The procedure is briefly summarized as follows: first, the individual must become aware of the chronic muscular tension; second, he or she must then discover the origin and elucidate the history of the inhibition or tension and third, the blocked impulses must be released in appropriate movements (Lowen, 1976, p. 188). This is essentially accomplished through breathing, release strategy such as pounding, kicking and through various therapeutic exercises at home. Finally, Lowen stated that a body-oriented psychotherapy provides new hopes for problems that verbal techniques leave untouched.

In his survey of the different practices which emphasize body/mind integration, Marrone (1990) mentioned the following approaches: Acupuncture, Acupressure,

Shiatsu, Massage, Polarity Therapy, Rolfing, Meditation, Yoga, Feldenkrais Method, Kinesiology, Autogenic Training, and The Alexander Technique.

Although these approaches have basic differences, Marrone stated that they all intend "...to free and harmonize the flow of life-energy with the direction and flow of our movement as unique individuals" (p. 45). All of these approaches recognize the central importance of the body in therapy.

In Holotropic Breathwork™ is the use of bodywork or focused energy release is another important component (Grof, 1988). Most people who have suffered from physical abuse, painful injury, medical intervention, or discomfort resulting from an abusive childhood experience have recorded these memories in their mind and in their body as well. The intimate connection between the psyche and the body will often cause a person to experience physical reactions such as spasms, physical pain, and tensions. This usually occurs when a person is working on freeing old pent-up emotions through breathwork. These physical reactions are called body memories.

Usually, when a physical tension appears during a session the breathing is most likely to bring resolution to this physical tension (Grof, 1988). In some cases, such a resolution does not occur and the use of bodywork is necessary to support the physical processes that are already happening. From this perspective, bodywork is not systematically used in each session with all breathers but with those who struggle with residual symptoms the breathing has not cleared. Physical contacts are also used with participants who do not really experience physical tensions, but who take unusual postures which require some support from the facilitator.

As a general rule, bodywork is practiced at the end of the session when the subject has returned to a more normal rhythm of breathing. Once calmed, the

participant is asked if there remains any more tension in his or her body. If the answer is "yes," the facilitator asks the breather to first, identify the areas of tension and then to amplify them. To help the breather accentuate the tension, the facilitator uses physical intervention which can be, for example, pushing with his hand on the area of tension while asking the breather to express anything that he or she spontaneously wants to express without judging what is happening. Among the things which could be expressed are sounds, strong feelings, physical sensations, kinesthetic movements, or some combination of them. The facilitator continues to work with the participant until the emotional and psychosomatic discomfort disappears. Although this procedure is said to be generally practiced towards the end of a session, it can be used at any time if needed. For instance, this may occur when a participant experiences intense physical discomfort which impedes the participant's process to a point where he or she will not wish to continue.

Amplifying physical symptoms, as we just described, is a healing strategy also used by Mindell (1985) who developed Process-Oriented Psychology. Mindell (1985) developed a psychology where all bodily phenomena is taken into account. One of his key insights was that the body will try to heal itself by producing symptoms. It is by amplifying these same symptoms that he or she would voluntarily support the body's own wisdom. Based on this understanding, Mindell developed therapeutic strategies designed to amplify emotional and physical symptoms.

Even though many approaches recognize the significance of the body in any healing strategy, the use of physical contact in therapy is not yet fully accepted; it is still a controversial issue among academic psychiatry and psychology. Its use is

often seen as suspicious and even unethical by the more traditional schools of psychology.

In Holotropic Breathwork™, the use of physical contact is done in a very respectful manner. As Grof (1988), wrote, "the use of physical contact in therapy requires an impeccable approach and observation of basic ethical rules" (p. 168). The use of bodywork is first presented to participants in the general introduction. Then, when the facilitator judges it could be helpful to use bodywork interventions as a way to facilitate the process, the participant is asked for his or her permission and collaboration. This procedure is very important because many participants are already carrying with them serious conflicts and problems related to their body. For example, a male facilitator working with a female victim of physical and sexual abuse should be very sensitive and work in a way that respects the integrity of this female participant.

Body contact is useful for helping participants to reach a cleaner resolution and a better integration. It is also useful for working with people who have experienced a serious lack around their anaclitic needs. These needs refer to satisfactory nursing, cuddling, rocking, caressing and the similar needs. Not having these needs met leaves the individual with a kind of internal void or emptiness. These unfulfilled needs can be satisfied if we use appropriate physical contact with the participant as he or she is regressed to the level of the original trauma. It is very clear that the physical contact must be a need of the participant and not an unfulfilled maternal or sexual need of the facilitator or the sitter. As Grof (1988), mentioned, the procedure should be carried out with respect and essentially based on the participant's needs.

(The Association of Holotropic Breathwork™ International has now defined an ethical code for all its members.)

Mandala Drawing

In Sanskrit, *mandala* means circle. One of the most important characteristics of the symbol of the circle is that it always points to the single most vital aspect of life - its ultimate wholeness (Jaffé, 1964). In many traditions the circle alone or combined with a square has been used to represent wholeness or the union of man and the universe. For example, in the Tibetan tradition, the mandala plays a very essential role as a ritual instrument that helps to assist in meditation and concentration (Argüelles & Argüelles, 1972). In Zen Buddhism, the mandala symbolizes enlightenment and human perfection. In Christianity, the circle or mandala appears in a different way such as in the halo of the saints or Christ, or in Christian art where Christ is surrounded by the four Evangelists. In alchemy, the circle signifies the synthesis of the four elements and the need for inner purification.

According to Jung (1961), mandalas are not ordinary drawings but portrayals of "...the self, the wholeness of the personality, which if all goes well is harmonious, but which cannot tolerate self-deception" (p. 196). Mandalas are symbolic representations of the psyche's movement towards wholeness (Jaffé, 1964). Jung discovered the meaning of mandalas when he used them personally as a way to emerge out of a very dark period towards the end of the First World War. In fact, Jung mentions that his comprehension of the mandala drawings has been one of the principal events which got him out of this dark period. He saw in his mandalas his

own self at work. He understood "that the mandala is the centre. It is the exponent of all paths. It is the path of the centre, to individuation" (Jung, 1961, p. 234).

By working with his own mandalas, Jung discovered that mandalas occur in one's life at a time of psychic dissociation and disorientation. In fact, mandalas provide impulses towards wholeness which invites a new level of integration by bringing people toward their center. He said:

...it is easy to see how the severe pattern imposed by a circular image of this kind compensates the disorder and confusion of the psyche state - namely, through the construction of a central point to which everything is related, or by a concentric arrangement of the disordered multiplicity and of contradictory and irreconcilable elements. This is evidently an *attempt at self-healing* on the part of Nature. (Jung, 1983, p. 236)

Jung used the mandala as a therapeutic device to help his clients to project their mental complexes onto the grid of the mandala. This allows them to liberate themselves of their various mental problems. Argüelles and Argüelles (1972), in their book Mandala, showed that this Western approach of the mandala is similar to the Eastern's one where the mandala is used both as a meditative technique and as a vehicle for concentrating the mind so it may pass beyond its usual fetters. In both cases, the aim is the same: reaching a higher level of integration. "Making a Mandala is a universal *act* ivity, a self-integrating ritual" (Argüelles & Argüelles, 1972, p. 14).

In her book, Cornell (1994) stated many reasons for creating mandalas. She said that one should create mandalas because: the mandala possesses the regenerative and curative power to activate the latent powers of the mind, it has a calming and relaxing effect on the mind and the body, it facilitates the healing of a sense of psychological fragmentation, it can make the invisible visible, it can reveal

unity between human experience and the structure of the cosmos, and, finally, it can give form and expression to an intuitive insight into spiritual truth by releasing the inner light of the soul.

By merging art, science, and ancient wisdom, Cornell demonstrated in her book that the process of mandala drawing is essentially designed to promote healing of mind, body, and soul. By combining mandala-drawings, meditation, exercises with light and sound, Cornell facilitates people's healing in a very gentle and sacred way.

As part of the Holotropic Breathwork™ experience, participants are invited to express their experience through a mandala. After participants have completed the breathing, they enter another room to draw a symbolic representation of their experience. A piece of paper on which a circle has been drawn on is provided for each person. The participant is given art materials, also a set of crayons, some felt tip marking pens, and painting material. Participants do not have to limit their drawing to the circle; they may cover the whole sheet of paper to express their experience. The drawing can just be a combination of colors, geometrical compositions, or a more or less figurative drawing. The mandala is then used as a visual illustration to help participants share their experience during group sharing. The mandala also serves as a reminder of the experience that can be put on the wall at home.

In a Breathwork session mandala drawing is used as a way to foster integration. It is an important aspect of the breathwork experience that helps participants to integrate their experience and to reach a higher level of understanding of themselves. By drawing mandalas participants are at the center of their own experience and to be at the center is the best place to regain a new vision of our own

wholeness. Moreover, as Argüelles and Argüelles (1972) said, it is essential for everyone to regain his or her own vision of wholeness because "...it is the vision of wholeness that heals and is self-healing" (p. 99). So, in this sense the mandala drawing offers a vehicle to foster a deeper integration of the experience.

Group Sharing

Experiencing Holotropic Breathwork™ within the context of the training has offered participants a rich context for interpersonal interactions.

The whole training is composed of seven six-day modules plus a twelve-day certification module. Within each module, participants work in dyads and there is always a group sharing at the end of each breathwork session. So, such a residential setting offers quite a few opportunities for interpersonal interactions.

Cole (1983) has observed three major sources of personal changes associated with work done in group settings. According to him, these changes can be viewed from emotional, cognitive, and behavioral perspectives.

At the emotional level, groups provide for emotional nurturing. Often, in a group setting, people can find warmth, empathy, and encouragement which is not available to them under other circumstances. To witness others coping with their problems in a constructive manner can give a person hope and courage for making significant changes in his or her life. This sense of communion seems to be one of the most important factors in fostering individual change in a group format.

At the cognitive level, participants can compare their thinking, basic assumptions or beliefs about life and relationships with other members. By doing

so, they are provided with a new frame of reference by which they can better appreciate their own thinking patterns and beliefs.

Finally, at the behavioral level, the group offers a variety of ways to become aware of one's own behavior: to experiment with new behavior, to get mutual support, to exchange coping strategies, and to receive feedback from others.

An Alcoholic Anonymous (AA) meeting is a good example of the power of a group setting to facilitate personal transformation. The AA program is the most widely recognized approach for dealing with alcohol addiction. It is based on the recognition of the influence of the group setting for helping people in such conditions. Alcoholics are invited to participate in meetings where they meet sober people who share their own personal experience with alcohol. Vannicelli (1989) has worked with adult children of alcoholics (ACOAs) within a group therapy model. She mentions in her book, Group Psychotherapy with Adult Children of Alcoholics, that the group setting is very beneficial. It reduces the sense of isolation, instills hope, offers opportunities of learning by watching others, helps to alter distorted self-concepts, and offers reparative family experience.

Leszcz (1992) has also studied groups that focus on interpersonal interactions offered to its members. He mentioned that such groups have a positive impact on participants because they support change, growth and improvement. Yalom (1975) has found that self-disclosure in therapeutic groups helps participants to experience therapeutic outcomes.

Although groups provide interesting opportunities for growth, they are also the source of anxiety. In fact, Robison, Stockton, and Morran (1990) have studied the anticipated consequences of self-disclosure during early therapeutic group

development. Through questionnaires, they have asked two hundred therapy group members to respond to an inventory listing undesired consequences of communicating private information about themselves in a group setting. The results showed that there are, in fact, anticipated undesired consequences about sharing. These consequences can be classified into six stable categories: a) effects on self-esteem/coping ability, b) effects on others/retaliation, c) effects on relationships/implicit rejection, d) attack/explicit rejection, e) effects on self-control, and f) ridicule/perceived deviance.

At the end of a Holotropic Breathwork™ experience participants are invited to share their experience with the group. The sharing is not mandatory but highly recommended. In such context the sharing is seen as an opportunity to put words to an experience that is not always easy to describe or integrate. The breathwork experience often involves intense physical sensations, powerful emotions, insights, and transpersonal experiences that the sharing can help integrate. Such sharing experience is not always easy and although it provides a healing opportunity, it may generate fear and anxiety.

The group sharing is created in order to provide a secure place where participants can hear others' experiences. By listening to others, participants are more likely to take the risk of sharing their own experience. It is essential to mention here that the facilitator's most important job is to create a secure container which will contain people's experiences and processes. At this point (a few times after the last breathing session), participants are still very close to their experience and many may feel quite vulnerable. So, when a participant seems to have

difficulties in sharing its experience the facilitator offers his or her help in order to support the participant's sharing process.

During the sharing, the group leader's job is not that of an "interpreter" in the analytical sense, but rather of a facilitator. In other words, the facilitator does not make any interpretations of the participant's experience. Instead, he or she listens, welcomes, and validates the participant's inner journey and helps him or her to gain a better understanding of the experience. The facilitator invites participants to "be" with their experience rather than trying to find rational explanations to what has been experienced. In other words, participants and their experiences are honoured and respected in all their sacredness.

There is also another dimension of group work that the breathwork offers. During a session there is half of the group that is breathing together while the other half sit for them. Grof (1988) has found that using breathwork in such a group situation adds new dimensions to the therapeutic process. In fact, sessions done in group context are more powerful than an individual holotropic session. "They tend to create what can best be described as a strong catalytic energy field that has a facilitating influence on the therapeutic process" (Grof, 1988, p. 199). This observation is corroborated by Hendricks and Hendricks (1991) who said that "group breathwork is very powerful, because the energy generated by all the participants has a synergistic effect" (p. 37). Both mentioned that the group setting allows powerful and rapid transformation to take place.

So, within the Grof Transpersonal Training participants have experienced different levels of group work. It is not exactly clear how such a setting impacted participants. Specific research is necessary for investigating these variables.

Other Therapeutic Mechanisms Involved in Breathwork

Despite many therapeutic changes that happen in Holotropic Breathwork™ sessions that are caused by specific mechanisms operating in NSCs (as we discussed earlier), these mechanisms are not the only ones involved. In fact, numerous therapeutic changes that occur in breathwork can be explained in terms of therapeutic mechanisms found in the more traditional psychotherapeutic approaches. Here are some of the mechanisms as reported by Grof (1988).

Symptoms as Doorways to the Unconscious

As a general credo, traditional psychiatry views symptoms as dysfunctional manifestations of the organism and strives to get rid of them.

As in medicine, the symptoms are seen as manifestations of a pathological process, and the intensity of symptoms is viewed as a direct measure of the seriousness of the disorder. Much of mainstream psychiatry focuses its efforts on suppressing symptoms. This practice equates the alleviation of symptoms with "improvement" and intensification of the same with a "worsening" of the clinical condition. (Grof, 1992, p. 205)

In holotropic therapy, symptoms are seen differently. Instead of being seen as pathological manifestations, symptoms are seen as attempts of the organism to free itself from old accumulated stress and traumatic imprints. Dissociated or fragmented material that was buried in the unconscious will emerge into

consciousness for integration. In that sense, symptoms "should be seen as a potentially beneficial, spontaneous healing activity of the organism that should be supported rather than suppressed" (Grof, 1988, p. 166).

This way of looking at the symptoms is similar to the fundamental law of process-oriented psychology as developed by Mindell which states that: "What Happens is Right and Should be Encouraged. It only looks wrong when we do not understand its context sufficiently" (Goodbread, 1987, p. 10). The idea is that symptoms are not dysfunctional processes but highly functional ones.

In his book, Working with the Dreaming Body, Mindell (1985) presented forty-five case-histories where he described how amplifying physical symptoms, gestures, and other bodily phenomena can mirror personal dreams and fantasies and lead to a better understanding, and even healing, of personal and psychosomatic problems. For Mindell, the body is a dream trying to happen and a successful way to make this dream really happen is to amplify the different channels through which it appears. This "dreaming" of the body is called the dreambody: "...it is the part of you that is trying to grow and develop in this life... The dreambody is your wise signaller, giving you messages in many different dimensions" (p. 39). Therefore, a way to access the meaning of the messages is to amplify the channels through which they are emerging.

This attitude is also rooted in the psychology of Jung. In The Structure and the Dynamic of the Psyche, Jung (1960) explained how the psyche can become polarised or one-sided and how such polarization creates powerful counter-positions in the unconscious which are then projected into consciousness through symptoms. Goodbread (1987) has expressed this idea well:

Jung's therapeutic method was based on the notion that symptoms served a finalistic function of compensating a one-sided conscious attitude; wholeness was implicit in the psyche, and insofar as the functioning of the ego excluded certain tendencies which had either been repressed from consciousness or had never emerged from the unconscious, then these tendencies tended to become concretized and therefore projected into awareness as symptoms. (p. 11)

This one-sided condition is defensive. It brings a quality of directness which excludes "...all those psychic elements which appear to be, or really are, incompatible with ..." the conscious mind (Jung, 1960, p. 275). As a consequence, these excluded psychic contents will try to break through into consciousness, often in a disturbing manner.

In this context, symptoms represent doorways into the unconscious. As a way to encourage what is already happening, the breathwork process exaggerates symptoms so that the unconscious material behind them can surface and be integrated into the consciousness. This process of exaggerating the symptoms is a way to accelerate and support the natural healing wisdom of the organism that is already trying to take place.

Catharsis

Kellermann (1984), a psychodramatist, defined catharsis "...as an experience of release that occurs when a longstanding state of inner mobilization finds its outlet in action" (p. 1). For him, a typical catharsis has three important characteristics. First, it is an emotional release which encompasses a wide range of changes in physiological and psychological systems. Second, it is associated with the cognitive release of an idea from the unconscious. Third, the catharsis is an actionable release where earlier events and their emotional residues are repeated in action via a direct motor expression of intrapsychic processes.

As Freud has shown, the reliving of emotionally relevant episodes of childhood events or the recall of childhood memories can have tremendous therapeutic effects. Freud saw the different psychopathological symptoms as a result of pent-up emotional and physical energies. The releasing of these jammed energies was perceived as a way to free the individual of the oppressive unconscious material (Breuer & Freud, 1893). It is with this understanding in mind that Freud (1894), influenced by Charcot, used hypnosis as a method to bring his clients into cathartic states. Although Freud was aware of the potential of such states, he faced the problem of not being able to hypnotize all his patients.

In breathwork, catharsis has a significant role. The bioenergetic conditions underlying the different forms of psychopathology usually cannot be reached by exclusively verbal approaches (Grof, 1988; Lowen, 1976). Catharsis, if supported by the therapist as in the case of breathwork, has the potential to lead a person:

...far beyond biographical traumas of a psychological nature to memories of life-threatening physical events (childhood pneumonia, diphtheria, operations, injuries, or near drowning), various aspects of biological birth, and even into past life experiences and other phenomena from the transpersonal domain. (Grof, 1988, p. 224)

As Assagioli (1975) states in his book Psychosynthesis, the important thing about catharsis is that the subject not only remembers the traumatic event, but that he or she goes through the emotional discharge while giving full expression to the corresponding reactions.

However, findings on the curative potential of catharsis are controversial. For example, Binstock (1973) mentioned that the role of catharsis in human development is quite restricted. In addition, Bohart (1980) found that the cathartic expression of anger does not automatically reduce anger. Nichols and Zax (1977)

have reviewed the use of catharsis in religious and magic healing rites, psychoanalysis, clinical hypnotherapy, group therapy, behavior therapy, and in treatment procedures for war neurosis. As a result they found that catharsis can never stand by itself to promote a psychotherapeutic cure. Catharsis was mostly beneficial when used with other therapeutic tools.

Regressive work

According to Grof (1988), another healing and transformative mechanism operating in holotropic sessions is regression.

A child, when facing an abusive situation, will not often be able to fully experience all the emotions and the sensations of a traumatic event. This is because of both his or her emotional immaturity and the intensity of the traumatic and abusive experience. In fact, to protect himself or herself during a painful experience, a child will often, if not always, use very drastic defense mechanisms which will split him or her off from a part of the original experience, thus, creating undigested material. These undigested pieces remain in the psyche as foreign and unassimilated elements which are called unfinished gestalt.

In breathwork, an individual may experientially return to an old traumatic or undigested experience through a full age regression. A full age regression is a re-experiencing of a childhood experience (often a traumatic one) not only in the mind but with the corresponding body image, sensations and emotions appropriated to the age regressed (Grof, 1988). Moreover, Grof has also observed that when a participant is in a regressed state, he or she has access to both his or her mature frame of reference as an adult and the frame of mind appropriate to the age

regressed. For Grof, such a situation allows the individual to integrate the past traumatic event by using his or her more mature mind.

In the case of major traumas, where, for example, the child could not really experience the traumatic events at the time it was happening, it is possible that the experiences could not be psychologically digested and that some part remained as a dissociated foreign element. Grof believes that in a full age regression the person can fully experience, for the first time, the traumatic event which will make possible its completion and integration. The term "first time" means here that the person will somehow come face to face with that old traumatic and dissociated experience, and instead of using defense mechanisms that could prevent the event from being felt, the person will embrace the experience in order to complete it. Thus, "unlike the verbal approaches, deep experiential therapy has the potential to take the client in a very short time to the original traumatic situations and thus to the roots of the problem" (Grof, 1988, p. 226).

Because the approach has the potential to bring people so deep it is clear that participants need to have a certain level of ego strength. For this reason Holotropic Breathwork™ is contraindicated for people with a history of severe psychiatric problems, at least in the context of a workshop.

Today, the therapeutic value of working with regression is becoming more and more accepted. Many hypnotherapists, psychologists, people working in the field of past life regression therapy, and other health practitioners are sharing the results of their work with different approaches to regression (Weis, 1988; Woolger, 1987).

COEX Systems

Grof (1988) tried to explain change and transformation of people experiencing Holotropic Breathwork™ in terms of the unconscious structures or constellations which he called COEX (Condensed Experiences). As we mentioned previously, a COEX is a constellation of experiences which are interconnected by a common emotional quality or physical sensations which they share. The emotional charge or the sensation acts as an organizing principle at the different levels of consciousness. A COEX system:

...is a dynamic constellation of memories (and associated fantasy material) from different periods of the individual's life, whose common denominator is a strong emotional charge of the same quality, intense physical sensation of a particular kind or shared additional important elements. (Grof, 1988, pp. 4-5)

According to Grof(1988), "many dramatic changes resulting from deep experiential sessions can be explained in terms of dynamic interplay of unconscious constellations that have the function of governing systems" (p. 227). In other words, a COEX is a psychic mechanism which serves as a organizing unit for emotional and psychosomatic material at all levels of the psyche. The unconscious material is dynamically connected through these organizing units. In fact, most biographical material is connected to elements of the perinatal matrices (unconscious material which has been structured around birth), which are also connected to transpersonal themes. These governing systems are selectively activated during a holotropic session according to the specific emotional charge or particular sensation that is most needed to be integrated (Grof, 1988). Hence, during the session, the COEX plays a significant role in determining the content of the individual's experience. In other words, the psyche is governed at the biographical, perinatal, and transpersonal level by these governing systems or matrices. Depending on their charge at the time

of the breathing session, they will accentuate specific aspects of the psyche and make them selectively available experientially (Grof, 1988).

At the perinatal level, the governing systems are called the basic perinatal matrices (BPM). Among these matrices there are some positive and others negative. BPM II, for example, is fully negative while certain aspects of BPM I and III are positive. An individual can have his own unconscious dominated by any one of these matrices or a combination of them. In this consideration, the purpose of the holotropic strategy "...is the reduction of the emotional charge of the negative systems, conscious integration of the painful material that emerges, and facilitation of experiential access to positive dynamic constellations" (Grof, 1988, p. 227).

One of the important points to understand here is that:

An individual who is under the influence of a particular COEX system and, more specifically, under the influence of its specific layer will experience himself and the world in terms of its leading theme and behave in a way that tends to reproduce the original traumatic elements in the present situation. (Grof, 1988, p. 229)

For instance, if someone is under the influence of the unconscious material of the BPM II (a matrix dominated by a sense of confinement and victimization), he or she may unconsciously put himself or herself constantly into situations where he or she will be victimized. The unintegrated material of the BPM II will become a kind of magnet which will attract situations and experiences that will lead the individual to feel victimized. The person can, for example, find himself or herself in a marriage where the partner is violent and abusive. The external situation is somehow "created" as a mirror of the psychodynamic structure of the unresolved BPM II.

The understanding that "external problems" and life situations reflect inner conflicts or traumatic imprints that have not yet been integrated is a major concept

of the holotropic strategy. In fact, in breathwork the strategy focuses primarily on bringing the person in touch with the sensations and the emotional charges of the negative systems in order to integrate them. Clinical improvement, according to the Grofs, can be observed within one or several breathing sessions where a person has integrated the material of a negative matrix, or when a person has stopped being psychologically dominated by a negative dynamic system and is now connected to a positive constellation.

Grof's COEX theory is quite interesting, but one must be aware that no empirical research has been conducted yet to study, confirm, or critique this model.

The Death-Rebirth Process

Powerful experiential sequences of dying and being born can result in dramatic alleviation of a variety of emotional, psychosomatic, and interpersonal problems that have previously resisted all psychotherapeutic work focusing on postnatal biographical issues. (Grof, 1988, p. 234)

According to Grof (1985), symptoms such as anxiety, aggression, depression, fear of death, sadomasochistic tendencies, emotional and physical tension, impulsive behavior, self-destructive tendencies, and other disorders seem to have significant roots in the perinatal level of the unconscious. For an in-depth exploration of the link between psychopathology and the perinatal matrices, see Grof's book Beyond the Brain: Birth, Death, and Transcendence in Psychotherapy. Deep experiential work often brings people to the perinatal level of the psyche. As previously mentioned, one of the most powerful experiential themes of the perinatal domain is the death-rebirth process. In this process, the ego undergoes a symbolic death where it faces the experience of total annihilation, purging the person of old concepts of who he or she is and what the world is like. The ego gets rid of an image of oneself

that has been forged through the birth trauma where the ego deeply experiences pain and powerlessness.

The death-rebirth process that takes place at this level offers a powerful vehicle for transformation of the deep-seated "imprints" which governed its consciousness: "Successful completion of the psychological death-rebirth process can lead to dramatic therapeutic results that by far surpass what can be achieved by the present indiscriminate use of suppressive therapy" (Grof, 1988, p. 236).

In her book, Boundaries of the Soul, Singer (1973), a Jungian analyst, remembers a surprising question in a television announcement asking for contribution to research on a fatal children's disease. The question was the following: "Did you know that some children are born dying?" and her comment was "I know that *all* children are born dying, *we are all born dying!* This is a central fact of life, of analysis; it is the core of the individuation process" (p. 410). For Jung, the primary concern of the individuation process is the individual experience of "death and rebirth" through struggle and suffering (Jacobi, 1965). The main point of the struggle is the process of transformation where the death of the ego brings the emergence of the new Self. This process has profound psychological and spiritual impact.

Perry (1989) also agrees with what Grof has observed. Perry noted that profound change in the psyche is often accompanied by extreme turbulence. During this period the individual is subjected to periods of very uncomfortable emotions, sensations, and altered states of consciousness. Once a true spiritual awakening and transformation is under way, the spirit acts as a strong and powerful force that will try to release itself from its entrapment in the old conventional mental structure.

Through this process the individual will at some point encounter images which reflect the theme of death and world destruction. This death motif is comprehensive "...since it is the limited view and appraisal of oneself that must be outgrown or transformed, and to accomplish transformation the self-image must dissolve" (Perry, 1989, p. 67). This transformation is completed by the rebirth experience and world regeneration.

According to Metzner (1986), the death-rebirth process refers to the most radical transformation that consciousness and identity can undergo. In such a process, everything that is identified as "me" is dying. After a period of anxiety, doubt, and uncertainty, there is the "rebirth" of a new identity, and a new sense of self.

Metzner has observed that in traditional cultures, the death-rebirth process is associated with initiatory experiences. Through ceremonials, various ritual practices and often painful and life-threatening ordeals the initiate is rebirthing into a new identity. Afterwards, it is customary for the initiate to take a new name and a new role in the society to express his new identity.

Although these death-rebirth experiences are painful and accompanied by a great deal of fear, they "...are highly valued because they lead to increased understanding, health and long life, peace, and inner freedom from fear" (Metzner, 1986, p. 142). The rebirth phase brings gifts such as: restoration of life after the personality has died; the replacement of the small self by a larger Self; the emergence of a new state of consciousness; and, in Jungian terms, by the manifestation of the radiant, divine or eternal child.

Finally, the psychological and spiritual value of the death-rebirth becomes very obvious when one looks at the findings of people working in the field of near-death experiences. Moody (1988), Ring (1985), and Sabom (1982) all agree that near-death experiences have powerful transformative effects on people. Although the experience may be very brief, the impact on people's lives can last a lifetime.

Transpersonal Experiences

Assagioli (1991), Grof (1991), James (1926), Jung (1973), Laing (1989), Maxell and Tschudin (1990), Metzner (1986), Ring (1985), Vaughan (1980), Wilber (1979) and many others have suggested in their writings that transpersonal experiences have profound and positive effects on people.

As already seen, people using Holotropic Breathwork™ as a means of personal transformation or inner exploration are susceptible to having transpersonal experiences. These types of experiences are not only found among people undergoing deep experiential therapies, but are also quite common among the general population. In fact, a survey done by the Alister Hardy Research Centre in Oxford (AHRC) has shown that 62 percent of people interviewed answered "yes" when asked the following question: "Have you ever been conscious of a presence or a power other than your everyday self?"

The Alister Hardy Research Centre has accumulated over the years a collection of 5,000 accounts of people who had religious or spiritual experiences. The study of this extensive collection provides valuable information about the

nature and the value of such experiences. For the AHRC: "It became clear that many people claimed that the experiences were unforgettable, totally changing their life for the better, giving them new purpose and meaning, less fear of death and better relationships with others" (Maxwell & Tschudin, 1990, p. 6).

Jung is perhaps one of the first Westerners to recognize the therapeutic value of transpersonal experiences. The in-depth exploration of the psyche, in Jungian therapy, goes far beyond the usual identification of the egoic state. While working with his patients, Jung was able to recognize and work with the transpersonal or archetypal level of the unconscious. Not only was he working at this level, but he also saw the paramount importance of helping patients to contact this dimension. Vaughan (1985) reported in The Inward Arc the following quote from Jung, "...the approach to the numinous is the real therapy, and inasmuch as you attain to the numinous experiences you are released from the curse of pathology" (p.45). Jung's point of view is also reflected in his famous letter to Bill Wilson, the founder of Alcoholic Anonymous. In this letter Jung (1951) wrote the formula "*spiritus contra spiritum*" (p. 625) which captured the essence of his view on alcoholism and the way to treat it. By this formula, Jung meant that only a spiritual experience could counteract alcohol addiction. In other words, only a transpersonal or spiritual experience has the power to free somebody from such an addiction.

Roberto Assagioli has also made important contributions to the understanding of transpersonal experiences. Assagioli (1983, 1991), pointed out that the human psyche is composed of different levels. One of them is called the superconscious: the domain of spiritual experiences, inspiration, creativity, and intuition. He also observed that there is, at times, a breakthrough of the superconscious into the

conscious mind. These breakthroughs come about in two ways. The first way refers to the descent of superconscious elements into the conscious mind. The second way, however, refers to the ascent of the conscious mind above the ordinary into the sphere of the superconscious. Assagioli (1991) reports thirteen characteristics or states of consciousness that result from these kinds of breakthroughs. Among these states of consciousness, there is a sense of being lifted up, a feeling of expansion of consciousness, a feeling of empowerment and different kinds of awakening and renewal processes. These spiritual experiences, although they can have initial adverse effects (such as over-excitement or a sense of disorientation) , can contribute to the resolution of many human problems. Hence, problems are solved "...by incorporating them into a greater reality, reducing them to their true proportions, and assessing them in a different, more accurate fashion" (p. 29).

Ferrucci (1990), a follower of Assagioli, has written the book, "Inevitable Grace." In the book, he presents the lives of hundreds of great men and women who had their life profoundly transformed by "life-changing transpersonal experiences." Through this book, he shows how these transpersonal experiences can bring out the in human nature.

Vaughan (1985a), a transpersonal psychotherapist, has also recognized the value of transpersonal experiences in therapy. She sees the awakening process or the transformation of consciousness in a perspective of progressive disidentification. According to her, the individual involved in the process of becoming more conscious goes through a sequence of identification/disidentification. This will eventually lead him or her to the transcendence of different limiting self-concepts. The individual grows by successively giving up every new self-concept for a larger

one. This process of letting go of restricting self-concepts culminates in the recognition by the individual of his or her transpersonal identity as Spirit. This identity is mainly characterized by the transcendence of all previous limited self-concepts. It is as if the individual had gone beyond all identifications. At this moment, according to Vaughan (1985), "when the spiritual aspirant recognizes the insubstantial nature of all phenomena and awakens to the realization of no self, freedom from suffering is meant to ensue" (p. 69).

For Grof (1988), the healing potential of transpersonal experiences represents the most interesting and challenging observation from deep experiential therapy. Grof has observed that some psychological conditions cannot be resolved unless the transpersonal level is reached.

In many instances, specific emotional and psychosomatic symptoms or distortions of interpersonal relations are anchored in dynamic matrices of a transpersonal nature and cannot be resolved on the level of biographical or even the perinatal experiences. If that is the case, the individual has to confront dramatic transpersonal experiences in order to solve the problems involved. (Grof, 1988, p. 236)

This can be the case of people for whom the emotional or psychosomatic problem is connected to a past life experience. It can also be the case when the emotional or psychosomatic symptoms have underlying holotropic gestalts that involve various life forms. Often, it is as if the symptoms, attitudes, and behaviors are the expression of an archetypal pattern. Edinger (1973), a Jungian analyst, goes even further by saying that "every symptom derives from the image of some archetypal situation" (p. 115). In that case, it is only through confrontation with its archetypal foundation that a symptom can be resolved.

Grof (1988) has observed two kinds of transpersonal experiences which are particularly special because they possess the power to bring new spiritual and philosophical understandings of reality and that they have extraordinary therapeutic potential. One of these experiences is an identification with the Supracosmic or Metacosmic Void, and the other is the identification with the Universal Mind or the Cosmic Consciousness. In deep experiential sessions, one "...can be flooded with feelings of love and mystical connection to other people, nature, the entire cosmos, and God. Experiences of this kind are extremely healing, and the individual should be encouraged to allow them to develop" (Grof, 1988, p. 171).

Paradoxically, these transpersonal experiences, which have great healing potential are, by and large, seen as pathological by mainstream psychiatry (Grof, 1988; Nelson, 1994; Perry, 1988). "In a determined effort to purge any residual connection with spirituality, Western psychology take pains to reduce mystical experiences to infantile states of consciousness, or to equate them with madness" (Nelson, 1994, p. 347).

In Civilisation and its Discontent, Freud (1930) explains how the mystical oceanic feeling and the "obscure modifications of mental life, such as trances and ecstasies" originate from an early phase of ego-feeling meaning that they "might seek something like the restoration of limitless narcissism" (p. 72-73).

Perry (1988) has also observed that imagery in dreams, visionary states, or spiritual emergencies of deeply disturbed people are regarded in psychiatry as psychotic. Nevertheless, for Perry, these experiences "...are not merely disorderly chaotic confusions. On the contrary, they reveal a process with regular features, involving experiences of death and birth, world destruction and creation, and

messianic callings that include ideas of cultural reform and sacred marriages" (pp. 80-81).

This profound confusion around spiritual or transpersonal experiences is mainly caused by what Wilber (1983) called the *pre/trans fallacy*. Two kind of errors are involved in this confusion. The first one involves the reduction of transpersonal states of consciousness to pre-rational or infantile states. The second refers to the elevation of pre-rational states to the transpersonal level.

Since Western psychologists and psychiatrists are familiar with the loss of ego during psychotic experiences, they tend to interpret any non-egoic state of consciousness as a psychotic experience. Hence, all mystical experiences, that are characterized by the transcendence of the ego, are interpreted as a loss of the ego and as a consequence seen as pathological.

The confusion is created by the fact that both states of consciousness (mystical and psychotic) are *non-rational* states and, thus, they are both seen as *pre-rational* states. Perhaps what needs to be understood by Western psychologists and psychiatrists is that even if these two states are *non-rational* states, they are fundamentally different: one is in fact a *pre-rational* state (psychotic), whereas the other is a *trans-rational* state (mystical).

Therefore, to stop such confusion, perhaps Westerners need to recognize the existence of transpersonal states of consciousness. Some education needs to occur in order to help professionals to learn to identify and differentiate these different states.

As a general outcome, the Holotropic Breathwork™ experience brings a general sense that something significant has happened to the individual that makes him or her feel better than before. On some occasions, the experiences "result in a major personal transformation or can resolve a chronic emotional or psychosomatic problem" (Grof, 1988, p. 251).

After having worked with thousands of people, the Grof's mentioned the following:

The changes we have observed in the context of our workshops have been the clearing of chronic depressions, dramatic relief from anxiety states and phobias, and the disappearance of headaches, migraine headaches, menstrual cramps, and a wide variety of psychosomatic pains. Very common is also release of generalized muscular tension, and opening of bioenergetic blockages in the sinuses, throat, chest, stomach, intestines, pelvis, uterus, and the rectum. (Grof, 1988, p. 255)

Among other things, breathwork has also helped many people to clear chronic infections such as sinusitis, pharyngitis, bronchitis, and cystitis. Psychogenic asthma is also another important problem which has been alleviated with breathwork (Grof, 1988).

Taylor (1994) mentioned in her book The Breathwork Experience: Exploration and Healing in Nonordinary States of Consciousness that breathwork participants report physical, emotional, mental, and spiritual healing effects as a result of their breathwork experience. Taylor specifically reported healing effects for people who were working on issues such as post-traumatic stress, childhood sexual abuse, and addiction.

Walden (1993) has worked with sexually abused people through Holotropic Breathwork™. By interviewing her own breathwork participants Walden made the following findings:

First, sexual abuse survivors using transpersonal approaches report having a deeply felt connection with the divine in themselves, others, and the world. Second, they feel that by healing sexual abuse it can become a gateway into the sacredness of sexuality. Third, they have a strong sense that the healing that they do for themselves in nonordinary states of consciousness (N.O.S.) is healing for others and potentially changing the options for experiencing sexual energy for humans as whole.

The Grofs have also observed that whereas some individuals may go through very important changes in a very short time, others will proceed slowly and show little improvement. This is the case where, for example, the resolution of the issue involves confronting extremely painful experiences. In such cases, individuals have to be willing to confront those experiences. The fear of facing their own psychological death or the fear of losing control are examples of resistance which may impede the healing process for a long time. Under these circumstances, the facilitator has to help the client to overcome the psychological resistance in order to face the internal challenge. This can simply be done by helping the participant to understand that what he or she is really facing is the "fear" and that the real experience of losing control, for example, is not likely to happen. If the resistance is strong, the participant will be invited to go in therapy where he or she can work specifically on this aspect.

Grof (1988) also noted that as people integrate the traumatic material on the biographical level, they start to feel the beneficial effects of the work in different areas of their life. Traumatic events, such as sexual abuse, have a profound and devastating impact on people's lives. As unresolved issues, these experiences can

contaminate all future relationships. This experience will also further the sense of inadequacy that may have originated from the abusive situation. By reexperiencing and resolving these traumatic experiences, individuals can free themselves from oppressive and unpleasant feelings and regain their capacity to experience happiness and joy.

As a general principle, resolution of conflicts at any level of the unconscious is likely to bring about changes in a participant's life. For example, the satisfaction of the unfulfilled anaclitic needs plays an important role in the recovery involving the biographical level (Grof, 1988). The anaclitic needs, such as the need for nourishing symbiotic contact with the mother, satisfactory nursing, cuddling, rocking, and caressing, can be addressed and sometimes reparented when the individual has regressed back to the original trauma. Appropriate physical contact with the sitter, as discussed in the section on bodywork, can be used as a way to move through these incomplete experiences. Furthermore, it can restore a sense of wholeness in the psyche.

Resolution of conflicts at the perinatal level of the unconscious also brings an important shift at the personal level. In fact, the unresolved experiences of the birth process are often the roots of inauthentic and unfulfilling life strategies.

Numerous observations suggest that an individual who is dominated by one of the negative perinatal matrices approaches life in a way that not only fails to bring satisfaction, but also can be, in the long run, destructive and self-destructive. (Grof, 1988, p. 260)

If, for example, an individual has an unresolved BPM III, he or she may be running his or her life in a way that reflects the energetic structure of this matrix. It is because of the unrelenting drive that characterizes this matrix that whatever the individual is doing may never be experienced as satisfying. The person will see his

or her life as a constant struggle evoking feelings such as frustration and disappointment. As the person faces and resolves the material of the perinatal level, profound transformation may happen in the person's psyche. The change in the inner subjective experience, induced by the shifting of a governing system from a negative BPM III to a positive BPM I, can induce an internal shift. This can result in a very different life strategy.

As the person moves into resolving issues at the transpersonal level, the inner exploration becomes a "...search for answers to basic spiritual and philosophical questions of existence" (Grof, 1988, p. 265).

In full agreement with the Jungian perspective, spirituality or numinosity appears to be an intrinsic property of the deeper dynamics of the psyche. Whenever the process of experiential self-exploration reaches the perinatal and the transpersonal levels, it leads to spiritual awakening, and the individual becomes interested in the mystical quest. (Grof, 1988, p. 268)

These experiences, which connect the person with their own inner reality, have tremendous healing potential.

Ecstatic and unitive holotropic experiences then remove the sense of alienation, create feelings of belonging, infuse the individual with strength, zest, and optimism, and enhance self-esteem. They cleanse the senses and open them for the perception of the extraordinary richness, beauty, and mystery of existence. The experience of fundamental oneness with the rest of creation increases the tolerance and patience toward others, lowers the level of aggression, and improves the capacity for synergy and cooperation. (Grof, 1988, p. 272)

Those experiences return its cosmic status to the psyche.

As we can see, the Grofs have observed much healing and transformation as a result of the holotropic experience.

The Grof Transpersonal Training is a two-year program which combines both theoretical presentations and deep experiential work.

To be accepted into the program, one must already have had some previous personal experience with Holotropic Breathwork™. A minimum of five experiential workshops (five breathing sessions) with approved facilitators, in a workshop format where participants alternate in the roles of breathers and sitters, must be completed. Previous professional experience in healing arts or the mental health field is highly desirable, but not mandatory. Highly motivated people without professional background can be admitted in the program after individual consideration. Applicants must also be free of the physical and psychological contraindications already mentioned. Finally, applicants must send a one-page long description of their understanding of Holotropic Breathwork™.

The training consists of seven six-day educational and experiential modules (350 hours), 10 hours of private consultations with approved practitioners on the basis of individual agreement and a two-week certification module (100 hours). Each module combines lectures on the theory and practice of Holotropic Breathwork™ and related subjects in transpersonal psychology. In addition, participants do a lot of experiential work mainly through Holotropic Breathwork™. Among the seven modules, four are mandatory. The optional modules are either given by the Grofs or by the Grofs and well known leaders and pioneers in the transpersonal field whose work is directly related to the subject of the training. Tav Sparks, an exceptionally skilled therapist and breathwork practitioner, assists the Grofs throughout the training.

The format of the modules is quite standard. The equivalent of two days are usually allowed for the theoretical presentations. The remaining four days are spent for experiential work mainly through breathwork. The breathing sessions last about three to four hours although some participants can take longer. There is always plenty of time allowed for the breathwork sessions and for the group sharing. A typical day begins at 9:00 a.m. and will end around 10:00 p.m.. Pauses for lunch and dinner last about two hours each.

The training modules are residential programs which are generally held in the San Francisco area (at a retreat center). The residential setting allows participants to move away from their daily routine and concerns. This supports a more introspective attitude. This format also permits more personal contact and support between participants. The friendship that develops among participants during the training obviously plays a major role in people's process.

In order to better comprehend the training program, the content of each module will be presented. It is important to know that there is no predefined sequence that one needs to follow in order to take the seven modules. Once participants are accepted into the training they can begin with the modules that are offered at that time of the year. It is recommended, however, to begin with the module called "The Healing Potential of NSC." The content of these modules will now be presented. The four mandatory modules followed by seven optional modules will be presented first.

1. The Four Mandatory Modules: The module "The Healing Potential of NSC" includes the description of the experiential territories of NSCs and the basic philosophy and conceptual framework underlying Holotropic Breathwork™. A

general overview of Grof's cartography of the psyche is presented. As for all modules, there is enough time for questions and discussions.

The module "Abnormal Psychology and Architecture of Psychopathology" discusses the biographical, perinatal, and transpersonal roots of psychoneuroses, depression, suicidal tendencies, psychosomatic disorders, and psychosis. Comparisons are made with traditional points of view and new insights from modern consciousness research.

The module "Practice of Holotropic Breathwork™" explores the role of the facilitator, the use of music, principles regarding bodywork or focused energy release, guidelines for mandala drawing, and leading group sharing sessions. This module combines discussions of the theoretical basis of these techniques with practical instructions and demonstrations.

The module "Spiritual Emergency: Understanding and Treatment of the Crisis of Transformation" concentrates on the concept of spiritual emergency, its manifestations and forms, historical and anthropological perspectives, treatment strategies and work with family and friends.

2. The Seven Optional Modules: The module "Frontiers of Sciences and the Cosmic Games" is an exploration of the challenges that working with NSCs presents to traditional science. The module also discusses the revolutionary developments in science with which the new observations from consciousness researches are compatible. An outline of the philosophy and cosmology emerging from modern consciousness research is presented.

The module "Birth, Death, and Transcendence in Psychotherapy" focuses on such issues as psychological significance of the trauma of birth, the death-rebirth

process, dynamics of the perinatal and transpersonal matrices of the unconscious, their symbolic language, psychological meaning of the experience of death and others. The module includes an extensive slide show illustrating the symbolism of the death-rebirth process from a cross-cultural perspective.

The module "Use of Intuition in Transpersonal Work," which is taught in collaboration with Anne and Jim Armstrong, includes discussions of the challenges of psychic opening, demonstration of psychic abilities, intuitive group scans, and guidance in discovering one's own psychic potential.

The module "Cross-Cultural Work with Shamanic Practice," which is taught in collaboration with Angeles Arrien, is the didactic and experiential exploration of the meaning of symbols from a cross-cultural perspective, of Basque mysticism, of the symbols of the Tarot, and the of grounding of spiritual practice.

The module "Implications of Buddhist Psychology and Meditative Practice for Psychotherapy and Self-Exploration," which is taught in collaboration with Jack Kornfield, is an introduction to Vipassana meditation. It involves selected exercises and exploration of the attitudes and quality of attention necessary for serious inner work, and covers Buddhist maps of consciousness, and the promises and pitfalls of the spiritual path.

The module "Beyond Ego: Outline of Transpersonal Psychology," which is taught in collaboration with Frances Vaughan and Roger Walsh, is an exploration of the history, empirical and theoretical basis, therapeutic philosophy, and political implications of transpersonal psychology.

The module "Mystical Quest, Attachment, and Addiction" explores the relationship between attachment, addiction and peoples' search for wholeness.

CHAPTER 3: METHODOLOGY

The purpose of this research is to study the experience and effects of Holotropic Breathwork™ on personal transformation and healing as reported by participants in the Grof Transpersonal Training. With this main purpose in mind three specific questions have been explored:

1. Will participants have any experiences at the physical, intellectual, emotional, and spiritual levels, and will these experiences be felt or experienced as transformative and/or healing?
2. Have participants perceived any life changes as a result of their Holotropic Breathwork™ sessions and, if so, will these changes be consistent over a period of 6 months?
3. How do they express the essence of their experience in images, symbols, words, or metaphors.

The aim of the research is not to test a specific set of hypotheses on Holotropic Breathwork™. Instead, it is to explore some questions regarding the inner subjective experience of people who have been using Holotropic Breathwork™ as a way to promote personal change. A qualitative approach has been used. As Marshall and Rossman (1989) have pointed out a qualitative approach is best suited when the research stresses the importance of context, setting, and frame of reference of the participants. Therefore, one of the main focuses was on people's stories and their personal experiences of the breathing journey. Furthermore, in agreement with Seidman (1991), "...stories are a way of knowing. ...telling stories is essentially a meaning-making process" and the meaning people give to their holotropic process is

a focus of the study. By focusing on the subjective experience of the breathwork process and the meanings that people give to their holotropic experiences, the qualitative approach is well suited to capture the richness, complexity, and depth of people's experiences.

Participants

The participants in this research were graduating trainees of the Grof Transpersonal Training who were involved in the two-week long Certification Seminar held in California in September 1992.

At the beginning of the certification module, I presented my research project and invited everyone to participate. Thirty-four people agreed to participate in the research. The interested participants signed a Consent Form which had been approved by the Ethics Committee of the Institute of Transpersonal Psychology (see Appendices F and G).

Nine men (26%) and twenty-five women (74%) agreed to participate in the study. The average age was 49 years old and the range was from 32-65 years of age. They were from different professional backgrounds, although most of them were practitioners in the field of mental health (many were psychotherapists or massage therapists). They were people who had experienced Holotropic Breathwork™ for at least 23 sessions. The training program gave these participants an accumulated 600 hours of experience in Holotropic Breathwork™ (a one day workshop equals 10 hours). Participants had used Holotropic Breathwork™ on an average of 3 years with a range from 2-6 years. The two main reasons for taking the training were: (a)

personal growth (72% of participants), and (b) a desire to facilitate Holotropic Breathwork™ (100% of the participants). Participants came from several different countries and cultures: two from Brazil, four from Canada, two from Czechoslovakia, four from France, two from Germany, one from Ireland, two from Switzerland, and 17 from the United States.

Qualitative Data Source

In order to answer the research questions, data were collected through different means. Both qualitative data and quantitative data were collected. The qualitative data were gathered in four different ways: (a) the recording of peoples' sharing during the certification module, (b) the recording of short interviews, (c) the recording of two long interviews, and (d) by consulting peoples' self-evaluations. Quantitative data were gathered through a questionnaire.

Peoples' Sharing of Their Holotropic Journey

The first data that were gathered were recorded when participants shared their Holotropic Breathwork™ experiences in front of the group. As a part of the certification process, participants were invited to share their breathwork journey through the training by using their mandalas as visual supports. The mandalas were spread on the floor so that everybody could see them. Participants shared in front of other participants what they wanted to share about their personal breathwork experience. They were allowed to take the time they needed to say what they felt was relevant regarding their holotropic journey. No leading questions were asked.

So that everyone got a chance to share, the whole training group had been divided into three small groups. In each group a person was responsible for the recording procedure. I was recording for one group, and I had two other people taking care of the recording in the other groups. There was no particular order given to participants when it came time for sharing. Therefore, people shared whenever they felt ready to.

Short Interviews

After each participant finished sharing, I scheduled an individual interview with him or her. The interview lasted about half an hour. The main reason for not doing a long in-depth interview was because of the time constraint. I had to be able to interview 34 people during the two-week certification module in which I myself was participating (there were also four breathing sessions for each participant during this long module). Moreover, participants had come from eight different countries, and it was the only time that they were all available in the same place.

The interview (which was tape-recorded) was structured as a way to explore, in a more direct fashion, the second research question. For instance, to explore if participants had experienced any physical, mental, emotional, or spiritual experiences, and to determine if these experiences felt transformative and/or healing. Although my interest was to determine if participants had any transformative or healing experiences at each level, I did not want to ask them directly such questions for fear of leading them in their answer. It is obvious that very direct questions could have easily influenced the direction of the participant's response. Instead, I used more open-ended questions for each level of investigation

(physical, intellectual, emotional, and spiritual) as a way to establish the territory to be explored without giving any direction. Thus, instead of directly asking if the participant experienced any healing or transformative experiences for each level, I simply asked what happened at each level. The following questions were therefore asked:

- A) Can you tell me what your experience of Holotropic Breathwork™ was like in your body?
- B) Can you tell me what your experience of Holotropic Breathwork™ was like at the emotional level?
- C) Can you tell me what your experience of Holotropic Breathwork™ was on the mental or intellectual level?
- D) Can you tell me what your experience of Holotropic Breathwork™ was like at the spiritual or transpersonal level?
- E) What image, symbol, word, metaphor, or sentence best represents your experience of Holotropic Breathwork™?
- F) Is there anything we haven't talked about which is an important part of your holotropic experience that you would like to add?

After participants answered these questions, I came back to any points that seemed significant or needed clarification and I asked more specific questions.

Long Interviews

The decision to do two additional long interviews was made about a year after the two-week long Certification Seminar. At that time I was living in Québec (Canada) and most participants were living in the United States or overseas. So, I

decided to go to California (June, 1995), and I arranged to meet with two participants of the study in order to interview them.

The two interviews took about one and a half hours each. The interview was designed to gather information not only on the breathwork journey but also on the psychological profile of the participants. The interview was semi-structured in the sense that for both I inquired about their family of origin and the different experiences they had within these families. I tried to get a good sense of their personal dynamic and the inner conflicts they brought to the breathwork. I then explored the way they experienced the breathwork journey and how it was or was not helpful in dealing with their particular situation. I tried to look at their breathwork process within the larger context of their life at that time. The materials gathered in these two interviews were collected for the two case studies; however, only one of the two interviews was chosen for this study and it will be presented in the following section.

When the time came to write these two case studies, I became aware that one of the interviews was somehow too general in the sense that the link between the breathwork experiences and the personal transformation was not very clear. I was a little disappointed because one of my goals was to use these two long interviews in order to illustrate the relationship between the breathwork experiences and the personal changes and healing these people had experienced.

At this point I decided not to use one of these interviews. However, I found that one of the participants I interviewed earlier in the Grof Transpersonal Training had kept a close record of most of her breathwork experiences in order to present them in her dissertation for her Master's Degree. So, I decided to use the material

presented in her dissertation and to combine it with the material I had already gathered from her during the short interview. So, I ended up with a very rich description of her breathwork journey which I used for the second case study. I have however no details on the way she kept record of her sessions.

So what is included in these case studies then is one long interview and one short interview plus a detailed record of breathwork experience over time.

Questionnaire

After each original interview, each of the 34 participants was given a questionnaire as a way to evaluate any changes in their life resulting from the breathwork experience. The "Life Changes Questionnaire" developed by Ring (1984) was used (see Appendix B). This questionnaire had been used as a way to evaluate the perceived subjective changes resulting from an experience in a NSC. More specifically, this instrument had been used for exploring changes resulting from near-death experiences. It had also been used by Hong (1993) in order to measure the changes resulting from taking a transpersonal awakening class. No norms were available for Ring's Life Changes Questionnaire. Since Holotropic Breathwork™ is also an experience in a NSC and because I was also looking at changes resulting from such experience, Ring's questionnaire was chosen. Ring's Life Changes Questionnaire (LCQ) permits the comparison of the life changes people have reported in the group with the ones reported in Ring's study of near-death experiences. Similar results would tend to support the idea that Holotropic Breathwork™ might promote personal transformation as powerfully as near-death experiences might.

It is also important to note here that the results published by Ring (1984) on his use of the Life Changes Questionnaire with NDEers are only partial. I have talked to him and he told me that the results for the questions #5, #6, #10, #11, #12, #18, #21, #23, #25, #28, #30, #31, #33, #34, #35, #41, and #42 were not available. As a consequence, comparison with these items was not possible.

Participant's Self-Evaluation

A last source of information used in the research came from a two-page self-evaluation provided by each participant. This self-evaluation was a requirement of the training program for their admission into the certification module. In this self-evaluation each participant was simply asked to briefly describe their personal and professional journey throughout the training. This material was used as a complement to people's sharing and the short interviews. A Consent Form (see Appendix G) was used to request permission for using these self-reports.

Data Analysis

All of the collected qualitative data were analyzed according to the qualitative content analysis method. The ultimate goal of such a method is to comprehend the meaning of the information gathered. According to Mostyn (1985) "the overall purpose of the content analysis approach is to identify specific characteristics of communications systematically and objectively in order to convert the raw material into scientific data" (p. 117). As an analytical strategy, the content analysis

approach is a "...technique for making inferences by objectively and systematically identifying specified characteristics of messages" (Marshall & Rossman, 1989).

My analysis was inspired by Moystyn's content analysis approach. The main idea of this approach is that "...the analyst must let the data 'do' the work for him/her" (Mostyn, 1985, p. 132). In other words, the evaluation of the research question must arise out of the data collected. One very important step in doing this was to immerse oneself in the data to find all that was there to find. Being a very visual person, I hired someone to transcribe all the recorded material so I could immerse myself in the reading of the transcript. While I was reading, I let the categories emerge spontaneously. My previous experience with breathwork made me very sensitive to the material that I was reading. In fact, according to Strauss and Corbin (1990) there are different sources of theoretical sensitivity in doing qualitative research. I was personally very sensitive to the material by my exposure to the literature as well as by personal and professional experience of breathwork. For example, I had, in breathwork, many experiences at the physical, emotional, and the spiritual levels, and I was aware that others had, too. I also took great care not to impose anything on the raw material. I know that my personal and theoretical sensitivity inevitably influenced the way that the analysis was conducted. I would say that this helped me to sharpen my means of knowing and to gain insight from the material that could have been missed by a researcher for whom these holotropic experiences were foreign.

Having become more familiar with the transcripts, I formally began the coding using a computer program called "*Nudist*." *Nudist* stands for Non-numerical Unstructured Data Indexing Searching and Theorizing. It is a computer package

designed to aid users in handling non-numerical and unstructured data in qualitative analysis (Richards & Richards, 1993). *Nudist* is a software system for managing, organising, and supporting research in qualitative data analysis projects. It is a powerful processing device that is specifically designed to sort and code text segments so they may be systematically organized into coherent categories. The program allows the creation of an index system by typing in indexing references to text units. For example, one can go through interviews and when some text units are relevant they can be selected and then sent to a node address, which is a specific category.

With the use of *Nudist*, I went through the transcript and began the formal coding of the material. Throughout the whole process, I was engaged in a continual evaluation and re-evaluation of the categories. Some of the earlier categories had to be subdivided into sub-categories in order to capture the richness of the material studied.

I basically started with the following categories; *physical, intellectual, emotional, spiritual or transpersonal, and symbols or metaphors*. As will be seen further in this section, all of these categories have been sub-divided and others have emerged (*birth, death and rebirth, relationship, music, mandala, professional*). For example, the category *physical level* has been divided in three sub-categories which included the *physical experiences, improvement and/or healing of physical health problems, and physical integration*. The category *relationship*, for example, emerged as a new category. The process of refining and organizing the categories has been an ongoing process, and the whole time I kept looking for regularities and differences.

After categories were created and the material related to each of them was put together, I printed out the text units gathered for each category. I read this material and completed the classification. Once that was done, I began to write about each category to report the essence of each. Quotations were used from participants as a way to report, as closely as possible, the discoveries. Theoretical sensitivity, personal experience and the desire to reflect as closely as possible the material collected, guided me throughout this final phase.

The quantitative analysis of the results of the LCQ was done the following way. For each question of the LCQ the percentage of participants who perceived that their interest had strongly increased, increased somewhat, not changed, decreased somewhat, or strongly decreased at the time of the study was calculated from the raw data of Table #15 of the Appendix I (*Responses Given by Participants to Ring's Life Changes Questionnaire at the Moment of the Study and Six Months Later*) and presented in Table #7 (*Results of Ring's Life Changes Questionnaire at the Moment of the Study and Six Months Later*). Another table was created in order to compare the percentage of perceived changes from this study on Holotropic Breathwork™ with those reported by Ring (1984). This new table is Table #6 (*Results of Ring's Life Changes Questionnaire at the Moment of the Study Compared to Ring's Study*).

To compare the results obtained at the time of the study with those gathered at the six months follow up some other calculations were necessary. Table #16 of the Appendix J (*Responses Given by Participants Who Perceived Either Less (-) Changes, the Same (=) Changes, or More (+) Changes at the Six Months Follow up for Each Question of Ring's Life Changes Questionnaire*) shows the difference between the answers reported during the study and those reported in the follow up

for each participant and for each question. From Table #15, the percentage of participants who perceived either less changes, the same changes, or more changes at the six months follow up was calculated for each question of Ring's life changes questionnaire. This gave Table #8 (*Percentage (%) of Participants who Perceived Either Less Changes, the Same Changes, or More Changes, compared to responses reported at the time of the study, at the Six Months Follow up for Each Question of Ring's Life Changes Questionnaire*). Because 89% of the changes (- or +) reported were coming from a variation of only one answer above or one answer below of their previous answer at the time of the study, I chose, in the calculation of the percentage of table #8, to only consider if participants had changed their answers in the direction of less interest or for more interest. However, if the reader wants to see where the variations of more than one gap are he or she should refer to the Appendix J.

Finally, the categories of changes as described by Ring (1984) in Appendix 3 of his book were used to better understand the reported changes (Table #2). Ring categorized his answers of the LCQ under five categories and under which he placed specific items or questions of the questionnaire. These categories are: *Appreciation of life, Concerns with impressing others, Materialism, Quest for meaning, Concerns for others*. In order to compare the results related to the questions of each category the average of participants who reported changes have been calculated. This average corresponds to the percentage of participants who reported less changes, the same changes, or more changes for each category of the LCQ. Such an average was also found for all the questions of Ring's Life Changes Questionnaire.

Table #2

Questions Included in Each Categories of Ring's Life Changes
Questionnaire.

Categories

Questions

Appreciation for Life

- 3. My appreciation of "the ordinary things of life" has
- 7. My concern with the material things of life has

Impressing Others

- 9. My interest in creating a "good impression" has
- 29. My desire to become a well-known person has
- 36. My interest in what others think of me has

Materialism

- 7. My concern with the material things of life has
- 15. My interest in "living the good life" has
- 24. My ambitions to achieve a high standard of living have
- 8. My interest in achieving material success in life has

Quest for Meaning

- 13. My desire to achieve a higher consciousness has
- 19. My understanding of "what life is all about" has
- 20. My personal sense of purpose in life has
- 26. My sense that there is some inner meaning to my life has
- 32. My interest in self-understanding has
- 40. My search for personal meaning has

Concern for Others

- 1. My desire to help others has
- 2. My compassion for others has
- 4. My ability to listen to others has
- 8. My tolerance for others has
- 14. My ability to express love to others has
- 16. My insight into the problems of others has

22. My understanding of others has
 39. My acceptance of others has
-

CHAPTER 4: RESULTS

This chapter presents the results obtained from the research. The first qualitative results taken from the short interviews are presented and will take the form of a narrative description. The results of the two case studies taken from one long interview and one short interview plus detailed record of breathwork experiences from a second participant will be presented next. Finally, the quantitative results from the questionnaire will be presented. This chapter will end with a discussion of these results in relation to the research questions and the literature.

Physical Level

Every participant reported experiences at the physical level. The range of experiences reported is quite encompassing and different in its impact for each participant. As a way to get a good sense of the material reported, the presentation of the results for the physical level is divided into three sections. The first section refers to the different types of physical experiences participants went through. The second section refers to improvement and the healing of physical health problems. The last section refers to what I call physical integration, a term which connotes a better integration of one's body.

Since so many physical experiences have been reported, I judged that it was not necessary to present them all individually, and I chose to regroup them into categories that reflect the essence of what people reported at each level.

Physical Experiences

Tetany. Among the physical experiences people reported, one is called tetany. It is a relatively painful tension felt in the body, mainly around extremities such as the hands, feet and lips. According to Grof (1988) these tensions appear usually where there is some energy blocked in these areas. Three participants (9%) reported such experiences. One said, "I felt a lot of tetany when I started, in my hands, a lot of blockages...right and left blockages."

Pain and tensions. Nineteen participants (56%) experienced physical pain and tensions in the process. Usually breathwork tends to amplify what is held in the body. If there is already tensions or pain the breathing process will make the tensions and the pain just more intense. Usually, during a session the tension or the pain will increase in intensity and will then find some form of resolution. For example, one man said: "I was experiencing some tremendous pain and someone touched me and started to release the pain but it was a lot of electrical and energetic release, fire release of the pain." Another woman said:

Most of my experience was a very powerful energy and the energy took different forms. One of the forms was intense physical pain that I felt in different areas of my body, typically in my upper thighs which became really hard and spasm.

Physical postures. Three people (9%) reported that their bodies were taking different kinds of postures. Some were very familiar whereas others were very unusual. One man said: "Often, the session will include spontaneous body movements and posturings that feel engineered to open new channels of energy." Another woman said: "Sometimes they're very precise postures either a positioning

of the hand, moving my hands over my body, or taking more Yoga-type positions and I had no content or emotion, just that I knew exactly what to do".

Physical movements. Twenty-two participants (65%) reported different types of physical movements. Among them some reported that their body was literally dancing. One woman said, "I moved in the most amazing way and did dancing movements and all sorts of things that there's no way I could have put consciously my body into these positions." For another, the movement was creating some kind of trance state. One woman said: "...the energy would go from one part of the body to the other part and would flow within my body and I would really come into trance-movements." This same woman also claimed that she not only experienced movement but became movement. She said:

I was the movement of a creature crawling back, I was the movement of a bell, I was the movement of a face crying, I was the movement, I was not the thing. And I would recognize the thing by the kind of movement I would do. I was a piece of rubber being stretched. These kind of things. So, I could be fire, I could be a plant, an animal, an element of nature, I could be water, I could be a flower growing.

This type of movement developed even further for her and she said:

Last March or April, I began to move in choreography. I would do a full dance so that in my body it would be like a dance. I would dance a seed falling on the ground and, afterwards, growing as a flower, then dying, then growing as a tree, then dying, and I would live like this birth and re-birth and death. It would be a storm and water falling after a storm, becoming a river, becoming a lake, and the sea. And it's always the movement that would tell me what I was.

Movements accompanied by intense emotions. Four participants (12%) reported movements and physical manifestations which were accompanied by intense emotions. During a breathwork session the breathing as well as the music tend to create a container where people feel free to move and to express whatever is

happening to them. It is not uncommon that the body moves and emotions are expressed. One man said:

The breathwork allowed me to just simply surrender to my body and the emotional content and I experienced incredibly deep, powerful episodes of emotional/physical catharsis. So, an incredible explosion in my body of rage, grief, laughter, sexuality, and a whole kind of gamut of emotional and psychological postures. For instance, I once experienced a kind of insanity and allowed myself to experience insanity to its degree. And that was incredibly clearing for me, I otherwise feared it. So that was good.

One woman reported that she had a lot of experiences in her body, particularly in her legs, and these experiences were connected to intense emotions. She said: "Sometimes, I just have to cry and yell out and it's associated with anger and I also want to do very strong movements with my legs." Further she adds, "one time I stayed just with a moving back and forth between a lot of pain and energy and then a sense of relief which is quite physically exhilarating as well as emotionally exhilarating."

Energy moving through the body. Whereas some reported that energy was moving *their* body, one woman (3%) felt that the energy was moving *through* her body. She said:

I had energy emanating from the central solar plexus area coming up through the chest and out through the hands and then down through the legs just a real tingly, electrical surging, pulsating energy, and that had continued for three or four breathworks and that's all that I was getting was that energy just coming up and coming up.

Changes of body structures. Two people (9%) reported dramatic changes in their body structure. By changes in the body structure I mean here that the structure of the body of the person has literally been affected by the breathwork process. The following quotes are very explicit about it. One said:

Physically, my shoulders dropped about two or three inches and my whole structure has changed... I take a more relaxed position where I held myself...When I look at the picture of myself now, I see my whole posture is different, ...my whole body shape changed... I also had a body weight where I was much heavier on top than I was around my hips and somehow, that just seems to even out. I've developed a waistline which I have never had. I took on a more feminine shape, you know, that I didn't have. I also, all my life, suffered from lower back pain fairly frequently and that seems to have gone. I haven't had difficulty with it you know, and I think my entire body structure was affected and, you know, that has changed completely.

Another woman also felt very significant changes in her body structure. She said:

There have been some profound differences for me. The most obvious is that I've grown two inches. I guess I've released so much stress in my muscles that I stretched. I don't think that my bones could have actually grown, but I am two inches taller.

Improvement and/or Healing of Physical Health Problems

Eight participants (24%) stated improvement or healing of some kind of health problems or physical pain.

Hip pain. One woman (3%) reported healing a hip pain she had been carrying with her for over six months. She said that she went to several chiropractors, but the pain didn't stop. Then she did a Holotropic Breathwork™ session and she said:

I did a tremendous amount of physical movement and my sitter and the facilitator just wonderfully cooperated, they didn't impose any bodywork on me and, I guess, I seemed to know what position I needed to get into and what I needed to do and I ended up wanting one fist in my hip and pushing back against his fist while holding on to the facilitator. At the end of the session the pain was completely gone and it never came back.

Feet malformed. One woman (3%) had dramatic changes in her feet.

My feet are congenitally malformed since I was born with structurally impaired feet and so they put me in corrective shoes when I was one or two years old and they didn't correct them right. So they actually harmed my feet more because they under corrected my feet and I have a real high arch and I have a lot of problems with my feet, a lot of pain in them and they were very stiff and I had a lot of cramping and I could never wear shoes. I had to wear real

practical shoes because they always hurt me so much. So, now I feel like my feet don't hurt me anymore and structurally, they're much softer, I don't get the cramps anymore.

3. Asthma. Two participants (6%) reported improvement of their asthma. One found the breathwork process quite difficult. Although the breathwork helped her it did not totally clear her asthma. She said, "The breathwork seems to have done something for it in some form of improvement, but it hasn't totally eradicated it." Another, for whom the breathwork helped her quite a lot, said:

I have a long long history of asthma and usually it was some sort of allergy attack followed by an asthma attack, followed by bronchitis and I would get bronchitis one or two times a year. I haven't been to the doctor for bronchitis for more than two years and the asthma is practically gone. It's wonderful.

Respiratory problems. Two women (6%) saw real improvement of their respiratory system. The first one is a woman who had a very intense process. In many experiences she had physical experiences where she choked and vomited. Her improvement was very spectacular. She said:

I had suffered from a permanent cough. I also had bronchitis and maybe three or four times a year had antibiotics to have that cleared. And that was due to the way I held myself and I wasn't breathing fully. And that dated from the time I was actually abused. And over the period of having dealt with the sexual abuse in Holotropic Breathwork™, the bronchitis cleared, I've never taken an antibiotic in the two years and the cough disappeared.

Another said:

I was born almost a month early and my lungs weren't fully developed and my mother was a smoker and then she smoked all through childhood. Moreover, I'm carrying sort of a karmic lineage from my mother and my grandmother in terms of lung-breast cancer. My grandmother had it and then my mother had it. ...Last July, I really got in depth in terms of my lungs and ...I feel like I've been through major turnovers in healing of my lungs.

No more details have been gathered on how exactly she healed her lungs.

Raynaud's disease. Another woman (3%) reported some noticeable physical improvements concerning her Raynaud's disease and her blood pressure. She said:

In 1972, I was diagnosed with Raynaud's Disease. Extremely cold hands and feet have been symptoms I experienced for years, back to childhood days. Sometimes the hands would cramp with pain quite severe. Also, occasionally, blisters would appear in the palms of my hands and the soles of my feet. Cramping has now disappeared completely and with the exception of an appearance during the July training module, so have the blisters. Hands and feet have both become noticeable warmer.

Blood pressure and pulse rate. One woman (3%) reported the changes about her blood pressure and pulse rate. This woman used to give blood regularly about every three months. The place where she was giving blood was keeping a record of her blood pressure and her pulse rate. One day the nurse told her that something had changed. This is what she reported.

My blood pressure has gone down from 120/80 to 110/60 over the last two and a half years and my pulse rate has gone from 90 down to 78. I also don't keep aspirin at my house anymore. I've had no headaches since I've started this work.

Polyarthritis. Finally, one of the most dramatic changes to be reported is a woman (3%) who mentioned that she healed from polyarthritis. In her own words she said: "I had polyarthritis and everybody thought I would soon be in a wheelchair. And through Holotropic Breathwork™, I can live without any medicine and I am perfectly all right now without any pains in walking and moving -- being healthy."

Physical Integration.

This third section refers to experiences in which participants felt a better integration of their physical body. Eleven participants (32%) reported being more in

touch with their body. As a way to capture all the richness of these experiences, they have been classified into six categories.

Relaxing/softening/loosening. One category is about people's accounts of feeling their body softer, lighter and more relaxed. Five participants (15%) reported such changes. One man said: "It's been an overall softening of my muscles." Another said: "I am much lighter in my body...much more relaxed." Another said: "I found that because of the emotional release, the areas that I had been habitually holding tensions have relaxed and I have much more free bodily movements. I have much more freedom of expression in my body".

Another commented on the same thing: "I'm much freer in my body. I'm much more loose, in a sense, I'm able to be more expressive with my body. Because a lot of the experiences have been very physical -- a lot of movement and a lot of dance-like movements."

Respecting and honoring the body. This category refers to changes in people's relationship with their body. More specifically, it is about respecting and honoring one's body. Two participants (6%) reported such experiences. One man who had been living all his life out of touch with his body said:

I was a strong workaholic who didn't give himself any chance. I mean, if the body did send me a message like, you know, I had a strong flu with fever, I was working through it and never gave the body what he asked for. So, in this work, I changed all these attitudes and I listen to what he is saying and I had experiences where the body is sort of, you know, full of energy and all of these things. For me, the most important experiences are all in the physical realm.

Another spoke about his body as a temple. He said: "The experience of the body as a temple was something that I appreciated intellectually, but that really feels more true now."

Sense of connection and unity. Another category concerns experiences where participants moved from a sense of separateness or disconnection to a sense of connection and unity with and through the body. This category refers to having gained a sense of integration with one's body. One man said:

What happened in my body was very important to me in the breathwork. I experienced a sense of connection between different parts of my body that I felt were disconnected. Beforehand, I had the experience that my body was disconnected from itself; it had blocks.

Another woman reported a similar experience.

Before, I had a sense of being separated, you know, I felt my body was separated and that I was moving, kind of, in separated way. But with the breathwork I gain a sense of connection, that sense of oneness, that I'm part of it. So, I sense that kind of unity, that oneness and when I read about it, I know what they are talking about.

Here we can sense that the sense of integration is not only felt in and through the body but in the whole being.

Trust of body wisdom. Another category is about being able to trust one's body as a valuable source of information. The following account is from a woman who had been carrying a lot of old emotional materials in her which resulted in a form of splitting from her body. After the breathwork she said:

What has come out of that is that the information I trust now comes from my body first and not from my mind. If my body is giving me a twitch or if I'm sensing something in my body, that's where I go to find out what's going on. I don't try to figure it out up here[in the head]. I feel it and then I integrate up here what I'm getting from my body and it's right on.

Body as ground of purification. Another category deals with the cleansing and the purification of the body. One participant (3%) reported the following:

When the energy began to move through my body, the kundalini awakening, what I have been experiencing in my own body, as that has been happening, is

a whole kind of cleansing and purification of my body. I'm now also experiencing it as a kind of slowing down in my own body.

Embodiment. Finally, the last category of this section refers to the experience of being in the body. Six participants (18%) reported such experiences. Here are some comments used by participants to refer to that experience: "I feel I am more embodied," "I would say that what the breathwork did was to bring me into my body," "I think I am more in touch with my body." One woman clearly expressed how she changed as a result of being more into her body:

The easiest way to describe it for me is like having lived my entire life outside my body because of fear and, you know, not living in a safe space and having a lot of trust issues. I feel that this work has really pulled me in my body and I feel very solid, I feel like I'm really walking with awareness through life now.

Intellectual level

This section describes intellectual experiences resulting from the breathing experience. By intellectual experiences here I refer to ideas, concepts, insights, and new understanding participants may have reported as a result of the breathwork. It also refers to the ability to recognize and to disidentify from one's experience. The majority of people did not report intellectual experiences as a result of their breathwork. It seems that for most participants, the breathwork experience was not an intellectual one. In fact, one man said: "It has not been an intellectual experience. It's been predominantly, I would say, physical and spiritual." Another woman said about the same thing: "My process was not at all intellectual or cognitive, it was experiential with body sensations, or sound as well that would come into my body." However, even if participants did not specifically report such

experiences the data collected showed many experiences of cognitive and mental development.

Little understanding of the process. As people go through the different experiences it is not always easy to understand what is exactly happening. It is often the case when the experiences are very physical. Very often the understanding of the experience comes later, and at times, there is not much intellectual understanding. Three participants (9%) reported not really understanding their process as it was happening. A woman said:

Most of the time I didn't have a lot of intellectual or cognitive processing during the active part of the experience. Often at the very end of the process, when I was lying very quietly, I would get little hits of insight and sometimes it didn't happen until the evening or until the next couple of days.

Understanding and integration of previous information. Two participants (6%) reported that the breathwork experience helped them to understand and integrate what they had previously read about or experienced. One woman said:

What Holotropic Breathwork™ gave me is that it has allowed me to take a lot of cognitive understanding that I had from books about transpersonal notions and ideas and concepts and it has allowed me to live them. I mean, it's brought it into reality so that it is no longer just a nice idea, but it is a way I'm coming to live my life.

Expanded framework. Three people (9%) reported that the breathwork experience gave them an expanded framework. This permitted them to better understand and integrate their personal experiences. Among these three people, two reported on what they have learned and experienced through those breathwork sessions; they validated their own personal understanding of life or their psychological and spiritual development. One woman said:

Intellectually, it brought together a lot of the old theoretical concepts that I had been involved with when I was working with addictions. That was incomplete and unfinished and somehow it brought everything together. The theoretical framework was large enough to encompass what I had done and filled the holes in my belief systems.

Gaining new ways of learning. One woman (3%) felt that she gained new ways of learning. She had a lot of physical experiences and trance-like experiences where she got insights on the world. She said, "I have discovered new ways of learning about the universe. This is really thrilling." She mentioned that her trance-like experience was really a new way to tap into information she had not accessed before.

Improvement of mental functioning. Two people (6%) reported an increase of their mental ability and a better ability to focus their mind. One said, "Intellectually, I feel much clearer and more focused and dedicated to my work now."

Letting go of the mind. Five people (15%) reported that their mind was not as important as it was before. They felt that the breathwork brought them away from their mind, as if the mind was no longer their main source of information. One woman said the following about her intellectual changes:

Oh a complete shift, a complete shift. And I don't mean to say I don't use my mind, of course we do, but my mind isn't in charge anymore. It's not leading, it's following the information that my body is sending and I then use my brain and my mind to decide what I will do, or what I must do as a result of what my body is telling me.

Following the same idea another woman said: "...my life has become less intellectual.... [the breathwork] brought me away from the intellect."

Ability to recognize and to disidentify from one's experience. This category refers to people's ability to take some distance or perspective from their experience. It refers to the emergence of the observing or discerning self -- the part of oneself that

can observe and take some distance. This ability helps people to look at themselves from different perspectives which helps to foster integration or understanding.

Eleven participants (32%) have shown such process. For example, one woman reported the following:

I find that I am much more self aware and honest with myself. As a result, I am better able to identify and stay with my emotions. I am more open in sharing my fears, pain and vulnerabilities with others. ...I can much more quickly recognize the feeling from truly what it is and I'm much more comfortable with allowing it to be and express it. I mean, that's a miracle, total miracle.

Here is another example from a woman:

I'm just saying that I know that the power of my adult self allowed me to go that deep in vulnerability. But at that time, I was just regressed. Just like another time when I was just a baby, you know, when somebody held me and I was just a baby. Part of my mind knew I was in breathwork and I was safe.

Emotional Level

This section is divided into two categories. The first refers to the different types of emotions participants have experienced. The second refers to what I call emotional integration a term that refers to a better capacity to recognize, identify, accept, express and integrate emotions.

Emotional Experiences

Every participant (100%) reported experiences at the emotional level. It would be exhausting to present them all; therefore, I have chosen to only present the categories of emotions instead of every one of them.

Discovering repressed emotions. Three participants (9%) were very surprised to discover so many emotions inside of them. These are participants who became aware of how much they had repressed their feelings. One woman said: "I was very surprised that I had so many emotions around my parent's divorce. It literally blew me away that these emotions were stored inside me ...I really walled that off."

Experiencing and releasing emotions. For everyone (100%), the breathwork gave them an opportunity to really experience their feelings. One man said: "It gave me permission to have lots of emotions that I hadn't been capable of having before, including the fear of having these emotions." Many experienced their emotions in a very intense way such as described by this woman: "The breathwork allowed me an opportunity to experience some very deep emotions in a full way." Another said: "...I released a tremendous amount of, you know, compacted emotions and just unfelt feelings throughout my body and I screamed about seven times."

Anger and rage. Numerous emotions have been noted. Eight participants (24%) reported feelings of anger and rage. These emotions are not uncommon at all in breathworks. One man said:

The first sort of bunch of breaths I had were all about getting into my own rage. It was an experience where my anger was directed at my mother and I found myself kind of turning into a panther and then just chewing her time and time again and sort of pulling her eyes out and ripping her throat open, shitting into her throat, and then putting her back together and doing it over again.

Another woman reported the following:

What I did was do the rage. I did the rage, it was undifferentiated at first, and then my father's face was floating and just his face, and then I gave it to him, just, you know, full barrels and I screamed obscenities and then it was marvellous in my rage.

Grief and sadness. Fifteen participants (44%) expressed experiences of grief and sadness. One woman who hardly ever cried before, said: "I was one of those strong women who stand by their man." Nevertheless, through breathwork, this same woman opened up to her sadness and said: "I had never cried as much in my life before, all together in the 40 years before, I think." Another man reported a very similar case. He said: "I didn't have any tears for 20 years and the breathwork helped me to approach this sorrow, this sadness in myself which I knew I had and which appeared many times, but not fully."

Pain. Fourteen participants (41%) reported being in touch with or experiencing pain. One man who identified himself as a very intellectual person, reported that it was good that breathwork helped him to touch the pain inside. Some said they had the feeling of being "stuck." One woman said:

That experience comes to me as an experience of self-loathing, an experience of whining, feeling sorry for myself, a great great frustration and I had to allow that experience to really deepen and not try to push it away before my body connects with it.

One man reported the following:

I feel the breathwork experience is very good for me when I can get in touch with my emotional level which sometimes can be pain. Rage, not so much. It is more getting in touch with pain, recognizing painful experiences or limitations.

Positive emotions. Twenty-five participants (74%) have also reported positive emotions. Feelings of love and compassion have been reported. One woman said: "Well I have to address love and compassion too because I experienced them in breathwork." Another man said: "...the breathwork helped me getting in touch with my heart, with my love and with my love for other people."

Some participants had feelings of joy, peace, contentment, acceptance, and gratitude. One woman said: "There's often a sense in the breathwork that I am being taught something and probably the biggest emotion is gratitude."

Sensual and sexual feelings. Six participants (18%) have also reported sensual and sexual feelings. One man said: "I'm able to approach my body as a sensual object. I am a sensual object and not just an object of my sexual arousal which is a big change for me, a big shift." Another woman reported that after having experienced many emotions of rage, anger, sadness, shame, and grief she started to have sensuous and sexual experiences. She said: "Somehow, having got into contact with those feelings, I began then to have experiences in the Holotropic Breathwork™ of peace and very sensuous and sexual experiences."

Incest related issues. Seven participants (21%) reported working on their incest issue through the breathwork. Five mentioned that they have achieved some kind of resolution of this issue through the breathwork. These people worked through this issue by going through a very intense and painful healing process. The two case studies presented later will help the reader gain a better understanding of this process.

Two women, one 50, the other 48 years old, discovered for the first time in their lives that they had experienced incest. One said, "...what I discovered about my life that I didn't know, because I had repressed it, was early incest." The other woman said, "I was a 50 year old and I didn't have a clue [about my incest story]." Both discovered and worked with these repressed incest memories through the breathing process.

An important point to address here is the potential danger of confusing a real incest experience with some aspects of the BPM II or III. Members of the False Memory Syndrome Foundation suggested that many therapists implant false memories in their clients through leading questions. This situation is unlikely to happen in Holotropic Breathwork™ since the mandate of the facilitator is to not interfere with the process but just to allow it to emerge spontaneously with minimal verbal and physical interventions.

Maybe one possible confusion can be around the difficulty differentiating a real experience of abuse and a sexually charged experience from a BPM. Here again, the facilitator is not trying to make any interpretations and does not invest any energy in evaluating if the experience did actually happen. He or she only supports the process as it is unfolding, knowing that different images, impressions or sensations can be used by the inner healer to heal the person. So, the facilitator always invites the breather to connect any experiences and memories with his or her own inner process and to keep it internal.

Emotional Integration

The second category of experiences refers to what I call emotional integration. Here I state the experiences which reflect a better integration of one's emotional nature. Eleven participants (32%) reported such changes.

Letting go and clearing out old emotional wounds. Eight participants (24%) reported having cleared out old emotional stuff and let go of painful feelings and old

issues. One woman said: "Emotionally, it was very helpful in recovering from the beatings that my father used to give me. I was able to get in touch with the hurt and the anger around that and no longer take the victimization role". One man said: "During the training, I have explored how I felt the rejection of my masculinity, which led to resolving biographical issues within myself, and between myself and my parents."

Feeling more connected and balanced. Two participants (6%) also reported feeling a lot more connected and balanced at the emotional level. For example, one woman said: "Emotionally, I feel much more connected to the earth, to the universe, and to people." Another said: "Emotionally, feelings of connectedness have arisen."

Spiritual or Transpersonal Level

This category refers to different types of spiritual or transpersonal experiences. At this level, 100% reported having experiences. The challenge here is to genuinely state what has been experienced without being exhaustive in the presentation.

Identifications to people, animals or objects. Eleven participants (32%) reported various types of identifications to people, animals, or objects. Participants reported such things as being a monk, a parent, a snake, a bird, a butterfly, a ray of light, a tree, and so on. As an example one woman said: "I became a tree, a bird; like one instance I became a soaring eagle, a white bird and it was a very spiritual experience."

Some felt connections to archetypal figures such as Kali or the Witch. One woman said: "As soon as I allowed myself to just go with it, I completely became

this archetype, it was beyond good, it was beyond evil, it was delicious and capricious."

Contact with other beings/dimensions. There are four participants (12%) who reported being visited by different people or entities. One woman claimed to have been visited many times by druids; another by angels; another by spirit guides and finally, one man received a visit from Sai Baba. This man said:

There's some amazing series of synchronicities and stuff that I had not sought out at all and took me very much by surprise. But in this experience, I had Sai Baba appeared in this session and put his hand on my chest and I felt the band that had been in the previous mandala, the green with the black band. I felt the band completely dissolving and just a phenomenal amount of energy being released.

Demonic experiences. One woman (3%) reported a lot of demonic experiences. She mentioned that in several sessions she felt something in her face that felt like demonic "stuff." She said: "I've had a lot of, sort of, demonic stuff happening." She mentioned that these faces had also appeared in her mandala drawing.

Experiences of unity. Four participants (12%) said that they had experiences of unity or being in touch with God or the Divine. One woman replied: "I've had incredible experiences of unity and all of the major pieces of the most mystical parts of religions and beliefs I had experienced." Another said: "I love those experiences of feeling really connected, being part of the universe, that sort of transcendental feeling of all being one."

Out-of-body experiences. Two participants (6%) felt out-of-body experiences. One said: "I had a kind of out-of-body experience, I felt I was somehow floating." Another said:

I started this work about two years ago with the first holotropic session and the first one over there in the corner [referring to the mandala] I had an out-of-body

experience and I was hooked, and I decided I am going to do more of this. So, this has been sort of leading, my goal, what I am going for - the out-of-body experience.

Experiencing the void and other dimensions. Two participants (6%) reported experiencing the void and feeling as if they were in another dimension. One said: "I've had experiences of the void and a lot of out-of-body experiences, just totally leaving my body and going into totally different dimensions."

Channeled information. Two participants (6%) said they received channeled information. These experiences happened very spontaneously. One said: "Spiritual instruction has been coming often with fascinating information being given on the nature and process of incarnation."

Visions. Two participants (6%) reported powerful visions. One man said: "Well I had a series of very powerful visions where it was almost as if I was taking part in the vision. So I couldn't actually separate myself from the vision at that time. It was experienced as an ecstatic moment of ecstatic worship in a sense, I suppose, powerful visionary experience."

Purifying fire. One woman (3%) reported dancing into a fire which felt very purifying. She said: "You can see, it is myself dancing in the fire, it purifies my whole body and my whole being."

Spiritual longing. One woman (3%) stated being in touch with a deep longing for spiritual experiences. She said: "I've had a longing for that, I mean, this real intense longings that's almost unbearable sometime, for the spiritual connection."

Kundalini experiences. Three women (9%) reported kundalini type of experiences. One woman reported that she experienced energies which were moving through her body and as these energies were hitting inner blockages she felt

pain and all kinds of difficult emotions. At times, she vomited whereas at other times she experienced powerful visions. She said: "The kundalini experience over the past months has been for me a cleansing, purifying process. It brought me to a deeper sense of my sexuality and sensuality."

Past life experiences. Five people (15%) reported past life experiences. For instance, one woman who has been working on her malformed feet said: "In breathwork, I always get a lot of past life data. ...In one session, I had a particularly vivid experience of rats eating my feet. It was in some kind of prison dungeon in England and I died." Another woman reported the following:

And then there I felt, this is one of my most intense sessions where I felt I had some sense of being in Nazi Germany. I didn't see visions but I had this sense that I was being captured and my children were being taken away and the pain in my heart was unbelievable.

Identification with Christ. Eight people (24%) reported experiences related to Christ. One woman said: "It was in April, I had Jesus who invited me to have intercourse with him and I knew that was about union with the Self." One man said: "So the Christ imagery has come up time to time in the breathwork and in the earlier days of my breathwork it came up very frequently." Another said: "Actually, Christ came up. It's very seldom that he enters my mind, my breathwork. It's one of my more religious breathings."

Shamanic experiences. Seven participants (21%) reported shamanic type of experiences. For example one woman said: "In my first breathwork session, I experienced two of my power animals, one bouncing through space like a radiant rabbit, and it was an ecstatic experience." A man said: "This breathwork experience was full of shamanic experiences."

Changes, Healing, and Transformation

This category refers to changes, healing, and transformations which resulted from the holotropic journey. This section lists all the changes, healing experiences, and accounts of personal transformations which resulted from the breathwork journey which have not yet been presented in the physical, intellectual, emotional, and spiritual or transpersonal categories. I have also created a new category of experiences which appears to me as being a combination of psychological and spiritual elements. I call these combined experiences psychospiritual. They are experiences that reflect an awakening of consciousness from previous identifications. For example, the experience of being more connected than before with one's inner self is defined here as a psychospiritual change.

Every participant reported changes, healing, and transformative experiences. Here again, the challenge was to report these experiences in a concise and non-exhaustive manner, without excluding any significant experiences.

Reported Experiences of Changes and Transformations

I report here the expressions used by participants to report the changes or transformations which resulted from their breathwork experiences: 1) "Becoming more centered"; 2) "Becoming clearer"; 3) "Finding one's purpose"; 4) "Feeling more peaceful"; 5) "Feeling deep gratitude"; 6) "Feeling hope"; 7) "Feeling more confident"; 8) "Feeling joy and satisfaction"; 9) "Being more present"; 10) "Feeling

more courage"; 11) "Becoming more responsible"; 12) "Feeling connected to their Higher Self or to a Higher Order"; 13) "Feeling redemption"; 14) "Developing a better connection with one's inner self"; 15) "Being able to let go and move on"; 16) "Experiencing a greater desire for spirituality"; 17) "Experiencing forgiveness"; 18) "Being more mature"; 19) "Being more aware"; 20) "Being more intuitive"; 21) "Being in touch with an expanded reality" 22) "Feeling calm about life and death"; 23) "Losing one's sense of acquisitiveness"; 24) "Being happier"; 25) "Being less reactive"; 26) "Being more able and willing to face one's dark side"; 27) "Developing new ways of relating with people"; 28) "Feeling less inner conflicts"; 29) "Rediscovering lost parts"; and 30) "Becoming a new person."

Heart Opening Experiences

Ten people (29%) reported a heart opening type of experience and feelings of compassion. One man said:

As I have been doing this work with myself, I realized that this process led to a deepening of my compassion for others' suffering, not only from that which also interferes with my life, but from many other unrelated problems and past history which I myself have not experienced.

One woman reported the following:

I felt a great deal of healing. Something came out and went through my heart and opened it, and I said earlier that when your heart breaks it is when God can enter. So my heart broke over and over in this work.

Trust

Eleven participants (32%) reported changes in their abilities to trust themselves, others, and their own process. One woman said that "Feeling safe and trusting

people was my biggest gain from the breathwork." Another said: "I trust myself and I trust life in a way that I never dreamed I could." Finally another woman reported the following:

Rather than saying I have changed, I would be inclined to say I have "come to myself," and as a result, my life has changed - rather dramatically from my internal perspective. I trusted myself, my vision, and my capacity to marshal the resources necessary for the pursuit of that vision enough to make this move. I believe that the universe is a friendly place that will guide and support my work.

Acceptance

Seven participants (21%) reported experiences that helped them to better accept themselves or circumstances in their life. One woman said:

So my journey was a lot about that sadness expressing itself, but it was also about a lot of acceptance of the love from the divine source that I was beginning to feel for myself, the acceptance of myself and the reconnection to my Higher Self that I had been feeling so separated from.

Another participant reported the following: "I have definitely been accepted in my own personal process with this approach, and it has allowed me to move more powerfully towards acceptance and forgiveness of myself, and therefore of others".

Empowering Experiences

Ten participants (29%) experienced some sort of power or felt empowered by their process. One woman said: "In general, the sessions felt very empowering for me." Another said: "It has been an opening to my own power and to the universe and to other people, I mean, it's all wrapped in that." Another woman said:

My experiences have been experiences of enormous creative energy, really feeling a power that has no association with what we usually associate the word power with. It has nothing to do with domination, it has nothing to do with a goal, it is just feeling this endless resource of pure power."

Integrative Experiences

Ten participants (29%) reported experiences of feeling more integrated or having integrated parts of themselves into a better whole. One woman said: "...I come to myself emotionally and physically and spiritually and intellectually. I mean it all comes together, it goes like this, this is the way I describe it to people." Another woman reported the following: "I have moved much further toward integration of my personality, while simultaneously feeling myself "sourced" in a greater intelligence that seems to be moving more tangibly in my day to day activities."

Reported Experiences of Healing

Here are other accounts by participants who very clearly expressed how breathwork was a healing and transformative experience in one way or another. These were some of the comments used to express it: a) "The breathwork has been one of the most significant ways of healing that I have done"; b) "The training allowed me to heal within the process... parts that were lost have been found, rediscovered, and deepened with a sense of joy and celebration"; c) "I have changed my language, changed my identity. I am very different, very different"; d) "I'm a different person and I don't understand what all of these experiences mean, but I feel like I'm really healing and I have a lot less fear"; e) "My holotropic journey, which

began in September 1989, has been an experience of fundamental transformation"; f) "I've been getting wonderful feedback about people telling me how different I am, and how different I look, and how different my energy is, and, you know, you're a new person"; g) "This training program has been a profound spiritual experience. I believe it facilitated true healing in me, in the area of my greatest lessons"; h) "I know of no process so healing as this one and I will continue doing breathwork"; and i) "So what I had asked for has occurred, yeah, I've had a lot of healing, a tremendous amount of healing."

Inner Healer

Seven participants (21%) refer to the "concept" of the inner healer to talk about the healing mechanism underneath their personal healing. For example, one woman said: "For me, personally, the trust in the inner healer concept as the basis of this work is very important. Another said: "...the biggest shift for me has been a shift from intellectually believing in the body wisdom to really experiencing a trust in the wisdom of the inner healer." Finally another woman said:

Slipping, sliding, wading, swimming, and sometimes gagging through the quagmire of my pertinent perinatal, biographical, and karmic material has been a relentless encounter with death/rebirth. I have torn, broken, severed, relinquished, and surrendered, while witnessing my inner healer guide, heal, make new, mend, and weave the very fabric of my being.

Spiritual Practices

Eight participants (24%) reported that breathwork affected their spiritual practice or invited them to begin one. One woman said: "The breathwork helped me

with my meditation. It helped me to move some consciousness out of the way so I can tap into my Self." Another said: "After six months into the training I became involved in Siddha Yoga and it has been a very important part of my life to realize that the guru is within."

To complete this section, I would like to present two long quotations which reflect the richness of the healing that took place through breathwork. A man said:

My earliest sessions involved death as a repetitive theme, beginning with past life experiences of death and torture, terror of death, rage against death, moving then into acceptance of death and reverence for death for its role in life. It feels in retrospect that this sequence was about letting go, dismembering, preparing to open to the path of healing. Professionally, I was feeling periods of crisis vis-a-vis my identity as a psychologist, as well as much general self-doubt. What emerged next was a sequence relating to abandonment by father, rage at father, feeling separate and cut off from God the Father, experiencing the killing of my father's spirit in his own childhood, and a deep longing for fathering, maundering, and initiation. This material included a wellspring of grief that I seemed to be experiencing for all mankind. Resolution came in the form of corrective emotional experiences with Sam and with male sitters, a dramatic initiatory experience with Jesus, and the experience of forgiveness and acceptance of my personal father. It was also during this period that I became acutely aware of how my addictive traits were incompatible with my personal healing and development. Although my alcohol consumption was moderate, my thinking about alcohol was obsessional. I discontinued drinking altogether. Progressively, my diet has been approaching vegetarianism and I have eliminated caffeine. The relative ease with which my addictive traits have been dissolving seems directly related to the deepening inner spiritual connection fostered by the breathwork.

A woman said:

Through my process over the last two and a half years, I now feel that I am finally fully present in my body and in my life. I described it recently in one of my supervisory sessions as having spent my life in a dark confining tunnel. I am now emerging into the light at the end. I find that I am much more self aware and honest with myself. As a result, I am better able to identify and stay with my emotions. I am more open in sharing my fears, pain and vulnerabilities with others. Overall, I am learning to take myself and see life as less serious. But most of all, I have developed a connection to my inner

self and to the divine. The concept of the divine is no longer a wish but a reality in my life. I no longer define security in financial terms and have more faith and confidence in my ability to do the work of my heart, as long as I remember to keep my ego out of the way.

Birth, Death, and Rebirth

Seventeen people (51%) reported experiences around the theme of either birth, death, rebirth, or the death/rebirth sequence.

Five participants (15%) reported being in touch with feelings associated with the fact that their mother had been under the influence of anaesthesia when they were born. For example one woman said: "More birth experiences continued, culminating in an experience of being stuck in the birth canal and experiencing anaesthesia. This was part of my coex system: fear of defeat, feeling stuck and having difficulty in finishing things".

Five people (15%) reported specific experiences related to specific birth matrices. One woman said:

The very first few years of breathwork were mostly related to the third birth matrix; very empowering. The last stretch has been difficult, with a lot of second birth matrix material dealing with feelings of being stuck, hopelessness and grief.

Four participants (12%) reported that working on their birth brought about important changes in their life. One woman said: "I relived my birth which touched me in my own vitality and life-force and gave me a new sense of my original giftedness." Another man reported the following experience:

I got into the birth process and I connected with my mother giving birth and, from her perspective, saw the fact that she didn't want me. And in seeing that, in making that connection with her, I got the understanding that it had nothing to do with me, that I'd been taking it personally these last 47 years. And really

it wasn't that; it had nothing to do with me. She simply didn't want to be pregnant; she didn't want to be in this life, she didn't want any of that sort of thing. That was an amazing weight lifted off of me. It just took a lot of the shame and shit away from my experience of birth.

Many people reported that death was a part of their experience. Two (6%) mentioned that their death experience, through the breathwork, was very significant.

One woman said:

I also had a death experience where I literally went through the whole process of death and that changed my life. ...It changed my whole way of seeing things, my whole way of participating in the world, my whole way of being.

Four participants (12%) had sequences of death/rebirth experiences. One woman said: "In the February module, I had a real death/rebirth experience of being way out in space; just the most glorious, wonderful, orgasmic thing."

Relationship

Eleven people (33%) reported that breathwork helped them to heal relationships with other people or helped them to increase the quality of their relationships. Here are some statements used to describe these experiences: 1) "So, personally I feel that I have learned the capacity to be intimate, to give and receive love from people"; 2) "It's a real deep healing for me around personal relationships because of this community"; 3) "Regarding my relationship with my parents, I was able to allow them to be who they are, to express genuine gratitude for what they were able to provide me with. It's been very healing"; 4) "Breathwork helped me to complete a major piece of family of origin work. Definitively healing the relationship with my father and making peace with my family"; 5) "My relationships with others in my

immediate life, both personally and professionally, have become more cooperative and less competitive"; 6) "There has been a shift in my attitude that has shown up in my relationships and it is easier for other people to approach me"; 7) "My relationship to my body, to my family, and to my wife changed."

Music

Eight people (24%) reported that music has been a catalyst for different types of emotions or experiences. For some, the music was associated with specific memories; whereas others felt that the music supported them through at the process. One woman reported: "Because of the connection I felt to the Zikr music played during breathwork, I have been involved in a Sufi Community for spiritual practices."

Mandala

Everyone who shared their breathwork experience used their own mandalas as a reminder of their process. Participants displayed their mandalas on the floor as a reminder of the different experiences they went through. Although people used their mandala for the sharing, they did not specifically talk much about the process of making the mandala and how it affected them. However, some mentioned that looking at their mandalas helped them to discover aspects of their process they had not realized before. For example, after having drawn his mandala, a man who had a powerful vision realized that "The visions had content that was frighteningly

synchronistic to other already charted transpersonal maps." His mandala helped him to go further in the understanding of his experience.

Training

Finally, in this last section I present what participants reported about changes around their professional identity. This section is divided into three categories: (a) general changes about one's professional identity; (b) processes related to the fact of becoming a Holotropic Breathwork™ facilitator; and (c) training needs or areas of concerns participants still had at the end of the training. I would also like to mention that I have chosen to present this material here although it cannot be exclusively reduced to the intellectual realm.

General Changes in One's Professional Identity

Nine (27%) participants, who were already mental health practitioners, have reported significant changes in their different therapeutic roles. As a general trend, these practitioners moved out of a traditional way of doing intervention to adopt a more transpersonal way of being with their clients. One woman therapist said: "I operate more and more within the new paradigm. I have an even greater faith in the inner wisdom and healing capacities of the individual." Another male therapist reported the following: "The transpersonal model and special attitude of confidence in the healing process and in the wisdom of the healing process has been of much

help in my daily work as a therapist." A psychoanalytically-oriented therapist stated the following:

[I am] trying to move more in the direction of really embracing this breathwork and this transpersonal approach as a way of working with people and to really make some serious choices to do that, not to do the more conventional psychiatric practice anymore, and it feels very liberating.

Many participants reported changes in their attitude regarding the therapeutic process. Here are some of the changes mentioned: "It really allowed me to be a therapist with only raising questions and nothing else. I don't need to be a potent therapist, I can just be a curious therapist."; another said "I am much more going with the process of my clients, supporting them in their own process than being an expert"; another said "I have learned to talk less in my therapeutics roles."; and finally one therapist said:

Professionally, this fosters a greater trust for how a client's process unfolds, and takes me further from a position I used to hold, which was I had to "do something" to create a change, or set the conditions for change in the other person. Now the something I have to "do" is to be present myself, be with the other person, and bare witness to the flowering of the inner healer both in myself and in others.

Becoming a Holotropic Breathwork™ Facilitator

Twenty-four people (72%) reported being ready to lead or co-lead workshops in Holotropic Breathwork™. Among them, eleven (33%) reported having already started to lead or co-lead workshops.

Many participants revealed having a deep trust in the process. As an example one psychologist said: "Where my personal work has led me gives me deep

experiential trust in this process and I'm certain that this conviction comes through with absolute crystal clarity to participants."

Three (9%) participants revealed their interest to work with "special" population such as groups of HIV-infected people, veterans, disadvantaged young adults, other racial groups, and psychiatric patients.

Other important information communicated by several participants was the strong desire to make this type of work available to people. There is also a strong desire to provide a secure "container" for helping people to do deep inner exploration.

Training Needs and Areas of Concern

People have also made known where they still need more training and where they felt less confident about practicing Holotropic Breathwork™. Four (12%) participants reported that doing bodywork was an aspect of the work where they felt less confident. Two (6%) said that more knowledge in the area of myths, symbols, and archetypes was needed. Two (6%) others reported difficulties concerning the music. The other areas of concern were about: evaluating new participants, describing the theoretical aspect of the work, being familiar with the medical aspect of the work, and not feeling secure in front of a group.

Symbols, Metaphors, Words, Sentences or Images Representing People's
Breathwork Process

Every participant was asked to give a symbol, a metaphor, a word, a sentence or an image that captured the essence of his or her breathwork experience. Here are the expressions people reported: 1) "Light out of darkness"; 2) "The breath gave me back my life"; 3) "It is sort of the crossing of the lines from consciousness to being conscious"; 4) "Healing, transformation and wholeness. I would also say a flower in terms of opening to the radiance of the divine and expressing more fully my potential and my beauty"; 5) "Two golden cobras dancing and intertwining and creating by touching"; 6) "Becoming myself. Just coming fully into myself, connecting with my own authenticity"; 7) "It would be the metaphor of an opening to a greater knowledge or a greater power"; 8) "It is wholeness and being healed"; 9) "It would be something I call a prayer dance to the divine energy"; 10) "It would be a jewel, yeah, it would be an emerald"; 11) "The experience of unity and the connection with everything"; 12) "Sort of like fireworks in a way, explosion, unlimitness, expansion"; 13) "It's been those three -- expansion, aliveness and spirituality"; 14) "It is a path of the heart"; 15) "Being aware of being a part of the universe, and another would be the vision of the druids"; 16) "It's a pendulum coming into balance"; 17) "Wholeness, the sense that I can feel or do anything and it's all human"; 18) "Butterfly and transformation"; 19) "Getting more mature, more sensitive and more human"; 20) "Moving toward wholeness"; 21) "A cosmic stretching"; 22) "A butterfly"; 23) "Conscious contact with spirit"; 24) "It is getting wiser, that's the essence really"; 25) "It would be a quieting of the storm that was in

me"; 26) "Breathwork has dropped me into the tao, immersed into it"; 27) "It is the union of the polarity"; 28) "It brought me to my life."

Case Studies

In this section I will present the process of two participants in more detail. This is to illustrate how the breathwork process has been working for them. These two case studies will help the reader to better understand how the breathwork process can unfold for a person who is using it as a way to heal old wounds and foster self-discovery. The descriptions will give more contextual information about the participant. Moreover, for each breathwork experience there will be a small table that will indicate the breathwork number, the date of the experience, the themes of the experience, and the levels experienced (physical, intellectual, emotional, and spiritual). This will be followed by a brief narrative of the process. All interpretations in the case studies are from the participants themselves, and not from myself.

The first case study I present is the one which resulted from the long interview (some details from her sharing in front of the group and from her short interview have been used to complement the information received during the long interview). The second is the one which resulted from the short interview and the record kept by the participant.

The Case of Susan.

The first case is a woman I will call Susan. She was 45 years old when she began her breathwork journey. She experienced both individual as well as group sessions. During her process, she experienced over fifty breathwork sessions.

Susan comes from an abusive family. Her father was authoritarian, violent, highly controlling, very unpredictable and inconsistent. She said, "My father's cruel authoritarian manner had intimidated me and I had a deep and crippling wound." Her mother was very dependent and controlling. The family did not have healthy boundaries. Both parents were very intrusive, and they invaded her privacy.

Susan reported that she was sexually abused by her father. As a result of such parenting, Susan became very withdrawn and was limited in her self-expression. She carried a lot of fear inside and she did not feel safe in the world. "I was always under a lot of stress and I was very fearful." She also felt a lot of shame surrounding her emotions. In addition, her social skills were very poor. Instead of "participating" in the real world, she preferred to figure out things in her head or in her imagination. She would somehow numb herself out. As a result, she ended up with a very poor self-esteem and bad self-image.

In University, Susan completed a Masters Degree in art. In art, she discovered how she could express herself securely. For her, art was a way of organizing her world and it felt good.

After travelling in Europe, she became involved with an old friend from art school. She ended up living 17 years with this man. Her parents tried to break up the relationship, but she resisted their attempts. The defiance of her parents was, she thought, the reason why she stayed so long in this dysfunctional relationship.

Quite soon in the relationship, Susan realized she had "pretty severe emotional problems." She felt anxious, depressed and confused. She then decided to go into therapy (Freudian psychotherapy), which lasted 10 years for two or three times a week at the beginning. She also did group work for six years. She became very dependent on her therapist. Finally, she quit therapy, feeling quite angry and disappointed. At that time, she moved to California and got involved in a twelve-step program. She did not use drugs or alcohol but her partner was an alcoholic. She became pregnant and had an abortion. About a year later, she left the relationship.

Then, she involved herself with an incest survivor group where memories and emotions of her abuse started to come out. During that time, she began working with a primal therapist who was studying Holotropic Breathwork™ with the Grofs. Soon, she started to do Holotropic Breathwork™. Here is an account of her breathwork experiences. The first experience she reported here was a short version of the way Holotropic Breathwork™ is practiced.

The first breathing experience is not a full holotropic experience, but a condensed form. I just found a lot of screaming came out and I felt my father's presence right in my field right there. And it was very frightening and I kept telling him to go away, go away and he didn't go away. And I kept insisting and finally he left. When I walked out the door, I was a different person. I had a boundary. See, I'm still learning what really are boundaries and what are the modalities that can help people. Well, that helped me to have a sense of a boundary when I left. In this experience I felt very young, I was regressed.

Commenting on this experience Susan realized that there was a frightened little boy inside her father and that her father was mean because he was not loved and he was very afraid. This realization led Susan to a big breakthrough. She said, "It was a lot of heart-opening," and "It led me to a creative spirit of a lot of colors and just

being emphatic and expressive." More essentially, "I realized that he was a part of me and I needed to kind of appreciate him."

In another experience, Susan reported the following:

I regressed to infancy. I'm in the crib raising my hands in despair because there's no love. I was feeling totally broken, isolated and terrified. Because of the nature of the breathwork, nobody tried to save me or anything, I could just experience what really happened. I was bringing my whole adult self into this experience. I know that the power of my adult self allowed me to go that deep in vulnerability. But at that time, I had no awareness, I was just regressed. Just like another time when I was just a baby, you know, when somebody held me and I was just a baby. Part of my mind knew I was in breathwork and I was safe. So, after that despair, when I reached out to my sitter, he just touched my hand or held my hand. I thought that was the first person I really touched in my whole life. It is as if I had touched and touched, but didn't. So there was a real connection. And then I felt connected with all the people in the group, all the people in the world. So all of these things were changing my personality. I could now, in a sense, feel more of a heart connection with people and feel safer and participate more. And because I was now living alone, I would take myself to places and explore different things and be more active with meetings and readings, spirituality, asking for help. So it was a major shift in interactions.

Susan had many other breathwork experiences with her primal therapist and all of them were a short version of the Holotropic Breathwork™ sessions. Then she started doing real Holotropic Breathwork™ sessions.

And then an assistant who was just in the process of being certified too, he said, "Well, you know, I have an all day workshop, would you like to come?" So I didn't even know there was such a thing to go for an all day workshop and that first one I had the most dramatic birth experience I had ever had. It's as if the experiences I had with the therapist, because they were so short, they didn't have the proper preparation and so forth, conditions. I couldn't have the full birth experience. So there I go in and have a really big one. And I was pushing out of the womb and this kind of thing, it was quite spontaneous. ...I was so regressed that I was experiencing life as an infant. It was just the sound and colour and wanting the breast. And there were two facilitators, they were a man and a woman, that held me. It was helpful to have a woman and also man. It was like having two parents. So it was particularly life changing for me. That was a big transformation. Of course, I was to have many aspects of birth, you know, reliving different pieces of it.

Susan then reported another significant experience.

Another significant one would be a module where I got myself stuck in the womb and I tried to push my way and... that's when "X" said to stay on the mat. I was so determined, I was by force wanting to go... And at the time the facilitator was there and she said if you don't go through it now, you'll have to go through it some other time. That was tough love, that was good. So I found that I was stuck in the womb and I couldn't get out, and on the top of I realize that what I was experiencing was the anaesthesia. And I had been stuck with my head on the left side for some time while pushing out, for getting out under drugs.

I didn't know at the time that it was the anaesthesia, but yeah, all I know is that I was being wiped out, you know, it was the fear. I felt drugged. And that being stuck was very characteristic of my way of living. And then I realized that I had been stuck, it was very freeing. That was my actual experience, I was stuck. I couldn't make it on my own, I was drugged. This experience was also transforming.

In this experience, Susan realized the following:

I experienced the stuckness and because it was the truth, and the defeat that came with it was very meaningful because I was a sore loser. I didn't like games because I didn't like losing and now I realize that I lost, it's alright, I lost. ...So there was the defeat and the expression of the victory. ...It was a relief. In that defeat was the victory because that's what really happened. It was actually freeing. I didn't make it; it wasn't my way at all. I had no choice. ...It's almost like it was a pattern that I was creating - being stuck over and over, like being stuck in that relationship. So it was like being willing to see the worst that I experienced was freeing. If I could see the worst, then there was less to be concerned about. I was protecting myself somewhere I guess, it was so painful

In another experience Susan reported the following.

I said to "X" I feel I might die, I'm not going to be safe and he said that you'll be safe, go ahead and die. So that was a major experience where I died in a past life situation, I was raped and murdered and it was very very devastating. But I experienced myself obliterated, murdered and dying. And since, I've had a number of dying experiences. And afterwards, someone said "you're going to want to die again and again," it's crazy. But after I had died, in the experience, I had a tremendous sense of rebirth. Magnificent and transforming spiritual transformation. When I was dying, I went down a staircase, here was the staircase that I had wanted to fall down in daily life. I went down a dark

staircase and then after I died, I started coming up a white staircase. And then I was on a stage wearing magnificent clothing, just iridescent, and feeling a tremendous rapport with the audience. And I also, coincidentally, had relived later on a past life of a singer where the rapport with the audience was also maybe the second best experience in my life. It was a lot of connections. But, anyway, then I really, it was really celestial and very, you know, I felt a deep connection with all of life. And after the experience, my heart was very very open and I could look into people's eyes and sense their spirits deeply.

Susan had many birth and death experiences and she realized through that process "That there was a whole other person that was much deeper who was living in me." She said:

The thoughts, attitudes and habits are a product of circumstances, they're not really me. You know what I mean, there's a cluster of thoughts I identify as me. And the breathwork made me aware through the nonordinary experiences that the contracted, frightened, isolated person was formed out of circumstances and that part was dying. It was scary, it was painful, but I also know what it means to die because it was true, very revealing.

In order to get a better picture of Susan's breathwork experience I will now present a table that summarizes some of her experiences. The first experience I present is not a typical Hoplotropic Breathwork™ experience but a short version that was practiced by the woman with whom she started to work. The dates are also approximate and they correspond to the breathworks she reported in the interview. These experiences represent the key experiences of her entire breathwork process.

Table #3

Summary of the Breathwork Experiences of Susan.

Breathwork # Date	Themes	Levels Experienced
1 Oct. 3, 1989	Regressive state Frightening experience	Physical - none Intellectual

	Experience boundaries Experiencing father's presence Made her father go away	- understanding boundaries Emotional - fear Spiritual - none
2 Dec. 7, 1989	Regressive state Feeling totally broken, isolated, and terrified in the crib Deep despair Touching and feeling connected Heart connection Feeling safer	Physical - none Intellectual - able to see herself Emotional - despair, fear, rejected Spiritual - heart opening
		(Table continues)
Breathwork # Date	Themes	Levels Experienced
3 Mach 12, 1990	Dramatic birth experience Regressive state Experiencing life as an infant Being reparented Big transformation	Physical - pushing, sounds, colours Intellectual - none Emotional - feeling needy Spritual - none
4 June 24, 1991	Feeling stuck in the womb Experiencing anaesthesia Feeling transformed	Physical - pushing Intellectual - realizing her stuckness Emotional - fear, wiped out Spiritual - none
5 Feb. 3, 1992	Death/rebirth experience Past life experience where she was murdered Spiritual transformation	Physical - none Intellectual - none Emotional - devastated, obliterated,

Feeling connected
Heart opening

feeling open
Spiritual
- feeling celestial, deep
connection with life,
sensing other's spirit

In brief, Susan started her breathwork journey with a powerful encounter with her father. She regressed to infancy where, in a very frightening experience, she was able to make her father go away which gave her a sense of boundaries. Then, Susan had a regressive experience where she was in the crib totally terrified and at that point she had an experience of being touched, as if it was the first time. This led to a heart opening experience. In another experience Susan had a dramatic birth experience where she was reparented. This led to a feeling of deep transformation. In a subsequent experience she regressed into the womb where she felt stuck. She experienced anaesthesia and she understood that her feeling of being stuck in life was connected to it. Finally, Susan had a death/rebirth experience where she experienced a past life where she was murdered. In the rebirth phase of this experience she had a spiritual transformation where she felt her heart opening and a feeling of being connected with life. As a result, Susan gained a sense of security and belonging. She has much more freedom of expression in her body.

The Case of Janet

The next case study is a 48 year old woman who comes from Europe (Ireland). I will call her Janet.

Janet came from what she called a very dysfunctional family. Her parents were farmers and much of their energy was devoted to the farm. They were both very

wounded according to her. Her father was a son of an alcoholic and he was dominant, strong, and spoke with authority. She learned from him to perform, achieve, compete and please. Her mother taught her that a woman's place is at home, caring for children, sacrificing herself, and putting herself last.

Her parents did not have much time for her and she grew up with a very strong sense of being abandoned. She said, "I grew up with a sense that my needs for receiving care, affection, recognition and affirmation were less important than the farm work."

At the age of ten, she went to live with her aunt and her uncle. From the age of ten to fifteen she was sexually abused by her uncle. Her aunt was very controlling and authoritarian. During that period, any care and nurturing that she got came from her uncle the only one who touched her and gave her sweets and ice cream.

As a result, Janet said, "I perceived myself as neither loveable nor worthwhile. I felt I was bad; my needs were not important." She grew up with a very strong sense of not being okay. She reports that she learned little about respecting her own uniqueness, nurturing herself, responding to her needs or expressing her feelings. She reports that she had a lot of anger, rage, fear, pain, shame, confusion, and felt that the world was not a safe place. "Life became a constant creation of practical solutions to avoid pain."

At sixteen, she entered religious life as a nun. Soon, she ended up receiving the same messages she received in her family, which was about suppressing her true self.

She was attracted to working for justice. Her wounded child was attracted to situations where she could alleviate pain and suffering. She was very angry and resentful.

In looking back at her life, Janet mentioned that she was very dissociated and her body felt numb. From the age of ten, she suffered from a permanent cough and frequent bronchial attacks. She carried a lot of tension in her neck and shoulders and her breathing was not very good.

In August 1990, she came to study in California where her inner journey began. Two months later, Janet began her holotropic journey (she did about forty sessions). Her journey lasted two years.

As she began the breathing sessions in October, Janet was on the verge of a breakdown and a burn out.

What follows is an account of what she considers to be the essence of her many sessions. This account is taken from Janet's final paper that she submitted in partial satisfaction of the requirements for the degree of Master of Arts in Culture and Creation Spirituality (written permission has been obtained to use this material).
October 7, 1990. Session 1.

My journey began with a sensation of pins and needles in my hands. I then saw an animal with green eyes coming towards me. I felt very frightened. I screamed. I felt I was about to be attacked. My body recoiled. I screamed in anger, rage, pain, and fear. I cried bitterly. I knew I was ten years of age.

November 11, 1990. Session 2.

In this session, I experienced myself as a baby laughing and having fun. I was very happy. I then experienced myself at different ages during childhood. I felt playful, happy, carefree, and full of life running in wide open spaces.

This session, she said, "showed me that there was another aspect of my life with which I had lost touch. Beneath the numbness and the pain, there was a capacity for joy, happiness and playfulness."

November 15, 1990. Session 3.

I again regressed to ten years of age. I expressed anger, rage and cried a lot. Memories of my life with my aunt and my uncle came back. I felt angry, frustrated, helpless, and powerless. The feelings were particularly concerned with my aunt. I wanted protection, but there was no response. I felt so angry, I was unable to accept any tenderness or affection. Music with birds singing and seaside sounds increased the anger. It brought back memories of seaside trips with my uncle. I cried in desperation and sadness. I ended the session smelling wonderful fragrances.

She mentioned that this experience helped her to recognize her needs and that she learned that her anger kept her from "living and receiving the more feminine qualities of nurturance and tenderness."

November 20, 1990. Session 4.

Early in this session, I regressed into the fetal state in the womb. I felt uncomfortable, anxious, and I lacked space. I then felt as if something were closing in on me. I felt very frightened. I began to move downwards, my feet first. I felt a great sense of determination, vivaciousness, and courage. My head, then, felt stuck, and I began to lose my breath. I felt I was going to die. My breath returned, but immediately went again. Then I moved energetically and got through. I felt a great sense of release and relaxation. I cried and lay there breathing normally. I felt alone, but peaceful and quiet. In the final period of the session, I was danced by the music. My body moved freely and gracefully in what seemed like all the dances of the universe. I felt part of the universe and felt moved and touch by it. I felt drawn into its movement in a graceful, peaceful, and beautiful way.

Commenting on this experience Janet mentioned that she was born with her feet first and that she had her umbilical cord around her neck. Janet also mentioned she felt alive and positive towards herself and life in general. She lost most of the fear she was holding onto. She also felt sadness, grief, and pain around some of the things

she had lost from childhood. She felt the need to recover her original giftedness and her own power.

November 27, December 2 & 4, 1990. Session 5-6-7.

These sessions began with the expression of words - "No", "I don't want to", "Let me go." I felt angry, cried, and pushed things away from me. I felt like things were getting in on me, on the top of me and just wanted to clear a space for me. I felt all this in the womb, as a child in later life, and in adult life. Following this expression, I entered a death/rebirth experience, choking, loss of breath, loss of life, similar to that in my birthing experience. Memories came of my twin, my sisters, who were stronger, more confident, and more competent than I. Towards the end of the session I experienced free, open, playful movement.

About this session, she said, "I seemed to be struggling for my own space and my own power."

December 11 & 14, 1990. Session 8-9.

In these sessions, I went into a very deep grief, sadness and pain. I was back again at the age of ten. I felt a great sense of loss. I felt like I had lost my life. I felt discomfort, sickness, and an enormous burden. I remembered the feeling of discomfort, feeling of being dirty and needing to clean myself. I remembered actions and words. This led to choking and vomiting. I felt a real need to be comforted.

Around that time, Janet became very depressed and lost the capacity to concentrate. She felt lost, and experienced many difficulties in coping with the ordinary day-to-day things. For example, she had trouble to remember things and she kept locking herself out of her room. She also had a lot of physical pain in her lower and mid-back. In this difficult period, she felt hopeless and powerless.

January 22, 26 & 29, 1991. Session 10-11-12.

These sessions continued the grief at ever-deeper levels and greater intensities. The grief seemed to come from various stages of my life. It led to sickness and vomiting. At the end of the session I moved with the music.

February 18, 24 & 25, 1991. Session 13-14-15.

In these sessions, I felt a lot of pain in my neck and shoulders. I screamed in anger and anguish. I reached out, but there was no response. I felt I was left alone. I felt a stiffness in my hands and was unable to open them. Massaging them enabled me to open them, and I felt energy flow through them. I choked, lost my breath, and vomited. I went into a fetal position and lay their feeling hurt helpless and hopeless. I then went into a time of quiet and peace. I saw animals [fox, lion, tiger] around me. It was a comfortable being with them. I had images of faces looking at me with tenderness, compassion, and love. I felt loved and cherished. The faces of people then changed to animal faces with human bodies. Their gaze was very comforting. I was then in a garden of the most beautiful flowers and shrubs. I visited ancient ruins.

Following this experience she said, "I experience a real sense of compassion and love, and realized that there are people who love and care for me." During the following week, she felt a great sense of peace in her body. She began to accept the care of others.]

March 11, 1991. Session 16.

I was a foetus in the womb. I felt wonderful, floating in the amniotic fluid. I then felt vibrations. I knew my parents were having sex. I felt good. I then felt I was a child. I felt fear and cried. I returned again to the age of ten, and experienced fear and frustration. This caused sickness and vomiting. I then moved erotically to the music. I experienced very strong sexual feelings. I finally felt myself floating and felt the music massage my body.

March 18, 1991. Session 17.

I began experiencing myself as an animal. I felt fear and anger, and expressed it more intensively than in previous sessions. I went into a foetal position, and broke through as if being born. I then danced a very free floating movement. I went into a time of quiet and saw the music [I later recognized this vision in slides of sand formation on drum as music was played]. The waves of music moved before me and I saw their shape.

Commenting on this session, Janet said, "I felt a real change within; a greater sense of confidence and strength; a real knowledge of what I wanted and the courage to go for it regardless of external expectations."

April 14, 1991. Session 18.

"Today, I screamed in anger and rage. I gave myself permission to scream. This for most of the session. I then went into a quiet place. I saw tunnels with light at the end."

April 15, 1991. Session 19.

I screamed and cried for about thirty minutes. A bright light up screen appeared. I thought light had been turned on. I covered my eyes to regain the darkness. Now, it was clearly a bright screen. I realized I had come out of the tunnel. I watched the screen for some time. A black fragmented shape came on the screen, and I immediately regressed to childhood. I lay there crying and received no response. I felt someone very angry with me. I drew back in fear. I felt a sense of powerlessness in my hands and pain in my fingers. I was unable to open my fingers. Massaging them gently provoked screaming, and finally I was able to open them.

Janet said this session felt like a resolution of her healing from sexual abuse. After having expressed so many feelings with such intensity she felt a connection between her abused self and her deeper or spiritual self. She felt, at that stage, that she had dealt with issues of fear, powerlessness, oppressiveness, and abandonment. She understood that her anger was used as a way to defend herself against the many other feelings that needed to be dealt with. She said, "I have also dealt with the defense mechanism I used to prevent my feeling those feelings. That defense was anger."

April 29 & May 13, 1991. Session 20-21.

I began these sessions crying in fear and frustration. I was in infancy and childhood. I felt tingling sensations in my legs and feet. Touching them

increased the anger and crying. I kicked and screamed and my body went into convulsions. I then felt very snake-like and danced freely.

July 24, 1991. Session 22.

"In this session I felt severe sadness, pain, and anger. I was an adult. I felt a lot of fear. I ended in a quiet relaxed place, and had images of a brightly lit room."

July 26, 1991. Session 23.

I experienced animals around me. I experienced myself as a dog. I barked to protect myself. Some animals were friendly, some ran away in fear and others were attacking me. I cried and howled at the moon. I knew exactly what it is like to be a dog. I then felt myself becoming a predator. I growled and barked. I stood on all fours and went for the pillow that was placed in front of me. I then moved back into my own form and continued to growl. I knew it was my own anger. I cried in relief when I recognized and expressed it.

July 29 & 31, 1991. Session 24-25.

I cried, expressed anger, called for attention, and felt I was being punished for this. I felt fear. I asked myself what I was afraid of. I wondered about this for some time. I began to dance a very exotic dance. In the dance I lead a procession into a great arena. I danced in joy and excitement. In the arena, I felt the music closing in on me. I felt I was going to die, but I didn't experience death. I choked, coughed, and vomited. I then cried in anger and sadness. At the end of the session, I felt good and had a great sense of freedom.

Looking back at this session Janet did not know what this session was about.

However, she felt "it had a great healing effect." During the following weeks she mentioned that her energy increased and she noticed a further loss of fear.

September 15, 1991. Session 26.

Initially, I felt I was a baby. I felt helpless. I screamed and felt my throat opening. I felt an intense energy enter my body. I felt frightened. I began to speak in a foreign language. I was giving a talk. My body knew what I was saying and used gestures with the words. There was a great sense of power and energy in the words. They came from deep inside me. I enjoyed the sensation, the speech led into a discussion. I felt humorous and I laughed a lot. It seemed a serious occasion, but also enjoyable and humorous. In the quiet time I saw a

statue of Buddha with a tray in front of it. I felt like it was for garbage, and I was to throw my garbage into it. I had a lot.

Janet said that this session was related to public speaking. She mentioned that she felt a wonderful sense of spontaneity and lightness. During the week that followed this experience she felt that her fear of participation in groups decreased. She also add the following, "I also felt a greater trust in my own contribution."

October 13, 1991. Session 27.

I expressed sadness, frustration, and anger. These feelings were linked with very strong sexual feelings. I felt powerful energy released in my body. I felt a tight band about my head. I began to shake and move powerfully to breakthrough. I choked and vomited.

October 15, 1991. Session 28.

I expressed sadness, pain, frustration, and anger. These were linked with severe pain in my shoulder blades and constriction in my throat. I felt in my head. I began to move downwards. I felt I was birthing. I cried and vomited. I ended in relaxation, being massaged by the music.

October 22, 1991. Session 29.

I began making baby sounds, and repeating a phrase 'A But-Cha' for a long time. It felt good. I danced, my body moved by the music. I laughed at the inappropriateness of the music - church music for an erotic dance. This began a period of laughing. I felt it in my entire body. I then had an image of a bright light up screen and felt a free flowing energy in my body. I felt peace and joy.

October 24, 1991. Session 30.

In this session I yawned for a long time. I felt I was in the womb. I then moved into uncontrollable, distorted facial movements, which lead to an explosion of energy in my body and breakthrough. I lay completely relaxed and experienced beautiful white light.

She mentioned that she did not understand what these sessions were about, but only that they all seemed to be birthing sessions. She also reported that the weeks

followings these sessions she "noticed a dramatic change in her life. I felt a new world was opening for me."

November 3, 1991. Session 31.

I was in the womb and felt wonderful in its wetness. I was a baby and felt happy and playful. I was danced by the music. The dance was erotic. I laughed for a long time. I felt ecstatic. I entered a garden of wonderful flowers and shrubs. Snakes came out of the grass and entered my body. I felt intense sexual feelings. My body moved in a snake-like movement. I felt intense energy move through my body. I experienced great peace.

Following this session, Janet felt a great sense of energy and life. She experienced more pleasure and joy, which contrasted with the way she used to feel.

November 24, 1991. Session 32.

I yawned for a long time. This led to a ritual dance. I felt I was a Priestess, leading a ritual dance. I did cleansing and clearing movements, leading to a trance. My body felt bigger than I am in this life. The session ended peacefully.

[Janet said that this experience was experienced as a past life experience.]

December 8, 1991. Session 33.

I yawned. I entered the underworld and encountered deities and unfamiliar beings; some friendly, others not so friendly. I felt fear and just watched their presence. I then felt energy move through my body. I felt strong in my chest area, and seemed to be hitting against a block unable to get through. The force of the energy caused sickness and vomiting. The energy moved in my throat and created sounds. I felt I was facing death and put out my hands to stop it. I choked and felt I was suffocating.

January 26, 1992. Session 34.

I felt a lot of energy moving in my face and eyes, mouth, and tongue. The energy caused sickness and vomiting. I had visions of beautiful foliage, flowers, and plants, and I enjoyed their fragrances. The scenery then changed to a desert-like scene; red earth with a river flowing between two banks. The river became a snake. The snake entered my body. My body became the snake. I no longer felt my body. I felt I had dissolved into energy. I was nothing, empty, void, and yet -- I was keenly aware of my nothingness. I was

totally unaware of what was going on in the room. I came back to awareness of my body and became aware of the sound in the room.

She mentioned that this experience helped her to gain a sense of being tuned into the universal flow, and that she was one with the flow. That gave her a sense of unity. "There were no boundaries. My sense of myself expanded. I had a real sense of relaxation, unity and at-one-ness with all of life."

February 4, 1992. Session 35.

I entered the underworld, I met unfriendly beings. One looked like a hooded person with an axe, about to chop off my head; another looked like a hangman beside a scaffold. I didn't feel afraid. I confronted and interacted with them. I felt good. I then began to experience intense sexual feelings. I saw a snake enter my body. My body was filled with energy and shook violently. Again I felt sexual feelings. A second snake entered my body and moved through it. I felt my body in a snake-like movement. I felt the snake wrap itself around me, and my body moved in a circular movement. I felt a lot of energy and heat in my pelvic area. I then dissolved into energy and ended in a place of peace, enveloped by a wonderful caring energy.

Commenting on this session Janet said, "After this session I felt very quiet peace, and feeling of excitement and joy bubbling up inside me. I felt sensual and sexual."

February 6, 1992. Session 36.

I began yawning, felt fear, drew back, choked, and lost my breath. I felt I was going to faint. I repeated this four times. The fifth time, I let go into the faint. I felt faint and sick. I began to lose my breath. My breath seemed to enter from farther and farther back in my mouth and I realized I was dying. I began to watch the process with interest. My lips ceased to function. They were cold. I felt the extremities of my body going cold. My lips and tongue became dry, and I felt like they were sinking towards my throat. The breath entered at the throat level only. My hands, feet, lips, tongue, and mouth were motionless and cold. I felt my eyes sink into my head and my face and mouth take on the shape of death. I began to have longer periods between the breath, and then, I was in a place of white light, bright and dazzling, but comfortable to look upon. I saw light beings. I felt wonderful and peaceful. After some time my sitter

touched me. I jumped. I had lost the sense of time and place, of here and now. I continued to breath and dissolved into energy.

After that experience Janet mentioned that she learned to surrender and to stop controlling. She also realized that death is not an end, and she lost her fear of death. She said: "It helped me to embrace life fully and to stop having fear of the unknown. Through my symbolic death experience I learned to embrace life. My dying experience has been the road toward very positive feelings and transpersonal experiences." She then mentioned that she has gained "a greater sense of openness, receptivity, and reverence for life. I feel more patient, tolerant, and compassionate. I feel a deep love."

February 11, 1992. Session 37.

I felt severe pain at the base of my shoulder blades. It caused sickness and vomiting. I felt like energy was trying to move through it. I then moved in a cleansing, clearing movement, and felt powerful sensations of heat and energy in my body. This caused me to shake violently and move in a complex twisting manner. This continued for a long time.

February 13, 1992. Session 38.

I began with massage movement, particularly over my heart area. I then did a ritual dance. I sensed drums and a tribal people, and a very primitive energy. I felt I knew the dance. I had done it before. I then began to yawn. I felt an immense sadness in my heart. It moved right through my body. I cried and wailed. I felt like the sadness of the whole world. I felt myself opening to the sadness of the whole world. I lay quiet and felt a great love for everyone and everything. I returned to movement, a gentle flowing movement opening out from my heart, and then a movement, embracing and taking everything into me. The energy moved my body.

March 15, 1992. Session 39.

I felt a lot of energy in my body. It centred in the throat area. The energy created sounds. My tongue became active and very free. I then felt the energy in my jaws. Opening and freeing them. The energy moved in my lips, face, and mouth. My entire face felt full and warm. My head moved from side to

side, creating a sensation of dizziness, sickness, and vomiting. The energy subsided and I began to chant - OM. I chanted for a long time. I felt at one with the universe.

March 31, 1992. Session 40.

The energy today continued in my jaws. Opening and freeing them. I talked in tongues and chanted. The energy then moved through my eyes and forehead. I felt it very powerfully at the centre of my forehead. I vomited very severely. I then saw the most powerful light, colours and patterns. I was wonderful. I felt intensely sensual and loving. I felt ecstatic.

Reflecting on many of her sessions, Janet thought that she experienced some kind of "kundalini awakening."

As a result of these experiences, Janet reported many changes.

Through the breathwork, I grew into a deep relationship with my feelings, needs and desires and the ability to express them. I came to a healthy self-esteem and self-love. I learned to set boundaries. I moved from addictive relationships to more healthy, intimate ones. I developed a sense of my own power and authority. I am no longer governed by the authority of institutions or the need for approval. For the first time in my life, I can stand on my own and take responsibility for my life and my mistakes without defense, attack or blame. Physically, my body took on a more relaxed posture and more feminine shape. I ceased to have a permanent cough, frequent bronchial attacks and lower-back pain, all of which dated from the period of sexual abuse.

I have dealt with childhood rejection, neglect and emotional deprivation through omission and the subsequent patterns of behaviour related to this. I now feel more comfortable and spontaneous in reaching out to others, admitting my needs and asking for help. I have come to a deep inner security and sense of being worthwhile, irrespective of external circumstances. My body feels in harmony and my energy flows more freely.

I relived my birth which touched me into my own vitality and life force and gave me a new sense of myself and of my original giftedness.

I experienced death. This took away my fear of death. I can now look forward to death without fear or anxiety. The experience also taught me that it is easier to go with the flow of life than to struggle against it. I learned to surrender, to let go, to stop controlling, to some extent. I can now live more in the present, without fearing the future. I feel a greater sense of openness, receptivity and

reverence for life. This experience has transformed me profoundly into a more loving, compassionate and tolerant person.

In order to get a better picture of Janet's breathwork experience I will now present a table that summarizes the heart and soul of her many experiences.

Table #4

Summary of the Breathwork Experiences of Janet

Breathwork # Date	Themes	Levels Experienced
1 Oct. 7, 1990	Regressive state Feeling attacked Frightening experience	Physical - pain, sounds, postures, images Intellectual - none Emotional - anger, rage, fear, pain Spiritual - none
2 Nov. 11, 1990	Positive experience Happiness	Physical - none Intellectual - none Emotional - joy Spiritual - none
3 Nov. 15, 1990	Regressive state Wanting protection and not having it Old painful memories Frustration, powerlessness, helplessness, desperation	Physical - none Intellectual - none Emotional - anger, rage, sadness Spiritual - none
4 Nov. 20, 1990	Regressive state Determination, courage Feeling of dying Birth experience Feeling stuck Alone and at peace universe (being a part of)	Physical - pressure, movements Intellectual - none Emotional - fear, anguish, sadness Spiritual - being in touch with the

(Table continues)

Breathwork # Date	Themes	Levels Experienced
5-6-7 Nov. 27 & Dec. 2-4, 1990	Saying "No I don't want to" & "let me go" Sensation of being in the womb Death/rebirth experience Old memories of her sister	Physical - pressure, loss of breath, playful movements Intellectual - none Emotional - anger, sadness Spiritual - none
8-9 Dec. 11-14, 1990	Regressive state Sense of lost Feeling dirty and needing to clean herself Feeling a burden Feeling sick Need to be comforted	Physical - discomfort, vomiting, choking Intellectual - none Emotional - grief, sadness, pain Spiritual - none
10-11-12 Jan. 22-26-29, 1991	Deepening of the grief Feeling sick	Physical - movements, sickness Intellectual - none Emotional - grief Spiritual - none
13-14-15 Feb. 18-24-25, 1991	Reaching out Feeling alone and sick Feeling hurt, helpless, and hopeless Seeing animals Being comforted and loved Seeing flowers and ruins	Physical - stiffness, choked, pain vomited, fetal position Intellectual - none Emotional - anger, anguish, love Spiritual - none
16 March 11, 1991	Being a foetus in the womb Regressive state Having strong sexual feelings Massaged by the music	Physical - floating, sickness, movements Intellectual - none

Emotional
- fear, sadness, peace
Spiritual - none

(Table continues)

Breathwork # Date	Themes	Levels Experienced
17 March 18, 1991	Identification with animals Birth experience Being calm and quiet	Physical - foetal position, dance, images Intellectual - none Emotional - fear, anger, calm Spiritual - none
18 April 14, 1991	Feeling anger and rage Feeling quiet Seeing tunnels with light	Physical - scream Intellectual - none Emotional - anger, rage Spiritual - none
19 April 15, 1991 screaming	Screaming and crying Images of a bright light Coming out of a tunnel Regressive state Being alone crying Feeling someone angry at me Feeling powerlessness	Physical - images of light, tetany Intellectual - none Emotional - sadness, fear Spiritual - none
20-21 April 29, May 13 1991	Regressive state Kicking, screaming, and crying Body going into convulsions Feeling snake-like	Physical - sensations, movements, pain, dance Intellectual - none Emotional - anger, sadness, fear frustration Spiritual - none
22 July 24, 1991	Very intense emotions Being in a quiet relaxed place	Physical - none Intellectual - none

Images of brightly lit room

Emotional

- sadness, pain, anger, fear

Spiritual - none

(Table continues)

Breathwork # Date	Themes	Levels Experienced
23 July 26, 1991	Seeing animals Becoming a dog Howling and growling	Physical - movements, postures Intellectual - none Emotional - anger, sadness Spiritual - none
24-25 July 29-31, 1991	Calling for attention Feeling being punished Dancing exotic dance Feeling of dying Choked, coughed, and vomited Feeling of freedom	Physical - movements (dance), sickness Intellectual - none Emotional - anger, fear, sadness, joy Spiritual - none
26 Sept. 15, 1991	Feeling like a baby Felt intense energy in the body Speak in foreign language Feeling joy and power	Physical - movements, images Intellectual - none Emotional - Fear, joy, helplessness Spiritual - none
27 Oct. 13, 1991	Feeling intense emotions Strong sexual feelings Choking and vomiting	Physical - energy released in the body, sensations Intellectual - none Emotional - sadness, frustration, anger Spiritual - none
28 Oct. 15, 1991	Feeling intense emotions Pain in the body and throat Birthing experience Sickness	Physical - pain, movements, being relaxed Intellectual - none

Massaged by the music

Emotional
- sadness, pain, anger
Spiritual - none

(Table continues)

Breathwork # Date	Themes	Levels Experienced
29 Oct. 22, 1991	Making baby sounds Repeating "A But-Cha" A lot of laughing Feeling peace and joy	Physical - movements, energy in the body, seeing a bright light Intellectual - none Emotional - joy, peace Spiritual - none
30 Oct. 24, 1991	Feeling of being in the womb Uncontrollable movements Explosion of energy Distorted facial movements	Physical - movements, energy in the body, seeing white light Intellectual - none Emotional - relaxed Spiritual - none
31 Nov. 3, 1991	Feeling of being in the womb Being a happy baby Dance and sexual feelings Snake entering the body Seeing flowers Positive feelings	Physical - movements (dance), energy in the body Intellectual - none Emotional - peace, joy Spiritual - none
32 Nov. 24, 1991	Priestess leading a ritual dance Cleansing and clearing movements Trance state	Physical - movements, body sensations Intellectual - none Emotional - peace Spiritual - identification with Priestess

(Table continues)

Breathwork # Date	Themes	Levels Experienced
33 Dec. 8, 1991	Entering the underworld Encountering deities and beings Feeling sick Facing death Choked and suffocated	Physical - energy in the body Intellectual - none Emotional - fear Spiritual - contact with deities
34 Jan. 26, 1992	Energy moving in the body Feeling sick Beautiful images of flowers Becoming a snake Dissolving into energy and void	Physical - energy in the body Intellectual - awareness of my nothingness Emotional - none Spiritual - being in the void
35 Feb. 4, 1992	Entering the underworld and meeting unfriendly beings Intense sexual feelings Snake entering my body and moved through it Dissolving into energy Enveloped by caring energy	Physical - energy in the body, shaking, movements Intellectual - none Emotional - feeling good Spiritual - none
36 Feb. 6, 1992	Felt faint and sick Experience of dying Seeing white light, light beings Losing the sense of time and place Dissolving into energy	Physical - motionless, cold, lost of breath Intellectual - none Emotional - fear, peace Spiritual - contact with other beings

(Table continues)

Breathwork # Date	Themes	Levels Experienced
37 Feb. 11, 1992	Felt severe pain Feeling sick and vomited Powerful sensations, and violent shaking and twisting	Physical - movements, sensations of heat and energy, shaking and twisting, pain Intellectual - none Emotional - none Spiritual - none
38 Feb. 13, 1992	Doing a ritual dance Archetypal sadness Feeling great love	Physical - movements, energy moving my body Intellectual - none Emotional - love, sadness Spiritual - archetypal sadness
39 March 15, 1992	Energy moving in the body Feeling dizzy and sick Chanting "OM" Feeling one with the universe	Physical - movements Intellectual - none Emotional - none Spiritual - feeling one with the universe
40 March 31, 1992	Talking in tongues Energy opening the body Vomiting severely Feeling sensual, loving, ecstatic	Physical - energy in the body seeing colours, patterns Intellectual - none Emotional - love, ecstasy Spiritual - feeling ecstatic

In brief, Janet began her breathwork journey with an experience which was very typical of her whole process. In this experience she was regressed and she had intense emotions of fear, rage, anger, and pain. Interestingly enough, her second experience was very different. She experienced positive feelings and more particularly feelings of joy. Then her breathwork journey turned around experiencing a lot of intense emotions such as fear, rage, anger, and sadness. She had many regressive experiences where she was an infant or in the womb. She felt sick. She choked and vomited during several sessions. Toward the middle of her process she began having strong sexual feelings. She then saw tunnels and white lights. She saw snakes and moved like them through dances. She visited the underworld and met other beings. Toward the end of her process she had many experiences of dissolving into energy and having the energy moving into her body. As a result of these experiences Janet felt that she was transformed and healed. She gained self-esteem and self-love. She became a more loving, compassionate, and a tolerant person.

Results of Ring's Life Changes Questionnaire

Here the results of Ring's Life Changes Questionnaire are presented, including the results collected during the certification module, those obtained through the six-months follow up, and the score obtained by Ring in his NDE study. The results are presented as percentages of people responding for each perceived change for each question. The number of participants in the study is thirty-four and twenty-six in the follow up. The number of participants who participated in Ring's study was not

available. Moreover, as I said before, some results from the Ring's study were not available. When it is the case a dash (-) has been placed.

Table #5

Tables of Symbols of Perceived Changes

Symbols	Perceived Changes
SI	Strongly Increased
I	Increase Somewhat
NC	No Change
D	Decrease Somewhat
SD	Strongly Decreased
Study	N = 34
Follow-up	N = 25

Table #6

Results of Ring's Life Changes Questionnaire at the Moment of the Study Compared to Ring's Study.

#	Ring's Life Changes Questionnaire	Perceived Changes				
		SI	I	NC	D	SD
1.	My desire to help others has					
	Ring	69%	19%	12%	0%	0%
	Study	39%	33%	24%	3%	0%

(Table continues)

#	Ring's Life Changes Questionnaire	SI	I	NC	D	SD
2.	My compassion for others has					
	Ring	85%	15%	0%	0%	0%
	Study	56%	41%	3%	0%	0%
3.	My appreciation of "the ordinary things of life" has					
	Ring	69%	23%	8%	0%	0%
	Study	48%	42%	10%	0%	0%
4.	My ability to listen to others has					
	Ring	65%	19%	12%	4%	0%
	Study	35%	53%	10%	0%	2%
5.	My feelings of self-worth have					
	Ring *	-	-	-	-	-
	Study	72%	22%	6%	0%	0%
6.	My interest in psychic phenomena has					
	Ring	-	-	-	-	-
	Study	46%	27%	27%	0%	0%
7.	My concern with the material things of life has					
	Ring	0%	0%	27%	27%	46%
	Study	0%	0%	21%	48%	31%
8.	My tolerance for others has					
	Ring	69%	19%	12%	0%	0%
	Study	27%	67%	0%	3%	3%

(Table continues)

#	Ring's Life Changes Questionnaire	SI	I	NC	D	SD
9.	My interest in creating a "good impression" has					
	Ring	8%	15%	35%	15%	27%
	Study	0%	3%	12%	64%	21%
10.	My concern with spiritual matters has					
	Ring	-	-	-	-	-
	Study	69%	25%	6%	0%	0%
11.	My interest in organized religion has					
	Ring	-	-	-	-	-
	Study	0%	6%	42%	27%	25%
12.	My understanding of myself has					
	Ring	-	-	-	-	-
	Study	78%	22%	0%	0%	0%
13.	My desire to achieve a higher consciousness has					
	Ring	81%	15%	4%	0%	0%
	Study	67%	24%	9%	0%	0%
14.	My ability to express love to others has					
	Ring	73%	27%	0%	0%	0%
	Study	50%	50%	0%	0%	0%
15.	My interest in "living the good life" has					
	Ring	27%	8%	38%	12%	15%
	Study	0%	20%	35%	35%	10%

(Table continues)

#	Ring's Life Changes Questionnaire	SI	I	NC	D	SD
16. My insight into the problems of others has						
	Ring	58%	30%	12%	0%	0%
	Study	40%	60%	0%	0%	0%
17. My appreciation of nature has						
	Ring	65%	23%	12%	0%	0%
	Study	36%	49%	15%	0%	0%
18. My religious feelings have						
	Ring	-	-	-	-	-
	Study	27%	16%	44%	12%	2%
19. My understanding of "what life is all about" has						
	Ring	73%	19%	4%	4%	0%
	Study	47%	40%	10%	3%	0%
20. My personal sense of purpose in life has						
	Ring	69%	19%	12%	0%	0
	Study	64%	27%	6%	3%	0%
21. My belief in a higher power has						
	Ring	-	-	-	-	-
	Study	55%	33%	12%	0%	0%
22. My understanding of others has						
	Ring	50%	42%	8%	0%	0%
	Study	36%	64%	0%	0%	0%

(Table continues)

#	Ring's Life Changes Questionnaire	SI	I	NC	D	SD
23.	My sense of the sacred aspect of life has					
	Ring	-	-	-	-	-
	Study	67%	30%	3%	0%	0%
24.	My ambitions to achieve a high standard of living have					
	Ring	8%	12%	42%	19%	19%
	Study	0%	9%	35%	41%	15%
25.	My desire for solitude has					
	Ring	-	-	-	-	-
	Study	12%	48%	28%	12%	0%
26.	My sense that there is some inner meaning to my life has					
	Ring	96%	0%	4%	0%	0%
	Study	57%	33%	10%	0%	0%
27.	My involvement in my family life has					
	Study	22%	44%	22%	12%	0%
	Ring	-	-	-	-	-
28.	My fear of death has					
	Ring	-	-	-	-	-
	Study	0%	0%	12%	52%	36%
29.	My desire to become a well-known person has					
	Ring	0%	8%	46%	12%	34%
	Study	0%	6%	43%	36%	15%

(Table continues)

#	Ring's Life Changes Questionnaire	SI	I	NC	D	SD
30.	My tendency to pray has					
	Ring	-	-	-	-	-
	Study	18%	42%	40%	0%	0%
31.	My openness to the notion of reincarnation has					
	Ring	-	-	-	-	-
	Study	30%	49%	21%	0%	0%
32.	My interest in self-understanding has					
	Ring	65%	27%	8%	0%	0%
	Study	55%	35%	10%	0%	0%
33.	My inner sense of God's presence has					
	Ring	-	-	-	-	-
	Study	49%	35%	16%	0%	0%
34.	My feelings of personal vulnerability have					
	Ring	-	-	-	-	-
	Study	6%	42%	10%	24%	18%
35.	My conviction that there is life after death has					
	Ring	-	-	-	-	-
	Study	40%	27%	33%	0%	0%
36.	My interest in what others think of me has					
	Ring	4%	12%	19%	27%	38%
	Study	0%	6%	21%	49%	24%

(Table continues)

#	Ring's Life Changes Questionnaire	SI	I	NC	D	SD
37. My concern with political matters has						
	Ring	-	-	-	-	-
	Study	3%	26%	42%	29%	0%
38. My interest in achieving material success in life has						
	Ring	0%	0%	50%	23%	27%
	Study	0%	6%	33%	49%	12%
39. My acceptance of others has						
	Ring	73%	15%	12%	0%	0%
	Study	36%	64%	0%	0%	0%
40. My search for personal meaning has						
	Ring	62%	26%	8%	4%	0%
	Study	45%	40%	12%	3%	0%
41. My concern with questions of social justice has						
	Ring	-	-	-	-	-
	Study	12%	45%	43%	0%	0%
42. My interest in issues related to death and dying has						
	Ring	-	-	-	-	-
	Study	43%	45%	12%	0%	0%

*The little dots (-) indicate that these specific results from Ring were not available.

Table #6 compares the percentage of participants who perceived that their interest for each question of the LCQ had strongly increased, increased somewhat,

not changed, decreased somewhat, or strongly decreased at the time of the study.

The table also indicates the questions where the Holotropic Breathwork™ process had the most impact (where most participants reported a high percentage of changes, SI is equal or higher than 65%). These items are the following: a) #12 *My understanding of myself* (SI=78%); b) #5 *My feelings of self-worth* (SI=72%); c) #10 *My concerns for spiritual matters* (SI=69%); d) #13 *My desire to achieve a higher consciousness* (SI=67%); e) #23 *My sense of the sacred aspects of life* (SI=67%). For these questions there is a trend that may indicate that Holotropic Breathwork™ has much impact.

Table #7

Results of Ring's Life Changes Questionnaire at the Moment of the Study and Six Months Later (Follow up).

#	Ring's Life Changes Questionnaire	Perceived Changes				
		SI	I	NC	D	SD
1.	My desire to help others has					
	Study	39%	33%	24%	3%	0%
	Follow up	27%	50%	33%	0%	0%
2.	My compassion for others has					
	Study	56%	41%	3%	0%	0%
	Follow up	58%	38%	4%	0%	0%
3.	My appreciation of "the ordinary things of life" has					
	Study	48%	42%	10%	0%	0%
	Follow up	42%	50%	8%	0%	0%
4.	My ability to listen to others has					
	Study	35%	53%	10%	0%	2%
	Follow up	42%	46%	12%	0%	0%
		SI	I	NC	D	SD
5.	My feelings of self-worth have					
	Study	72%	22%	6%	0%	0%
	Follow up	42%	46%	12%	0%	0%

(Table continues)

#	Ring's Life Changes Questionnaire	SI	I	NC	D	SD
6.	My interest in psychic phenomena has					
	Study	46%	27%	27%	0%	0%
	Follow up	46%	23%	31%	0%	0%
7.	My concern with the material things of life has					
	Study	0%	0%	21%	48%	31%
	Follow up	0%	0%	27%	50%	23%
8.	My tolerance for others has					
	Study	27%	67%	0%	3%	3%
	Follow up	12%	73%	15%	0%	0%
9.	My interest in creating a "good impression" has					
	Study	0%	3%	12%	64%	21%
	Follow up	0%	4%	23%	54%	19%
10.	My concern with spiritual matters has					
	Study	69%	25%	6%	0%	0%
	Follow up	61%	31%	8%	0%	0%
11.	My interest in organized religion has					
	Study	0%	6%	42%	27%	25%
	Follow up	4%	4%	42%	31%	19%
12.	My understanding of myself has					
	Study	78%	22%	0%	0%	0%
	Follow up	42%	50%	8%	0%	0%

(Table continues)

#	Ring's Life Changes Questionnaire	SI	I	NC	D	SD
13.	My desire to achieve a higher consciousness has					
	Study	67%	24%	9%	0%	0%
	Follow up	54%	35%	11%	0%	0%
14.	My ability to express love to others has					
	Study	50%	50%	0%	0%	0%
	Follow up	38%	58%	4%	0%	0%
15.	My interest in "living the good life" has					
	Study	0%	20%	35%	35%	10%
	Follow up	12%	4%	36%	44%	4%
16.	My insight into the problems of others has					
	Study	40%	60%	0%	0%	0%
	Follow up	24%	76%	0%	0%	0%
17.	My appreciation of nature has					
	Study	36%	49%	15%	0%	0%
	Follow up	40%	32%	28%	0%	0%
18.	My religious feelings have					
	Study	27%	16%	44%	12%	2%
	Follow up	20%	32%	44%	4%	0%
19.	My understanding of "what life is all about" has					
	Study	47%	40%	10%	3%	0%
	Follow up	32%	48%	20%	0%	0%

(Table continues)

#	Ring's Life Changes Questionnaire	SI	I	NC	D	SD
20.	My personal sense of purpose in life has					
	Study	64%	27%	6%	3%	0%
	Follow up	28%	44%	24%	4%	0%
21.	My belief in a higher power has					
	Study	55%	33%	12%	0%	0%
	Follow up	40%	36%	24%	0%	0%
22.	My understanding of others has					
	Study	36%	64%	0%	0%	0%
	Follow up	24%	76%	0%	0%	0%
23.	My sense of the sacred aspect of life has					
	Study	67%	30%	3%	0%	0%
	Follow up	40%	52%	8%	0%	0%
24.	My ambitions to achieve a high standard of living have					
	Study	0%	9%	35%	41%	15%
	Follow up	4%	8%	36%	44%	8%
25.	My desire for solitude has					
	Study	12%	48%	28%	12%	0%
	Follow up	8%	48%	36%	8%	0%
26.	My sense that there is some inner meaning to my life has					
	Study	57%	33%	10%	0%	0%
	Follow up	28%	52%	20%	0%	0%

(Table continues)

#	Ring's Life Changes Questionnaire	SI	I	NC	D	SD
27.	My involvement in my family life has					
	Study	22%	44%	22%	12%	0%
	Follow up	12%	32%	48%	8%	0%
28.	My fear of death has					
	Study	0%	0%	12%	52%	36%
	Follow up	0%	0%	25%	50%	25%
29.	My desire to become a well-known person has					
	Study	0%	6%	43%	36%	15%
	Follow up	0%	0%	68%	28%	4%
30.	My tendency to pray has					
	Study	18%	42%	40%	0%	0%
	Follow up	12%	40%	48%	0%	0%
31.	My openness to the notion of reincarnation has					
	Study	30%	49%	21%	0%	0%
	Follow up	24%	28%	48%	0%	0%
32.	My interest in self-understanding has					
	Study	55%	35%	10%	0%	0%
	Follow up	38%	38%	19%	5%	0%
33.	My inner sense of God's presence has					
	Study	49%	35%	16%	0%	0%
	Follow up	36%	38%	26%	0%	0%

(Table continues)

#	Ring's Life Changes Questionnaire	SI	I	NC	D	SD
34.	My feelings of personal vulnerability have					
	Study	6%	42%	10%	24%	18%
	Follow up	12%	35%	19%	31%	3%
35.	My conviction that there is life after death has					
	Study	40%	27%	33%	0%	0%
	Follow up	27%	42%	31%	0%	0%
36.	My interest in what others think of me has					
	Study	0%	6%	21%	49%	24%
	Follow up	0%	0%	19%	69%	12%
37.	My concern with political matters has					
	Study	3%	26%	42%	29%	0%
	Follow up	0%	31%	50%	19%	0%
38.	My interest in achieving material success in life has					
	Study	0%	6%	33%	49%	12%
	Follow up	0%	4%	42%	46%	8%
39.	My acceptance of others has					
	Study	36%	64%	0%	0%	0%
	Follow up	12%	85%	3%	0%	0%
40.	My search for personal meaning has					
	Study	45%	40%	12%	3%	0%
	Follow up	23%	46%	23%	8%	0%

(Table continues)

#	Ring's Life Changes Questionnaire	SI	I	NC	D	SD
41. My concern with questions of social justice has						
	Study	12%	45%	43%	0%	0%
	Follow up	12%	46%	38%	0%	0%
42. My interest in issues related to death and dying has						
	Study	43%	45%	12%	0%	0%
	Follow up	15%	62%	23%	0%	0%

Table #8

Percentage (%) of Participants who Perceived Either Less Changes, the Same Changes, or More Changes (Compared to Earlier Study Ratings) at the Six Months Follow up for Each Question of Ring's Life Changes Questionnaire.

#	Ring's Life Changes Questionnaire More	% of Participants		
		Less	Same	More
1.	My desire to help others has	32%	44%	24%
2.	My compassion for others has	12%	76%	12%
3.	My appreciation of "the ordinary things of life" has	33%	58%	9%
4.	My ability to listen to others has	24%	56%	20%
5.	My feelings of self-worth have	36%	52%	22%
6.	My interest in psychic phenomena has	20%	64%	16%
7.	My concern with the material things of life has	16%	56%	28%
8.	My tolerance for others has	36%	56%	8%
9.	My interest in creating a "good impression" has	12%	68%	20%
10.	My concern with spiritual matters has	16%	72%	12%
11.	My interest in organized religion has	20%	52%	28%
12.	My understanding of myself has	48%	52%	0%

(Table continues)

#	Ring's Life Changes Questionnaire	Less	Same	More
13.	My desire to achieve a higher consciousness has	20%	72%	8%
14.	My ability to express love to others has	32%	44%	24%
15.	My interest in "living the good life" has		17%	66%
	17%			
16.	My insight into the problems of others has	33%	54%	13%
17.	My appreciation of nature has	21%	67%	12%
18.	My religious feelings have	21%	46%	33%
19.	My understanding of "what life is all about" has	46%	46%	8%
20.	My personal sense of purpose in life has	54%	46%	0%
21.	My belief in a higher power has	25%	71%	4%
22.	My understanding of others has	21%	75%	4%
23.	My sense of the sacred aspect of life has	33%	62%	5%
24.	My ambitions to achieve a high standard of living have	29%	33%	38%
25.	My desire for solitude has	25%	58%	17%
26.	My sense that there is some inner meaning to my life has	42%	54%	4%
27.	My involvement in my family life has	30%	70%	0%
28.	My fear of death has	4%	62%	34%
29.	My desire to become a well-known person has	17%	26%	37%
30.	My tendency to pray has	29%	58%	13%
31.	My openness to the notion of reincarnation has	32%	60%	8%
32.	My interest in self-understanding has	40%	56%	4%
33.	My inner sense of God's presence has	32%	64%	4%

(Table continues)

#	Ring's Life Changes Questionnaire More	Less	Same	
34.	My feelings of personal vulnerability have	16%	44%	20%
35.	My conviction that there is life after death has	20%	56%	24%
36.	My interest in what others think of me has	20%	56%	24%
37.	My concern with political matters has	24%	40%	36%
38.	My interest in achieving material success in life has	28%	52%	20%
39.	My acceptance of others has	32%	68%	0%
40.	My search for personal meaning has	44%	44%	12%
41.	My concern with questions of social justice has	20%	60%	20%
42.	My interest in issues related to death and dying has	40%	52%	8%
Average		27%	57%	16%

Table #8 represents the percentage of participants who perceived either less changes, the same changes, or more changes at the six months follow up for each question of Ring's life changes questionnaire. For example, question #1 shows that 32% of the participants, six months after the study, have seen their *desire to help others* decreased, whereas 44% of the participants reported that the impact stayed the same, and that 24% of the participants reported an increased of the effects six months after the study.

Table #8 shows that the highest scores for the column "less" indicate the questions for which the changes reported at the time of the study did not stay the same but rather decreased 6 months later, the same way that the highest scores for

the column "more" indicate the questions for which the changes reported at the time of the study have continued to increase 6 months later. For example, item #12 shows 48% of participants reported that their *understanding of themselves* decreased six months after the study compared to what they had reported at the time of the study.

CHAPTER 5: DISCUSSION OF RESULTS

In this section, the results found in this research are discussed in relationship to research questions stated in the previous section. The findings are also examined in relationship to the literature. Some theoretical explanations are proposed as attempts to explain and understand the deeper mechanisms underlying these experiences.

First Research Question

Will participants have any experiences at the physical, intellectual, emotional, and spiritual levels, and will these experiences be felt or experienced as transformative and/or healing?

In order to keep that discussion as clear as possible, each level (physical, intellectual, emotional, and spiritual) is discussed separately.

Physical Level

As presented in the previous section every participant (34 out of 34) reported experiences at the physical level. Breathing is a very physical process, and so it is not surprising to see that breathwork evokes so many physical experiences. The findings from the study supported the literature review. In fact, Grof (1988), Hendricks (1991), Lowen (1976), Orr and Ray (1977), and Reich (1948) have all suggested that breathwork involved physical experiences.

Although everyone has his or her own set of physical experiences, seven specific patterns of physical experiences have been found (see Appendix A). Physical movements (65%) and pain and tensions (56%) were the most common physical experiences reported.

Eight participants (24%) reported improvement and healing of physical health problems. Healing of physical problems has also been reported by Hendricks (1995), Orr and Ray (1977), and Grof (1988). A relationship may exist between the breathwork and these healing experiences but further research is needed before we can determine a causal relationship. This is because no authoritative documentation (e.g. lab reports, x-rays, or medical records) were requested from participants. This makes it difficult to determine the physical or the psychosomatic nature of the reported physical health problems.

Eleven participants (32%) reported a better integration of their body. In other words, for these people the breathwork experience helped them to break or somehow dissolve an inner barrier that was keeping them out of touch with their body. This inner barrier is called, by Reich and Lowen, the muscular armor. Thus, through breathing, participants worked on clearing or softening their armor which led them to a better contact with their body.

To summarize, participants had a large number of physical experiences. A good number of them experienced healing of physical health problems and healing of the split they felt with their own body. These findings suggest that the breathwork process may have very effective healing capacities at the physical level by promoting both physical healing and physical integration. This makes

Holotropic Breathwork™ a valuable tool to promote healing and personal transformation at the physical level.

These results also supported Grofs' idea that Holotropic Breathwork™ could be a useful adjunct to many treatments of physical and psychosomatic problems.

Intellectual Level

At the intellectual level, findings indicate that the breathwork was not primarily an intellectual experience. Everyone reported that breathwork experiences did not occur very often at the intellectual level. In fact, for many participants the breathwork helped them to move away from aspects of their intellectual mind; this would occur by either bringing them into their body or in touch with their emotions. Being such a bodily experience, it is not surprising that breathwork did not foster that many intellectual experiences. However, even if participants did not specifically report such experiences the data collected has showed many experiences of cognitive and mental development.

Some participants (6%) reported that breathwork helped them to understand, integrate, and validate past experiences and information they had read before. One woman (3%) reported that she gained new ways of learning, and two people (6%) reported an increase in their mental ability and a better ability to focus their mind. However, because so much theoretical material had been presented in the training, it is not very clear if what happened at the intellectual level comes from the breathwork itself or the theory presented.

Another interesting change reported at the intellectual level concerned changes in attitude for many health practitioners. After having gone through the breathwork process, many stated being more able to trust the wisdom of the healing process

inherent to everyone. By having a first hand experience of that wisdom, these practitioners are now in a better position to recognize and, moreover, to support the healing force in their clients. Such attitude is much aligned with transpersonal values which tend to stress the wisdom of the client's inner world instead of the authority of the facilitator or the therapist.

Hence, if it is true that each human being possesses such inner wisdom and healing forces, and that the breathwork experience fosters an experiential access to that force, I wonder how Holotropic Breathwork™ could be a valuable tool for training health practitioners who work within the transpersonal framework. The findings from this study indicated that many health practitioners have greatly benefited from these breathwork experiences. Also, it would probably be helpful to anyone who desires to personally feel these healing forces.

Personally, the Holotropic Breathwork™ experience has helped me to gain not only an intellectual but an experiential comprehension as well. I understand now that I and others possess an inner intelligence that is supporting and that guides the inner process towards higher levels of integration. My breathwork experience has helped me to be extremely sensitive to such an intelligence in my clients. In fact, I always assume that this inner wisdom, or that healing force is always operating, and I try to help my client to recognize and trust it. This deep understanding helped me not to take charge of the healing process, but to leave it to the inner wisdom of the client.

For eleven participants (32%), the ability to take some distance or perspective from their experiences has been observed. This ability refers to the emergence of the observing or discerning self -- the part of oneself that can observe and take some

distance. This ability helps people to look at themselves from different perspectives which therefore helps them to better integrate and understand their experiences. The emergence of such ability is a very important characteristic of the breathwork process. I am inclined to propose that because the work is done in a nonordinary state of consciousness, people can more easily access another part of themselves that gives them the perspective of the observing self. So, in that sense Holotropic Breathwork™ could be seen as a tool that fosters ego development.

Emotional Level

Every participant (34 out of 34) reported experiences at the emotional level. All the participants reported both experiencing and releasing feelings. The range and the intensity of emotions felt by participants were very broad and deep. In fact, the spectrum of emotions evoked ranged from deep anger and rage to feelings of compassion and love. The breathwork helped many participants to access repressed emotions which had been stuck in them for many years. For others, there were new feelings that they were not used to such as joy, peace, contentment, and gratitude.

Eight participants (24%) reported being able to integrate and let go of old emotional issues. I called these kinds of transformations "emotional integration." On the physical level breathwork helped people to get more in touch with their body which directly affected their capacity to feel. These findings at the emotional level suggest that participants not only developed a better capacity to feel, but they also reached a new level of integration in their emotional world. Since the breathwork helped them to experience their emotions at a very deep level, participants were able to heal old emotional issues. This supports Grof's work.

This study was not able to assess healing of psychopathological disorders, even though many participants experienced clearing up old emotional problems and letting go of old feelings and old issues. The main reason for this is twofold. First, participants were not people who were seeking help or who had psychopathological problems that were evident in the workshop setting. They were primarily professionals who were in relatively good mental health. Secondly, I did not directly assess this type of healing either through interviews or by testing for psychopathology.

Finally, included in the emotional level are the issues around incest. As stated, seven participants worked on their sexual abuse issues through the breathwork. Five (15%) of them reported having achieved a good integration of their problems. Two (6%) of them discovered for the first time that they had been sexually abused. Their memories of abuse had been powerfully repressed. This caused them not to know that they had been sexually abused until they faced those experiences through the breathing process.

Some of the breathwork experiences reported around the theme of incest will highlight the therapeutic mechanisms operating in breathwork. The participants reported that their memories of abuse did not only come back through images, but were also accompanied by very strong physical sensations and powerful emotions. One of these woman said, "While reliving these experiences, I would almost immediately start an incredible choking and gagging and I would have extreme difficulty breathing and I experienced terror." Another woman said: "I was back again to the age of ten. ...I remembered the feeling of discomfort, feeling of being

dirty and needing to clean myself. I remembered actions and words. This led to choking and vomiting."

As Grof (1988) mentioned, one of the very powerful healing mechanisms operating in breathwork is the actual regression of participants to the traumatic event. For most participants, the regression was cathartic which helped them to go back into the experience and release the jammed energies that previously blocked the ability to integrate the undigested experience. The reason for undigested experiences in a person's unconscious is often because the original traumatic incestual event has not been fully experienced. This creates dissociated material in the psyche. So, in the regressive state induced by the breathwork, the person had the opportunity, for the first time, to face more completely and to integrate this unconscious material.

Another important asset that makes the work in NSCs so powerful is that while participants were reliving these experiences, they still had access to their mature frame of mind. It is as though participants could count on their hylotropic frame of mind (their conscious mind) while facing pieces of their holotropic mind (the unconscious mind). The following quotation from the first case study clarifies this point. Susan said:

I'm just saying that I know that the power of my adult self allowed me to go that deep in vulnerability. But at that time, I was just regressed. Just like another time when I was just a baby, you know, when somebody held me and I was just a baby. Part of my mind knew I was in breathwork and I was safe.

Another woman mentioned how releasing the cathartic experience was:

This is the best one of my incest sessions. The one with rage. I really got to this rage, I really tore that penis out of that body. It was such a rage. Only after this one, I really felt free. I felt (sigh), it's like it's all opened up again and I had to go through this really and all those words, 'you pig, I hate you and all

that family,' and all that blasphemy. Good family policeman and everything. And then I really felt free.

As seen here, the rage, which may not have been fully expressed when the abuse took place, was there "waiting" to be processed and integrated.

By being able to maintain access to the adult mind the person was able to process the experience in a new way. For example, in the quotation used above, the woman was able to "tear the penis out of that body" while in touch with her rage. This was probably not the way she first experienced the incest. However, because she had access to her adult frame of mind, she was able to experience the traumatic event in a new way.

Another way the adult frame of mind helped to integrate a painful experience is illustrated in the following quotation. This is taken from a woman who had been sexually abused by her father, she said:

...when he [father] became the demon I realized that there was a frightened little boy in there ...I realized he was actually a part of me and I needed to kind of appreciate him and that he was mean because he was not loved and very afraid. It was a very big breakthrough.

This adult frame of mind provided a kind of fair witness that allowed this participant to know that her father was acting out of his "frightened little boy's state of consciousness." This understanding allowed her to process this experience in a new way which resulted in an important breakthrough.

Based on both the participant's sharing and my own experience of breathwork, I would like to suggest that change, transformation, and healing happen in breathwork when old, stuck, unresolved, dissociated, and frozen bits or states of consciousness are "visited" by a more evolved or matured state of consciousness. It is as if parts of a person's consciousness were stuck (in the body as well as in the mind), in past

undigested experiences. Through breathwork, these parts were given the opportunity to be reintegrated into a more evolved and mature state of consciousness.

Before ending this section, it is important to mention that although some participants reported that they healed their incest issues through Holotropic Breathwork™, such a breathwork process do not intend to replace psychotherapy and must rather be seen as a wonderful adjunct to it.

Spiritual or Transpersonal Level

At this level, every participant (34 out of 34) reported spiritual and/or transpersonal experiences. The different types of transpersonal experience presented in the previous section reflected the richness of the Holotropic Breathwork™ process. All of the transpersonal experiences reported were included in the description or cartography presented by Grof (1988). Although Hendricks (1991), and Orr and Ray (1977), stated that people had transpersonal experiences, they had not really specified the types of experiences at this specific level.

Thirteen different types of transpersonal experiences have been reported by participants (see Appendix A). The most common transpersonal experiences reported are the different types of identifications with people, animals, or objects (11 participants, 32%).

The definition I used to classify *spiritual and transpersonal experiences* was the following: Spiritual and transpersonal experiences refer to a broad category of experiences in which an individual experiences an expansion of his or her own consciousness beyond the usual or OSC, or yet, beyond an ego-dominated state of

consciousness. With this definition I therefore put the transpersonal and the spiritual experiences together. Even with such a definition, it has not been easy to classify experiences in this category. For example, experiences such as "heart-opening" are somehow difficult to classify. It could be classified as a simple psychological experience as well as a spiritual experience, depending on one's point of view. Personally, I consider that any experience that has the power to make a person more aware or in touch with something larger than in the usual state of consciousness is in itself a spiritual experience because it is a step toward wholeness. However, much spiritual literature considers spiritual experiences only those experiences which are clearly related to the divine or the sacred.

Changes, Healing, and Transformation

So far, only the first part of the first research question which asked if participants did have any experiences at the physical, intellectual, emotional, and spiritual or transpersonal level has been discussed. The second part of the question addressed changes, transformation, and healing. In the context of this research such experiences were defined as: Personal transformation, changes, and/or healing are used in an interchangeable way, simply refer to any positive changes perceived and reported by participants as a result of their experiences. These positive changes fall into two broad categories: (a) the alleviation of painful or undesirable states which, so far, had been a part of the participant's life, for example, the integration of sad feelings resulting from an abusive experience; and (b) the experience of a new and desirable state not previously experienced, for example, the feeling of being able to trust oneself, if this state was not experienced before.

As a result of these experiences, the reported changes were also very broad and reflected the depth of the holotropic process. A closer look will be taken at some of the experiences presented in the previous chapter.

There were ten participants (29%) who reported heart-opening type of experiences; eleven (32%) reported changes in their abilities to trust themselves, others, and their own process; seven (21%) reported being better at accepting themselves or circumstances of their life; ten (29%) reported experiencing power or feeling empowered by the process, and, finally, ten (29%) reported feeling more integrated or having integrated parts of themselves into a better whole.

Moreover, participants have reported the following changes: 1) "Becoming more centered"; 2) "Becoming clearer"; 3) "Finding one's purpose"; 4) "Feeling more peaceful"; 5) "Feeling deep gratitude"; 6) "Feeling hope"; 7) "Feeling more confident"; 8) "Feeling joy and satisfaction"; 9) "Being more present"; 10) "Feeling more courage"; 11) "Becoming more responsible"; 12) "Feeling connected to their Higher Self or to a Higher Order"; 13) "Feeling redemption"; 14) "Developing a better connection with one's inner self"; 15) "Being able to let go and move on"; 16) "Experiencing a greater desire for spirituality"; 17) "Experiencing forgiveness"; 18) "Being more mature"; 19) "Being more aware"; 20) "Being more intuitive"; 21) "Being in touch with an expanded reality" 22) "Feeling calm about life and death"; 23) "Losing one's sense of acquisitiveness"; 24) "Being happier"; 25) "Being less reactive"; 26) "Being more able and willing to face one's dark side"; 27) "Developing new ways of relating with people"; 28) "Feeling less inner conflicts"; 29) "Rediscovering lost parts"; and (30) "Becoming a new person."

These findings suggested that breathwork can in fact help people to change at a very deep level. The breathwork facilitates a diversity of changes and in this study we have found that for many participants it particularly helped them to open at the heart level, to increase trust and acceptance of themselves and others, to feel empowered, and finally, to facilitate their inner integration. I called these changes psychospiritual changes because they reflect a transformation at the psychological and the spiritual level.

Some participants have very clearly expressed how the breathwork was a healing experience for them. These participants said the following: a) "The breathwork has been one of the most significant ways of healing that I have done"; b) "The training allowed me to heal within the process... parts that were lost have been found, rediscovered, and deepened with a sense of joy and celebration"; c) "I have changed my language, changed my identity. I am very different, very different"; d) "I'm a different person and I don't understand what all of these experiences mean, but I feel like I'm really healing and I have a lot less fear"; e) "My holotropic journey, which began in September 1989, has been an experience of fundamental transformation"; f) "I've been getting wonderful feedback about people telling me how different I am, and how different I look, and how different my energy is, and, you know, you're a new person"; g) "This training program has been a profound spiritual experience. I believe it facilitated true healing in me, in the area of my greatest lessons"; h) "I know of no process so healing as this one and I will continue doing breathwork"; and i) "So what I had asked for has occurred, yeah, I've had a lot of healing, a tremendous amount of healing."

Such changes seem to point towards a deeper transformation rather than a general adaptation of the individual to the society and the release of painful symptoms which is the focus of more traditional psychotherapy. So, while most traditional therapeutic approaches focus on releasing the individual from unwanted symptoms the breathwork process seems to foster a more psychospiritual transformation.

Discussion of the Two Case Studies

The first case presented is the case of Susan. As mentioned in the previous section, Susan was quite wounded when she started Holotropic Breathwork™. She comes from a dysfunctional family where she had been abused in different ways. She had also done 10 years of Freudian psychotherapy which left her angry and disappointed.

Susan's first breathwork experience brought her immediately in touch with one of her most important issues -- her relationship with her father. She not only remembered her father's presence or abuse but she really re-experienced her father invading her own territory. The difference for Susan in the breathwork was, unlike when she was young and unable to defend herself, that she was able to scream at him and make him leave. She was able to put up a boundary which was an affirmation of her right to own her body and her self. Susan got also a powerful insight when she realized that her father had a frightened little boy living inside of him and that he was mean because he was not loved and he was very afraid. This insight opened her heart and she was able to appreciate him, and this was possible because she was able to differentiate her father from his dysfunctional behavior.

What a gift! She also realized that he was a part of her and that she also needed to appreciate these parts because they were now parts of her own self.

In the next experience Susan regressed to infancy and re-experienced the despair and the terror she felt as a child. As she said, her sitter and the facilitator did not try to get her out of this experience, so she was able to move through it and integrate it. When she reached out to her sitter she said, "I thought that was the first person I really touched in my whole life." She experienced a real connection, and she felt safe.

The comment Susan made about the fact that she was able to bring the strength of her adult self into that experience reflects a very interesting mechanism operating in breathwork. As Grof said, when a participant regresses, he or she has access to his or her adult frame of mind which is helpful in dealing with such powerful experiences.

In the subsequent experience Susan experienced herself pushing out of the womb and being an infant. The two facilitators who were there with her gave her the opportunity to have the experience of being re-parented. In Holotropic Breathwork™, the group context is particularly helpful in providing a safe container where these types of experiences can take place. As she mentioned, her experiences have been "particularly life changing."

The next experience that she reported was related to a birth experience where she felt defeated. By experiencing this piece of her birth experience Susan understood that she was really stuck at a very deep level. By experiencing this stuckness she realized that she had lost the "game" which helped her to realize that she effectively experienced a real defeat. Therefore, it made sense to her to have

felt stuck in her everyday life. At this point, she became more accepting of herself and she felt free. She then said: "It was like being willing to see the worst that I experienced was freeing. If I could see the worst, then there was less to be concerned about. I was protecting myself somewhere I guess, it was so painful." Susan recognized that the stuckness she felt in her first ten years of psychotherapy was, in fact, coming from deep within herself. It was only through getting in touch with that level that she freed herself.

In the next session Susan reported she had a very deep death/rebirth process which was connected to past life material where she was raped and murdered. The experience of death was connected to the image of a staircase. Her rebirth experience took the form of an ascension through a staircase where she ended up feeling very connected with people. It is important to remember here that Susan mentioned that as a result of her abuse she became very withdrawn and limited in her self-expression. This experience greatly helped her to overcome this problem.

Susan had many birth and death experiences and she realized through that process "That there was a whole other person that was much deeper who was living in me." She said:

The thoughts, attitudes and habits are a product of circumstances, they're not really me. You know what I mean, there's a cluster of thoughts I identify as me. And the breathwork made me aware through the nonordinary experiences that the contracted, frightened, isolated person was formed out of circumstances and that part was dying. It was scary, it was painful, but I also know what it means to die because it was true, very revealing.

Through the breathwork experience Susan went through a process of dis-identification where she recognized that she had identified herself with clusters of thoughts and habits that had nothing to do with her real self. The contracted,

frightened, isolated person who was formed out of circumstances (the ego) just died through this process. It is what Grof calls the death/rebirth process which aims at transcending the ego to be reborn into the Self.

Susan mentioned that the theoretical framework, provided by the training, helped her to understand and stay with her process, especially the dying process. She said she developed an internal witness who could see these experiences without being identified with them.

As Susan was going through these experiences she became involved for the first time in a healthy relationship which she said was very fulfilling. The relationship brought back issues around fear, intimacy, and grief, but these could now be worked on in a healthy manner.

Susan reported that she had many experiences of coming in contact with God and that these experiences brought feelings of tremendous peace. As she deepened her connection with herself, she became involved in Siddha Yoga. Her need for a spiritual connection became very important as she moved on in that new path of self-discovery.

As a result of these holotropic experiences, Susan went through many changes. She said:

I had a marked feeling of being at home in the world, I gained a sense of security and belonging. In addition, I am now able to receive the love of a man and have gone from the need to seek approval from the partner to genuine caring. My leadership abilities have increased as well as my abilities to articulate the truth honestly and openly. ...I have quite a lot less tensions and I have much more free bodily movement and much more freedom of expression in my body. ...I'm capable of everything and all the characters on the stage, and when I meet somebody, I know they are a lot like me.

Susan is now practicing Holotropic Breathwork™ and leads groups in different cities. She also does public speaking. (For Susan's interview transcript see Appendix H.)

The second case study presented is the case of Janet. As mentioned before, Janet was pretty wounded when she began breathwork. She had been sexually abused by her uncle on many occasions. She had a lot of fear, rage, pain, sadness, and shame. She felt dissociated from her body.

After her first session Janet said, "I began for the first time in my life to recognize and experience feelings." Janet's first session brought her back immediately to very important issues in her life. Right away she got in touch with the rage, anger, and fear she has been in touch with all her life. It is interesting to see how breathwork brought her to one of her most pressing issues right away in the first session. She experienced a lot of intense emotions and sensations.

In her second session, it is very interesting to see how the process brought her in touch with a positive aspect of her life right after a very difficult session. This session, she said, "showed me that there was another aspect of my life with which I had lost touch. Beneath the numbness and the pain, there was a capacity for joy, happiness and playfulness."

In the next experience, Janet reported an experience where she regressed to the age of ten. She experienced intense feelings. She mentioned that this experience helped her to recognize her needs and that she learned that her anger kept her from "living and receiving the more feminine qualities of nurturance and tenderness." The breathwork process helped her to gain some insights on her inner world.

Commenting on her fourth experience Janet mentioned that she was born with her feet first and that she had her umbilical cord around her neck. Here, the description of her birth experience is very vivid. She had a rich experience where she describes body postures and sensations as well as powerful feelings. The difficult birth experience was followed by the experience of being free in her body as if she was danced by the music. She also felt connected to the universe. Following that experience, Janet mentioned she felt alive and positive towards herself and life in general. She lost most of the fear she was holding onto. She also felt sadness, grief, and pain around some of the things she had lost from childhood. She felt the need to recover her original giftedness and her own power.

It is interesting to see here that in a quite short time Janet released many emotions and that she already began to feel better. This is consistent with what the Grofs claimed in their book. It also shows how the healing of different issues is connected with the reliving of one's birth.

After having experienced the rage and the anger in her eighth and ninth sessions, Janet moved now into the grief, sadness, and the pain. She felt the lost. Her experience was very intense and her body was releasing body memories through sickness, discomfort, choking and vomiting. Because the breathwork process is a very organic one it is not unusual that the body reacts in such a manner in order to get rid of what it has accumulated over many years of abuse.

An interesting point to look at here is that Janet reported at the beginning of her interview that she was basically out of touch with her body. She said: "As a child I also had a tendency to dissociate, to split off from myself as a means of protection to prevent myself from feeling the pain and devastation of the sexual abuse... I know

that my entire body felt numb." Although she was very out of touch with her body much of Janet's process happened through her body. She experienced a lot of sensations, sickness, discomfort, choking and vomiting. So, I found it quite fascinating to see a participant who was almost totally out of touch with her body having such intense physical experiences. I am compelled here to refer to Grof's concept of the inner radar to explain such an interesting process. In fact, Grof said that the breathwork tends to activate an inner structure that he called "inner radar." This term refers to an inner structure which is like an intelligence that selects the kind of experiences one most needs to experience at a particular time of his or her life. The "inner radar" selects the inner dynamic which most needs to be integrated at this time. Therefore, it could be said that the "inner radar" or the inner wisdom of Janet got her back in touch with her body.

As Janet reported, being out of touch with one's body is very often similar to being out of touch with one's feeling. As Lowen (1990) said, feelings consist "of two elements, a bodily activity and a mental perception of that activity" (p. 67). If a person is disconnected from his or her bodily activity, he or she is most likely not in touch with the feelings inside. Moreover, as Lowen (1990) said, "Emotions are the direct expression of a person's spirit" (p. 74). So, by helping people to reconnect with their body and their emotions, Holotropic Breathwork™ is somehow facilitating a process of transformation that can be helpful for expressing one's own spirit. So, in this sense the breathwork process is helping people, at the physical level, in a way that is similar to the work of Reich and Lowen. These three breathing approaches do effectively help participants get in touch with their body as well as their feelings.

Around that time, Janet became very depressed and lost the capacity to concentrate. She felt lost, and experienced many difficulties in coping with the ordinary day-to-day things. For example, she had trouble remembering things and she kept locking herself out of her room. She also had a lot of physical pain in her lower and mid-back. In this difficult period, she felt hopeless and powerless.

Grof has often said that in breathwork things get worse before they get better. But because participants are introduced to these basic principles before beginning their breathwork journey it is easier to stay with and trust the healing process.

For the next six sessions Janet still experienced powerful emotions and sensations. She saw different animals and other images. She re-experienced being alone. Following this experience she said, "I experienced a real sense of compassion and love, and realized that there are people who love and care for me." During the following week, she felt a great sense of peace in her body. She began to accept the care of others. Janet is now able to better love herself and to accept the love from others. Her defenses are falling and she is getting more in touch with her real self.

In her session on March 11, 1991 Janet experienced herself in the womb and she re-experienced different sensations. She had strong sexual feelings. When reflecting on this session Janet did not know what this session was about, but she "felt like a lot was released." Here the sexual feelings start to come in her work. It is an important part of herself that had been repressed and that needs now to be experienced.

Following her next session, Janet said, "I felt a real change within; a greater sense of confidence and strength; a real knowledge of what I wanted and the

courage to go for it regardless of external expectations." This experience led to very positive feelings and it is not very clear how this happened. As Grof said, the healing process is very often taking place at an unconscious level and can only be understood through an experiential logic. Janet's words are also very powerful here. The changes she is experiencing are more and more integrated into her life. The changes are not only happening internally -- she is getting ready to manifest them in the world.

After her session in April Janet said that her session felt like a resolution of her healing from sexual abuse. After expressing so many feelings with such intensity she felt a connection between her abused self and her deeper or spiritual self. She felt, at that stage, that she had dealt with issues of fear, powerlessness, oppressiveness, and abandonment. She understood that her anger was used as a way to defend herself against the many other feelings that needed to be dealt with. She said, "I have also dealt with the defense mechanism I used to prevent my feeling those feelings. That defense was anger." At this point we can see how experiencing all these emotions and these sensations has brought her towards a resolution of her inner conflicts. The healing process is slowly taking place through the breathwork experiences.

In the following six sessions Janet still experienced very intense emotions. The emotions of anger, fear, sadness, and pain were very present. She also identified with a dog. Grof mentioned that such identifications are often necessary for releasing emotions or experiences that are rooted at a very deep level. That type of identification is included among the many transpersonal experiences Grof classified. What is interesting to note here is that the healing process goes through a wide

diversity of experiences and the breather as well as the sitter has no clue to where the process might have brought them.

After her session in September 15, 1991 she mentioned that this session was related to public speaking. She said that she felt a wonderful sense of spontaneity and lightness. During the week that followed this experience she felt that her fear of participation in groups decreased. She also added the following, "I also felt a greater trust in my own contribution."

Janet then had four sessions in a very short time (12 days). She mentioned that she did not understand what these sessions were about, but only that they all seemed to be birthing sessions. The birth process is very rarely an event that happens in one session, and is more like a long process that happens through several sessions. Even though Janet could not say much about these experiences, she reported that the weeks following these sessions she "noticed a dramatic change in her life. I felt a new world was opening for me." Using the concept of BPMs I could say that Janet, who was mainly dominated by the second (emotional deprivation, oppression, distress) and the third (nausea, vomiting, pain, suffocation) matrices, was now more dominated by the positive aspects of the fourth matrix. She gained a new sense of freedom.

In subsequent sessions, Janet had experiences where she felt a great sense of energy and life. She experienced more pleasure and joy, which contrasted with the way she used to feel. In one of these sessions she also had some transpersonal experiences where she felt she was a Priestess, and where she encountered deities.

In her next experience she got in touch with the void. She mentioned that this experience helped her to gain a sense of being tuned into the universal flow, and

that she was one with the flow. This gave her a sense of unity. "There were no boundaries. My sense of myself expanded. I had a real sense of relaxation, unity and at-one-ness with all of life."

Here Janet had some kind of transpersonal experiences which brought her a sense of unity. Such feelings are very healing and are not easy to foster through conventional psychotherapy. The breathwork, however, can quite easily bring people to have such experiences, which are in themselves very healing. They reconnect the person with his or her deeper self.

Janet's process is deepening and as she clears the issues at the biographical and the perinatal levels she then moves more easily to the transpersonal level. This process has also been mentioned by the Grofs.

In February, 1992 Janet had an experience where she had a lot of physical and visual experiences. The experience of the snake, which was present in the previous sessions, came back. There were also sexual feelings and sensations of energy. Commenting on this session Janet said, "After this session I felt very quiet peace, and feeling of excitement and joy bubbling up inside me. I felt sensual and sexual."

This experience was followed by another one two days later. In this one Janet learned to surrender and to stop controlling. She also realized that death is not an end, and she lost her fear of death. That helped her to embrace life fully and to stop having fear of the unknown. Through her symbolic death experience she learned to embrace life. Her dying experience has been the road toward very positive feelings and transpersonal experiences. She gained "a greater sense of openness, receptivity, and reverence for life. I feel more patient, tolerant, and compassionate. I feel a deep love."

In February and March, 1992 Janet had her last four sessions. In these sessions she still felt sick and vomited. She got in touch with very deep sadness which she felt as archetypal. She also had feeling of great love. She felt sensual and ecstatic.

As mentioned previously, through her Holotropic Breathwork™ Janet experienced tremendous healing and changes. Her body as well as her mind were transformed in a very deep manner. Obviously, Janet was very committed to her healing process and the breathwork helped her to gain a new sense of self.

Overall, these two case studies show a general process where these participants had regressive experiences which evoked intense emotional and physical experiences. The regressive process has helped them to reconnect and integrate old wounds. They were able to disidentify from their experiences and to access to their observer self which finally lead them to be more loving, compassionate, and open to life. This whole process is a form of *regression in the service of transcendence*, an expression formulated by Washburn (1988) that refers to a process by which a person regresses to a previous and more infantile state of consciousness and somehow dies in his or her old life in order to be reborn to a higher mode of functioning. In itself this process is healing.

An interesting point to mention here is that, in general, there is a tendency for the process to move towards more spiritual or transpersonal levels as it progresses in time. At the beginning, the breathwork experiences are very physical and emotional and as the person continues his or her inner exploration the content of the experiences becomes more spiritual and transpersonal. This is consistent with the Grofs' observations. The Grofs have observed that as people repeatedly do Holotropic Breathwork™ they have a tendency to move from biographical

experiences to perinatal experiences, and to their transpersonal experiences. This is however only a trend and not a rigid pattern of experiences. For example, I had myself a transpersonal experience during my first breathwork session. I would also say that I have observed that even if participants do not recognize or experience many transpersonal experiences at the beginning or during their process participants are nevertheless moving towards a deeper connection with their essential nature which gives the process a more spiritual flavor in the long run.

Another point which has been observed in these case studies and for many other participants is a decrease of the overall feeling of fear. Participants reported a decrease of their fear and an increase of their feelings of self-confidence. The results of the LCQ have also indicated an increase of love in most participants. My guess is that the increase of love and compassion may have somehow healed some of that fear.

Second Research Question

Have participants perceived any life changes as a result of their Holotropic Breathwork™ sessions and, if so, will these changes be consistent over a period of 6 months?

Results of Ring's Life Changes Questionnaire were shown in the previous section and in Table #15 (Appendix I) and Table #16 (Appendix J). The results from the study, the six months follow up, and Ring's (1984) study are respectively presented in Table #7 and Table #6. As I mentioned before, some results from the Ring's study were not presented because they were not available.

For each item of the questionnaire, participants had the opportunity to first mention if they had any changes in their life as a result of the breathwork. Secondly, they indicated if the changes mentioned for each item increased or decreased.

Table #6 shows for the following items, #1, #2, #3, #4, #5, #6, #8, #10, #12, #13, #14, #16, #17, #18, #19, #20, #21, #22, #23, #25, #26, #27, #30, #31, #32, #33, #34, #35, #39, #40, #41, and #42, that most participants stated life changing experiences where their interest or their behavior increased either somewhat or strongly at the time of the study.

Among the above items there are eleven of them for which fifty percent or more of participants experienced a *strong increase* in their behavior or attitudes. These items are the following: a) #12 *My understanding of myself* (SI=78%); b) #5 *My feelings of self-worth* (SI=72%); c) #10 *My concerns for spiritual matters* (SI=69%); d) #13 *My desire to achieve a higher consciousness* (SI=67%); e) #23 *My sense of the sacred aspects of life* (SI=67%); f) #20 *My personal sense of purpose* (SI=64%); g) #26 *My sense that there is some inner meaning to my life* (SI=57%); h) #2 *My compassion for others* (SI=56%); i) #21 *My belief in a higher power* (SI=55%); j) #32 *My interest in self-understanding* (SI=55%); k) #14 *My ability to express love to others* (SI=50%).

The stronger change reported by participants at the time of the study concerns their understanding of themselves. It seems that Holotropic Breathwork™ helps people to gain a better understanding of themselves. This confirms the Grofs' claim that their approach is a good tool for self-discovery.

All the items which have been classified by Ring (1984) as items related to *quest for meaning* (Table #2) are among the items that increased, i.e. #13, #19, #20, #26, #32 and #40. In fact, four out of six of these items are among the most strongly increased, i.e., #13, #20, #26, and #32. There is a cluster of items that seems to fit into one goal of Holotropic Breathwork™ approach -- the search for philosophical and spiritual quest. Grof has mentioned in his book The Adventure of Self-Discovery that when self-exploration reaches the perinatal and the transpersonal levels, people become increasingly interested by the basic philosophical and spiritual questions of existence. Our findings suggest that participants are involved in such a quest for meaning.

There are other items where participants reported at the time of the study that their behaviors or attitudes decreased either somewhat or strongly. These items are the following: items #7, #9, #11, #15, #24, #28, #29, #34, #36, and #38. It is interesting to see that most of these items were much related to material and "egoic" concerns. In fact, seven out of ten of these items: a) #7, *My concern with the material things of life*; b) #9, *My interest in creating a "good impression"*; c) #15, *My interest in "living the good life"*; d) #24, *My ambitions to achieve a high standard of living*; e) #29, *My desire to become a well known person*; f) #36, *My interest in what others think of me*, and ; g) #38, *My interest in achieving material success in life* can be found under the Ring's categories *Concerns with impressing*

others and *materialism*. These results suggest that the breathwork process tends to move people away from such concerns. Maybe when people concentrate on the inner world they are less preoccupied with material things.

One item for which the breathwork process produced a change in both directions, increase and decrease, is item #37, *My concern for political matters*. For this item, 42% of participants reported no changes, whereas 29% reported a decrease in their interest and 29% an increase. In a similar way, such effect has also been observed for the item #34, *My feeling of personal vulnerability*. For this item, 10% of participants reported no changes, whereas 42% reported a decrease in their interest and 48% an increase. This indicates that breathwork produces very different changes in each individual for these two items. These two items, however, differ from one another by the fact that many people (42%) reported no changes (NC=42%) in their interest for political matters whereas only 10% of participants reported no changes (NC=10%) regarding their feelings of personal vulnerability.

One possible interpretation of the inconsistency of the answer regarding the political issue is insufficient clarity of the question. Some participants might have understood it as meaning conventional politics whereas others might have been concerned by planetary issues or ecological matters.

One possible reason that could explain why participants reported such different changes concerning their personal vulnerability could be related to the level of integration of their experiences. The intensity of the breathwork experiences may create a strong desire to communicate one's experience. Moreover, the workshop setting encourages people's sharing with one another (dyad, group sharing, retreat format). Many choose to share their experiences and accept to be seen vulnerable

by revealing very personal, secret, or shameful matters. For participants who are still struggling with unresolved emotional experiences the feeling of vulnerability must be quite high. These participants may have been those who reported that their feelings of personal vulnerability has increased (SI+I=48%) because they may feel that they are still taking risks and that they are more sensitive to being attacked.

For participants who feel that they have integrated their breathwork experiences their feelings of vulnerability must be less intense. These participants may have been those who reported that their feelings of personal vulnerability has decreased (D+SD=42%) because they do not feel that they are still taking risks and that they are less sensitive to being attacked.

Throughout the training participants had many opportunities to witness and participate in other peoples' processes (for example; sitting for others, sharing) which helped them to recognize that there were other participants who were experiencing similar things as they did. Item #2, *My compassion for others* (SI+I=97%), item #22, *My understanding of others* (SI+I= 100%), and item #4, *My ability to listen to others* (SI+I=88%) which are very high have probably helped to create a safe container. So participants' capacity to recognize that they are not alone to have these experiences and the safe container helped them to become more vulnerable. Only 10% of participants experienced no changes in their personal vulnerability.

Table #6 shows that the changes found in this study, at the time of the study, were similar to those reported by Ring (1984). Ring's respondents differed from the breathwork participants because they often reported a stronger increase rather than a slight increase for several items. Ring's respondents seemed to feel or experience

the same direction of the change in behavior and attitude but the intensity was stronger. For example, in both studies, 100% of the respondents reported that their ability to express love either increased somewhat or strongly. However, in this study, 50% mentioned that their ability to express love increased somewhat and 50% mentioned that it increased strongly. In Ring's study, 27% mentioned that their ability to love increased somewhat and 73% said that it increased strongly. Because the near-death experience is such a radical and profound experience I wonder if it could have a stronger potential for personal transformation. It could also be related to the fact that the NDE happens in a very sudden way (without their control) and people experience a radical change in a short time whereas in breathwork the changes are gradual and over a longer period of time.

Although results of this study and Ring's study generally were quite similar, item #9, *My interest in creating a "good impression,"* was particularly different for the two studies. In this study, 85% of participants reported that their interest in creating a "good impression" decreased either somewhat or strongly. In Ring's study, only 42% said the same thing. One possible explanation would be that maybe the breathwork process is more effective in addressing self-image issues. It is also important to mention here that some participants wrote on their questionnaire that the question was not clearly formulated.

Items #15 and #24 were also different for the two studies. Item #15, *My interest in "living the good life,"* was a question that many participants also found unclearly formulated (some participants wrote on the questionnaire that they were not sure about the meaning of this question). The item #24, *My ambitions to achieve a high standard of living,* was also not clearly formulated. In fact, when

participants answered the questionnaire, some asked me to help them understand the question.

The analysis of the follow up data from Table #8 reveals three major trends. One trend indicates that a large number of participants (average of 57%) reported the same changes at the time of the follow up that they reported at the time of the study. A second trend reveals that an average of 27% of participants reported less changes at the follow up and finally, a third trend reveals that an average of 16% of participants reported more changes at the time of the follow up.

When looking at the questions where participants reported less changes at the time of the follow up Table #8 revealed that for item #20, *My personal sense of purpose in life*, half of the participants reported less changes at the time of the follow up than they had reported at the time of the study (Less=54%), immediately followed by item #12, *My understanding of myself*, (Less=48%). In other terms, it is for these two items that the effects of the breathwork process have lasted the least. An interesting point here is that item #12, *My understanding of myself*, was the item that increased the most (SI=78%) at the time of the study. In the same manner, item #20, *My personal sense of purpose in life*, was also among the items that had increased the most (SI=64%). It seems that participants' understanding of themselves and sense of purpose in life was stronger immediately after having done Holotropic Breathwork™ than it was six months later. For these two items (#20 and #12) most participants answered "strongly increase" probably because of the intensity they felt during the experiences. However, Table #7 shows that for the item #12, *My understanding of myself*, 92% (SI+I=92%) of participants have reported either an increase or a strong increase of their understanding of themselves

six months after the study. In the same manner, for the item #20, *My personal sense of purpose*, 72% (SI+I=72%) of participants have reported either an increase or a strong increase of their understanding of themselves six months after the study. So, even if many participants felt a decrease in the understanding of themselves and a decrease of their personal sense of purpose in life six months later they nevertheless felt quite important changes. What happened, actually, is that a high percentage of participants who had reported *strong increase* at the time of the study only reported *increase somewhat* at the follow up. The reason why participants still reported an increase at the time of the follow up was probably related to the intensity and the depth of the experience at the time of the breathwork experience.

As I said above the items #13, #20, #26, and #32 are items which have been classified by Ring (1984) as items related to *quest for meaning* (Table #2), and they are among the items that strongly increase at the time of the study. From Table #8, which presents the percentage of participants who perceived either less changes, the same changes, or more changes at the time of the follow up, I took the questions that Ring (1984) categorized under *Quest for meaning* and I created the following table.

Table #9

Changes after Six Months Follow up for the Questions of the Life Changes
Questionnaire Related to Quest for Meaning.

#	Questions Related to Quest for Meaning More	% of Participants		
		Less	Same	
13.	My desire to achieve a higher consciousness has	20%	72%	8%
19.	My understanding of "what life is all about" has	46%	46%	8%
20.	My personal sense of purpose in life has	54%	46%	0%
26.	My sense that there is some inner meaning to my life has	42%	54%	4%
32.	My interest in self-understanding has	40%	56%	4%
40.	My search for personal meaning has	44%	44%	12%
Average		41%	53%	6%

According to Table #8, at the follow up the mean of percentages of participants who have perceived less changes for all the 42 questions is 27%. According to Table #9, at the follow up the mean of percentages of participants who have perceived less changes for the questions related to the category *Quest for meaning* is 41%. This means that participants' interest in their quest for meaning has decreased more, in average, than their interest for the other items in general. This is true except for the item #13, *My desire to achieve a higher consciousness*, which is one

of the top three items that the effects have lasted over a period of six months (Same=72%).

Another interesting point is that the items #13, #20, #26, and #32 shown in Table #9 above, *Quest for meaning*, are also among the top 11 items which had the highest percentage of participants who reported strongly increase at the time of the study (SI = 67%, 64%, 57%, 55%). This trend shows that, in general, for participants the quest for meaning was among the most important issues at the time of the study whereas their interest for that matter tends to decrease the most after six months. Table #10 highlights this point.

Table #10

Changes at the Six Months Follow up for the Questions of the Life Changes Questionnaire Related to Different Categories.

Different Categories	% of Participants		
	Less	Same	More
Appreciation of Life	27%	63%	10%
Concern for Others	28%	59%	13%
Concern with Impressing Others	16%	50%	27%
Materialism	22%	52%	26%
Quest for Meaning	41%	53%	6%
Average	27%	55%	16%

The reason why items #12, *My understanding of myself* and #20, *My personal sense of purpose in life*, as well as items #13, #19, #26, #32, and #40 which are related to the category *Quest for meaning*, have most decreased during the follow up is probably related to the intensity and the depth with which these experiences have been felt during the training. The time attributed to the quest for self-understanding as well as the varieties of tools for self-exploration used during the workshop are among the variables which created a rich context that helped participants to be in touch with the meaning of their life. Such a facilitating environment was not present six months later when they had completed the training. For example, the retreat format of the workshop or the fact that participants spend many hours a day in deep introspection was lost when participants were back in their normal life. This could explain why participants' interest for the above items has decreased over time. Another reason that could explain why there has been a decrease in participants' understanding of themselves and in their quest for meaning could be related to new and challenging life situations that brought participants to requestion themselves. What seemed to be clear at some point during the breathwork process may appear not so clear six months after the training. This is also probably related to changes experienced by the ego. Through the breathwork process the ego has expanded in many directions and at many levels. The ego has grown through a succession of expanding experiences which changed him or her forever. However, as the ego returns to a more stable place it has integrated much of the shifts it went through which may make it feel as if it had not changed that much, where in fact it did.

When looking at the questions where participants reported the same changes at the follow up, the analysis of Table #8 revealed that for item #2, *My compassion for*

others, most participants gave the same answer at the time of the follow up that they had given at the time of the study (Same=76%), immediately followed by item #22, *My understanding of others* (Same=75%). In other words, it is for these two items that the changes fostered by the breathwork process most persisted over time. Similar effects have been noted for item #10, *My concern for spiritual matters* (Same=72%), item #13, *My desire to achieve a higher consciousness* (Same=72%), item #21, *My belief in a higher power* (Same=71), and item #27, *My involvement in my family life* (Same=70%).

Table #7 revealed that item #22, *My understanding of others*, and item #2 *My compassion for others*, were the items where respectively 100% and 96% of the participants answered that they had increased or strongly increased at the time of the follow up. This means that for these items Holotropic Breathwork™ had a strong effect on every participants and that this effect has lasted over a period of six months. This influence has also been observed for items #10, #13, and #21, for almost everyone. It should also be noted that item #27, *My involvement in my family life*, the answer given by participants stayed the same (Same=70%) six months later, although for this item not many participants reported a strong effect.

There is a trend indicating that the understanding of others and the compassion for others are changes that last longer than participant's understanding of themselves and their personal sense of purpose in life. There is a trend that people's concerns for spiritual matters, their belief in a higher power, and their desire to achieve a higher consciousness continue to last six months after the time of the study.

One of the reasons that could explain why item #2, *My compassion for others*, and item #22, *My understanding of others*, were among the items that increased

most and for which the increase lasted the longest during the follow up, was related, at some point, to the fact that these participants were probably people who were already highly interested in helping others and before starting the training they may already all had integrated these values. Besides representing values for participants, these qualities were highly supported by Grof himself who has shown a lot of compassion and understanding for others during the training. Another explanation for this could be found in the breathwork process itself. For each breathwork session each participant has to sit for another person with whom he or she is partnered. One of the instructions for the sitter is to offer the breather an unconditional regard as a way to create a safe and loving place for the experience. Such repeated experiences may have deeply influenced the participant in his or her ability to be compassionate with others. Moreover, because the breathwork process reaches people at the transpersonal level such an increase in compassion could be the result of a better contact with one's heart or Higher Self. In transpersonal psychology it has also been observed that where there is an increase of love and compassion there is a decrease of fear. This research supports these observations. Increase in participants' understanding of others could also result from many factors. First, the fact that participants have in general learned a lot about themselves has helped them to extend that understanding of themselves to others. Second, it is maybe that breathwork helped people to be more sensitive and caring for others by the fact that it opened them to their own sensitivity and love. Finally, an increase in participants' understanding of others maybe the result of a deeper sense of connection with their own Higher Self.

It seems that item #12, *My understanding of myself*, is an important item because it is the question where most participants reported the strongest increase. It could be interesting, in a further research, to use a more elaborate questionnaire for exploring this question in depth. The questionnaire could be used to discover what exactly participants understand of themselves. This research would be very pertinent given the fact that Holotropic Breathwork™ is said to be a tool for self-discovery.

When looking at the questions where participants reported more changes at the follow up, the analysis of Table #8 revealed that for item #24, *My ambitions to achieve a high standard of living*, over one third of participants reported more changes at the time of the follow up than they had reported at the time of the study (More=38%), immediately followed by item #29, *My desire to become a well known person*, (More=37%), and item #37, *My concern with political matters*, (More=36%). This means that in average 37% of participants have answered that their interest for these items had increased six months later.

As I said above, items #7, #9, #11, #15, #24, #28, #29, #34, #36, and #38 are items where participants reported at the time of the study that their interest decreased either somewhat or strongly. Seven out of ten of these items are items which have been classified by Ring (1984) as items related to *Impressing others* and *Materialism* (Table #2). From Table #8, I took the questions that Ring (1984) categorized under *Impressing others* and *Materialism* and I created the following two tables.

Table #11

Changes at the Six Months Follow up for the Questions of the Life ChangesQuestionnaire Related to Impressing Others.

#	Questions Related to Impressing Others More	% of Participants		
		Less	Same	
9.	My interest in creating a "good impression" has	12%	68%	20%
29.	My desire to become a well-known person has	17%	26%	37%
36.	My interest in what others think of me has	20%	56%	24%
	Average	16%	50%	27%

Table #12

Changes at the Six Months Follow up for the Questions of the Life ChangesQuestionnaire Related to Materialism.

#	Questions Related to Materialism More	% of Participants		
		Less	Same	
7.	My concern with the material things of life has	16%	56%	28%
15.	My interest in "living the good life" has	17%	66%	17%
24.	My ambitions to achieve a high standard of living have	29%	33%	38%
38.	My interest in achieving material success in life has	28%	52%	20%

Average	22%	52%	27%
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According to Table #8, which indicates the percentage of participants who perceived either less, the same or more changes at the follow up, the mean of percentages of participants who perceived, at the follow up, more changes for all the 42 questions is 16%. According to Table #11 and #12 at the follow up the mean of percentages of participants who perceived more changes for the questions related to the categories *Impressing others* and *Materialism* is 27% for both. This means that for participants their interest in impressing others and in materialism increased more, in average, than the other items in general.

Another interesting point is that the items #7, #9, #15, #24, #29, #36, and #38, shown in the above Table #11 and #12, *Impressing others* and *Materialism*, are also among the top 10 items which had the highest percentage of participants who reported a decrease at the time of the study. This tends to show that, in general, for participants the desire to impress others and materialism are among the less important issues at the time of the study whereas their interest for that matter tends to increase the most after six months. Table #10, which indicates the changes at the follow up for the questions of each category of the LCQ, highlights this point.

The reason why the item #24, *My ambition to achieve a high standard of living* and the item #29, *My desire to become a well known person*, as well as the items #7, #9, #15, #36, and #38 which are related to the category *Materialism* and *Impressing others*, have the largest increase during the follow up could be related to the fact that participants were back into their daily routine with all its material concerns. Such increase could also be the result of a better relationship with the

physical world. This increase could also be the result of a change in participant's self-image. By improving their self-image participants may have felt more deserving of good things and be more inclined to have material abundance. The desire to impress others could also be the result of some kind of inflationary process where the ego has established a relationship with the Self that makes him feel unrealistically important.

The end of Table #8 shows the average of the changes for each column. These findings show that on average 57% of participants have maintained the same answer six months after the moment of the study, and that on average 27% of participants have perceived less changes, whereas in average 16% have perceived more changes. Therefore, in general, participants have perceived somewhat fewer changes at the time of the follow up compared to the time of the study. By looking at Table #7, which indicates the results of the LCQ at the time of the study and at the time of the follow up, we could already notice that the answers given by participants at the time of the follow up were slightly lower than what they were at the time of the study. Therefore, it could be said that Holotropic Breathwork™ has helped participants to make some personal changes and that these changes have a tendency to last over a period of six months.

In summary, Ring's Life Changes Questionnaire showed that participants in this study indicated that they have experienced important life changes as a result of their holotropic journey. In fact, there are three domains where participant's interest showed a strong trend toward increase. The first one is related to items such as participants' understanding of themselves and feelings of self-worth. The second is related to spiritual dimensions such as sense of sacredness of life and sense of

purpose. A third aspect is that participants reported an increase in their compassion and love for others. Most of the changes reported at the time of the study persisted over a period of six months. It could also be noted that participant's concerns for political matters and their involvement with their family were not specifically affected by Holotropic Breathwork™. The LCQ also show that at the time of the study participants' ambition to achieve a high standard of living and their desire to become a well known person decreased a little but tended to increase six months later. It has also been found that the patterns of changes were fairly similar to those observed by Ring, but less intense. In general, it can be said that Ring's Life Changes Questionnaire indicated that Holotropic Breathwork™ has a very strong potential to elicit life changes in the areas described above.

Third Research Question

How do they express the essence of their experience in images, symbols, words, or metaphors?

Here are the expressions people reported: 1) "Light out of darkness"; 2) "The breath gave me back my life"; 3) "It is sort of the crossing of the lines from consciousness to being conscious"; 4) "Healing, transformation and wholeness. I would also say a flower in terms of opening to the radiance of the divine and expressing more fully my potential and my beauty"; 5) "Two golden cobras dancing and intertwining and creating by touching"; 6) "Becoming myself. Just coming fully into myself, connecting with my own authenticity"; 7) "It would be the metaphor of an opening to a greater knowledge or a greater power"; 8) "It is wholeness and being

healed"; 9) "It would be something I call a prayer dance to the divine energy"; 10) "It would be a jewel, yeah, it would be an emerald"; 11) "The experience of unity and the connection with everything"; 12) "Sort of like fireworks in a way, explosion, unlimitness, expansion"; 13) "It's been those three; expansion, aliveness and spirituality"; 14) "It is a path of the heart"; 15) "Being aware of being a part of the universe, and another would be the vision of the druids"; 16) "It's a pendulum coming into balance"; 17) "Wholeness, the sense that I can feel or do anything and it's all human"; 18) "Butterfly and transformation"; 19) "Getting more mature, more sensitive and more human"; 20) "Moving toward wholeness"; 21) "A cosmic stretching"; 22) "A butterfly"; 23) "Conscious contact with spirit"; 24) "It is getting wiser, that's the essence really"; 25) "It would be a quieting of the storm that was in me"; 26) "Breathwork has dropped me into the tao, immersed into it"; 27) "It is the union of the polarity"; 28) "It brought me to my life."

This question was asked to participants to explore the true essence of the breathwork experience. By asking this question, the participants were invited to put in a word or in a short sentence, the heart and soul of what breathwork was all about for them.

The answers given by participants were very impressive by the words, concepts, and metaphors they used. It seemed that they were expressions which reflected a deep inner transformational process.

Metzner (1986) has presented in his book Opening to Inner Light ten metaphors that describe the essence of psychospiritual transformation. I have presented these categories here and under each of them I tried to place the participants' expressions where they fit.

Table #13

Metzner's Metaphors of Psychospiritual Transformation and the MetaphorsReported by Participants.

Metzner's Metaphors

Metaphors Reported by Participants

From caterpillar to butterfly

- "Butterfly and transformation"
- "A butterfly"

Awakening from the dream of "reality"

From captivity to liberation

- "The breath gave me back my life"
- "Sort of like fireworks in a way, explosion, unlimitness, expansion"
- "A cosmic stretching"

Purification by inner fire

From darkness to light

- "Light from darkness"
 - "It is sort of the crossing of the lines from consciousness to being conscious"
 - "It would be a jewel, yeah, it would be an emerald"
- "It is getting wiser, that's the essence really"

(Table continues)

Metzner's Metaphors

Metaphors Reported by Participants

From fragmentation to wholeness

- "It is wholeness and being healed"
- "The experience of unity and the connection with everything"
- "Being aware of being a part of the universe"
- "Wholeness, the sense that I can feel or do anything and it's all human"
- "Moving toward wholeness"
- "It is the union of the polarity"

Journey to the place of vision and power

- "Two golden cobras dancing and intertwining and creating by touching"
- "It would be the metaphor of an opening to a greater knowledge or a greater power"
- "It would be something I call a prayer dance to the divine energy"
- "Wholeness, the sense that I can feel or do anything and it's all human"

(Table continues)

Metzner's Metaphors

Metaphors Reported by Participants

Returning to the source

- "Becoming myself. Just coming fully into myself, connecting with my own authenticity"
- "It is a path of the heart"
- "Conscious contact with spirit"
- "Breathwork has dropped me into the tao, immersed into it"

On dying and being reborn

- "It brought me to my life."

Unfolding the tree of our life

- "Healing, transformation and wholeness. I would also say a flower in terms of opening to the radiance of the divine and expressing more fully my potential and my beauty"
 - "It's been those three; expansion, aliveness and spirituality"
 - "Getting more mature, more sensitive and more human"
-

There are only two expressions that did not fit into Metzner's metaphors of psychospiritual transformation. They are the following; "It's a pendulum coming into balance" and "It would be a quieting of the storm that was in me." These two metaphors are similar in the sense that they both refer to balance and inner harmony. One of the possible reasons that these two metaphors do not fit within Metzner's categories is that they may not correspond to a universal human evolutionary

transformational process as the Metzner's categories refer to. These types of transformation may be more specific to the kind of transformational process Holotropic Breathwork™ fosters. Another reason why these metaphors do not fit into Metzner's categories is that these categories do not reflect the entire spectrum of psychospiritual metaphors of human transformation.

It appears that the Holotropic Breathwork™ experience pointed, for most participants of this study, towards some type of psychospiritual transformation. Almost all concepts or expressions used by participants to describe their process seemed to express some kind of transformation or expansion of consciousness. Interestingly enough, it is under the category "from fragmentation to wholeness" that the highest number of metaphors (6) have been found. These findings support the spirit Grof intended to carry by choosing the word "holotropic" to name his approach of breathwork. As said before, "holotropic" means moving toward wholeness.

Other Significant Experiences Reported by Participants

Birth, Death, Rebirth, or Sequences of Death/Rebirth

Many participants reported experiences related to the theme of either birth, death, rebirth, or sequences of death/rebirth. As many of the quotations in the previous section illustrated, many experiences around the birth/death theme fostered significant changes. Grof (1988), and Orr and Ray (1977), were perhaps the ones who stressed the most the potential benefit of perinatal experiences. Both showed the importance of getting back in touch with the perinatal level of one's unconscious.

This was a way to free the undigested pent-up energies left from the birth experience.

Verny and Kelly (1981) reported in their book, The Secret Life of the Unborn Child, that what happened in the nine months between conception and birth moulded and shaped the personality, drives, and ambitions in very important ways. What many participants reported confirmed this observation. Once again, a quote from one participant will clearly illustrates that point. A man said:

I got into the birth process and I connected with my mother giving birth and, from her perspective, saw the fact that she didn't want me. And in seeing that, in making that connection with her, I got the understanding that it had nothing to do with me, that I'd been taking it personally these last 47 years. And really it wasn't that, it had nothing to do with me. She simply didn't want to be pregnant, she didn't want to be in this life, she didn't want any of that sort of thing. And that was an amazing lifting of weight for me, it just took a lot of the shame and shit away from my experience of birth.

As a result of his birth experience this man had been feeling shameful all his life. As he said, "He had been taking it personally for these last 47 years." What was not clearly said here was that his mother was, herself, shameful when she conceived him and he inherited some of that feeling. However, the most interesting aspect of the whole thing was that he was able, through breathwork, to go back and reconnect with his mother's state of consciousness. This regression made him realize that he was carrying, or was identified with, something that had nothing to do with him in the first place.

The reliving of his birth process happened to be a death/rebirth process. Thus, his old identity, the one forged partly by his mother's state of consciousness and by the traumatic imprint of birth, died and a new concept of self emerged. This process was transforming and healing because it released him from a burden that he had

been carrying all his life. This example illustrated very well one of the very important healing mechanisms operating in breathwork: the death/rebirth process.

It is important to mention that the death/rebirth process is in fact a process which does not usually happen during one session. Although it is possible, this process usually occurs through a series of breathwork experiences.

Relationships

Eleven participants (32%) reported healing experiences and changes around relationships. Here are some statements used to describe these experiences: 1) "So, personally I feel that I have learned the capacity to be intimate, to give and receive love from people"; 2) "It's a real deep healing for me around personal relationships because of this community"; 3) "Regarding my relationship with my parents, I was able to allow them to be who they are, to express genuine gratitude for what they were able to provide me with. It's been very healing"; 4) "Breathwork helped me to complete a major piece of family of origin work. Definitely healing the relationship with my father and making peace with my family"; 5) "My relationships with others in my immediate life, both personally and professionally, have become more cooperative and less competitive"; 6) "There has been a shift in my attitude that has shown up in my relationships and it is easier for other people to approach me"; 7) "My relationship to my body, to my family, and to my wife changed."

This was an interesting point because the literature reviewed did not mention that breathwork could be helpful in dealing with relationship problems. In most accounts of change, stressed changes were noted at the physical, emotional, and spiritual levels but no mention was made of its impact on relationships.

One of the reasons the breathwork process tends to produce such changes could be related to the healing of old emotional wounds which were related to previous experiences. As a person heals his relationship with himself or herself he or she then is able to establish a better and healthier relationship with others, or with the person with whom the inner wounds could be related to. Such healing can take place, for example, through regressive experiences, such as in the case of Susan, where she met her father and got the insight that he was himself very wounded and frightened. Through that experience Susan reported that she healed a part of her relationship with her father. The healing could also take place through the releasing of old pent up emotions that distorted one's perception of others.

Changes at this level might be the result not only of the breathwork itself, but also as a result of the group setting. It is not easy to know exactly how these changes occurred. The setting was particularly important because of the residential aspect of the training. Participants spent almost a week living together (for each module) and this can have easily fostered deep connections between participants.

Because the breathwork is done in dyads the relationship with the sitter also plays an important role that is not yet very clear. The level of intimacy between a breather and his or her sitter can at times be very important and must influence participants at the relationship level. The facilitators of the breathing sessions also play an important part in people's process. The impact of such variables on people's process is not clear but must, at some point, be considered.

Music

Eight participants (24%) reported that music had helped them to get in touch with different emotions or having specific experiences. There was no really precise information about the role of music in peoples' process. Nevertheless, what is known is that people have been affected by music; as to how much, the answer is uncertain. The setting up of research projects that would appreciate the role of music in breathwork would be quite valuable. Here, I would like to say that music has played a very significant role in my personal process. Music really helped me to go into process. The rhythm of the music was a driving force that helped me to travel into different experiences. The music moved me into exploring and experiencing different emotions, sensations, and inner impressions.

Mandala

Drawing mandalas was also an important part of the breathwork experience (see mandala drawing in Appendix D). However, not much information was collected about the role and the impact of the mandala drawing on people's process. What I have been able to see is that people used their mandalas as a reminder of their breathwork experience. During the sharing, they spread out their mandalas in front of them and used them to talk about their journey. Images and symbols reminded them of key experiences or again of recurrent experiences. Here again, the setting up of research projects that can evaluate the role of mandala drawing in the breathwork process would be very valuable. Through questionnaires and interviews the whole process of drawing, sharing, and looking at mandalas could be explored.

Characteristics of the Holotropic Breathwork™ Process

In this section, some important characteristics of the breathwork process will be highlighted. In addition, some of the possible healing and transformative mechanisms operating in breathwork will be explained. I will draw information from the results of this research as well as from my own reflection.

1. Holotropic Breathwork™ as a process-oriented approach. Holotropic Breathwork™ differs greatly from behavioral, humanistic, and, particularly, analytical approaches. The fact is that Holotropic Breathwork™ does not focus on the behavior, the content of consciousness, or its interpretation and analysis, but rather on the processes or experiences as they are happening in the moment.

There are three possible realms for a client to focus on in a therapeutic situation: the external realm, the relationship realm, and the internal realm. For example, when a client is focused on the external realm, he may be telling a story or describing a behavior. In the relationship realm, he may stress the way he relates to the therapist here and now (interpersonal). Finally, when he is internally focused he may be in touch with emotions, images, or sensations that bring all his attention inside (intrapersonal). Behavioral psychology concentrates mainly (but not exclusively) on the external realm by working on the client's behavior. Analytical psychology focuses mainly on relationships by assuming that healing needs to happen through transference. Holotropic Breathwork™ mainly centers on the internal processes by asking the client to close his eyes, to go inside, breathe, and surrender to whatever is happening internally in the here and now.

The Holotropic Breathwork™ strategy could be said to: (a) stress process over content, (b) focus on what is happening internally versus what is happening externally or in the relationship channel, and (c) stress being in touch with what is here and now instead of the past or the future. The breathwork approach is specifically designed to bring the client in touch with his internal processes as they are happening at the present time. As said earlier, it is based on the recognition that what is already happening in a person's process is an attempt of the organism to heal itself and it only needs to be contained and supported.

The type or kind of processes Holotropic Breathwork™ supports can be called multi-channeled processes. This kind of process refers to the concept of dreambody developed by Arnold Mindell (1985). For Mindell, the dreambody is a kind of wise signaller that sends messages through different channels. There are six different channels: kinesthetic, proprioceptive, visual, auditive, relationship, and the world. The dreambody, as the wise part of oneself, is always trying to grow and develop and "to reach your everyday awareness through signals such as body symptoms and movement impulses, dreams, and messages from the environment" (Mindell, 1993, p. 3-4). The dreambody can be compared to the concept of the inner wisdom that Grof is talking about. This inner structure operates as an "inner radar" or an inner intelligence and fosters changes or healing by bringing to consciousness the different aspects of one's process through the different channels to be integrated.

Different from most therapeutic strategies that focus mainly on one or two channels (such as words or sensations) Holotropic Breathwork™ honours and supports every channel available. In this research, participants have reported experiences happening through every channel. For example, in one session, the

proprioceptive channel (sensations such as pain or tension) can be very active, whereas in another session, it may be mostly visual. The auditory channel is supported by inviting the participant to express any sound or word that spontaneously come into the process. The group sharing also support the auditory channel. The relationship channel is honoured through the breather/sitter relationship. For most sessions, every channel is used to a greater or lesser degree. Therefore, by allowing every aspect of a person's process to unfold and to be brought up to consciousness the holotropic strategy honours the totality of one's inner world. No content of consciousness or experience is judged in advance or excluded on the basis of a particular theoretical framework. Every part or aspect of one's inner process is self-selected from the inside and guided by the inner wisdom of the organism toward its integration. Thus, during a breathwork session, as well as from one session to another, the process can bring a person in touch with his or her most wounded part and/or most beautiful part.

2. Working in NSCs. One of the essential characteristics of Holotropic Breathwork™ is the use of NSCs. Grof's many years of research have been devoted to the comprehension and use of NSCs to foster healing and personal transformations. For Grof, NSCs have a healing potential that offers new therapeutic possibilities, undreamt of by traditional psychiatry.

The healing and transformation that happen in NSCs were already mentioned in a previous section. Human beings exist according to two different, but complementary modes of consciousness: the hylotropic mode and the holotropic mode. In that perspective, the key to understanding the healing potential of NSCs (according to Grof) lies in those states that mediate access to the holotropic gestalts.

These gestalts underlie the psychological symptoms and bring them up into consciousness to be integrated.

Some ideas and concepts will be introduced here to better understand the healing and transformative mechanisms operating in NSCs.

Wolinsky (1991) has developed a new approach to psychology which he calls Quantum Psychology. Influenced by modern Quantum Physics, and especially by Heisenberg's uncertainty principle, Wolinsky insists on the idea that "how we subjectively experience events, interactions, and our own inner self is observer-created--created *by us* " (p. 2). So the inner knower, the "me" inside, is the one who chooses how an experience is experienced and that is the way to create one's own reality. The medium in which the creative activity takes place, whereby the selection of how experiences are perceived, interpreted, and understood is called Deep Trance Phenomenon.

A Deep Trance Phenomenon is a way to choose or to have chosen to experience reality. One of the main characteristics of these trances is that they have narrowed, shrunk, or fixated consciousness into a set of parameters that make one experience reality in a very particular manner. In a developmental perspective, Deep Trance Phenomena have been created by the child as a necessary means for surviving and negotiating the physical and the psychological universe. Wolinsky said, "Each Deep Trance Phenomenon is designed to maintain, support, and protect the integrity of the child" (1991, p. 20). As soon as these trances become useful in protecting the child, they gain a kind of intrapsychic autonomy and are then generalized to a variety of situations. Children will then create whichever trance states are necessary or most helpful in buffering them against any experiences they are not able to integrate.

Most of these trances states could be said to be structured around infantile and immature states of consciousness.

Therefore, Wolinsky presupposes that a complaint, a problem, or a symptom is a trance state which has hypnotized an individual into a particular state of consciousness. "Problems and symptoms are the outmost manifestations of a creative, generative interaction of Deep Trance Phenomena" (Wolinsky, 1991, p. 16). In other words, people's problems and symptoms are self-created -- they are trances created by people as a result of their incapacity to integrate what happened to them at one point. These trance states are at the core structure of any form of symptomatology that one may experience.

Another interesting point Wolinsky makes is that during the course of a day, people actually go in and out of trance states. Humans experience a continuum of trance states which are mainly composed of different forms of identifications to thoughts, feelings, and emotions. As Tart (1986) stressed in his book Waking Up the normal or OSC is more or less caught into a *consensus trance*. This idea, which has its roots in the Eastern tradition, has also been reported by Deikman (1982), who said that each of us "...lives in a state of trance of varying depth, broken by interludes of relatively awake consciousness" (p. 129).

Deikman (1982), Tart (1986), and Wolinsky (1991) all suggested that to regain the inner freedom one must free oneself or disidentify from these trance states. In other words, one must de-hypnotize or dis-identify from these Deep Trance Phenomena and access the observing self to transcend these trance states.

I would like to suggest here that breathwork, by bringing people into a NSC, is somehow helping people to dis-identify from these trance states. All of these trance

states (although there are pieces that constitute the OSC) are in fact bits and pieces of NSCs. These pieces are frozen and always ready to be activated depending on the environmental circumstances. They are the holotropic gestalts that give rise to people's problems and symptoms. Through the NSC it is as if one was able to enter into these trance states and release the piece or aspect of one's consciousness that was frozen, locked, or fixated at that level. By accessing these encapsulated bits and pieces of the consciousness, there is the ability to access the software that generates one's realities.

Therefore, healing and transformation happen as one contacts and frees the energies locked into these holotropic gestalts. At this point, the aspects of consciousness which are responsible for the creation of one's problems and symptoms can be "recycled." These can then be integrated into a frame of mind that is more aligned with one's essence.

3. Working with the three levels of the human mind. Another important characteristic of Holotropic Breathwork™ is that it can bring people in touch with any realm of consciousness. Grof has shown that the human psyche is mainly composed of three layers or realms which are the biographical, the perinatal, and the transpersonal. One of the points that Grof has tried to demonstrate is that many problems have their roots in the perinatal and/or the transpersonal levels of the mind. Not only did he try to show that, but he stressed the idea that the healing of many conditions required being and having experiences at those levels.

Results from this study support that idea. Many participants reported healing and transformative experiences which were the results of experiencing those levels of their unconscious. For example, one man reported the following:

Although the work I had done on my father seemed to connect me to a deep inner source of empowerment, I continued to experience profound grief and a sense of hopelessness. What seemed to turn the corner on this was a past-life memory of myself as a Czech agent and a sequence involving the absolution of guilt for misdeeds in this life. This experience seemed to have the effect of lightening a great load for me, as well as clearing up some important family issues.

I would like to point out here that it is almost impossible to know at what level of the unconscious a personal dynamic is rooted. Nevertheless, because of the way the breathwork works, it is most likely that the process will naturally find its way toward the deepest root of the problem. Hence, if the root of the problems is at the perinatal level, the process will eventually bring the person to that level if, of course, the defenses are not too high. So not only the theme of the session will be self-selected, but the level of the psyche where the work will take place will also be selected.

4. A bio-psycho-spiritual approach. Most approaches to human development focus more specifically on one dimension of the human being and tend to ignore others. Traditional psychology, such as psychoanalytical, behavioral, and humanistic approaches mostly ignore the body and the spiritual dimension. The very body-oriented approaches also have the tendency to ignore the spiritual dimension, and for many, the psychological dimension. The very spiritually-oriented approaches, on the other hand, usually ignore the body and the psychological dimension.

In Holotropic Breathwork™, these three dimensions are fully integrated in a truly holistic manner. None of these dimensions are forgotten nor are they given any special attention. Within the same session, one can experience very strong physical manifestations, be in touch with numinous experiences, and struggle with

intense emotions such as fear and abandonment. Such complex and diversified experiences have been reported by most participants of this research.

However, by being a non-specific amplifier, the breathwork approach will not suit someone who specifically wants to focus and work on a specific dimension. If this is the intention of the participant, using an approach that specifically focuses on that particular dimension is best suited.

5. A safe and sacred container. Finally, another important characteristic of Holotropic Breathwork™ is the creation of a safe and sacred "container." The container is mainly created by the transpersonal values embraced and integrated by the facilitator. One of these values is the recognition and the respect of the inner healer who is part of everyone. Another value lies in the recognition that each person is an expression of the Divine in a human form. Since the facilitator has embraced the transpersonal values, he or she is able to offer a transpersonal context in which all breathwork experiences are taking place. Within such a framework or context, all experiences are seen as valid expressions of the psyche's movement towards wholeness. The facilitator assumes that the most essential and fundamental force behind any process is an impulse towards spiritual growth.

This attitude, however, will not be naïve. The facilitator, because of her or his training, has the capacity and responsibility to protect the participant, and if any of the latter's behaviors become destructive, the facilitator will act in a way to protect the integrity of the person.

So in breathwork, it is recognized that *consciousness is its own healer* and that the main job of the facilitator is to create a sacred place where people can release their inner control and surrender to the inner wisdom of the organism. The

facilitator is not trying by any means to control the participant's process in one direction or another, but he or she simply provides a safe container where consciousness can heal itself.

Limitations and Delimitations

Eight variables in this study are essential to consider as the limitations and delimitations are explored. First, Grof himself conducted all the breathwork sessions. Many participants mentioned that the presence of Grof in the room helped them to go deeper into their process. They knew that it was totally safe to let down of all their defenses. In that sense they may have gone deeper into their process and consequently experienced more changes and healings than in regular sessions led by someone else. This is an important variable that may have influenced the results of this study.

Secondly, selection of participants was another limitation of this study. Participants wanted to become certified practitioners of Holotropic Breathwork™. They were all very highly motivated and, to a certain point, "convinced" of the potential benefits of this approach. By being already convinced and by expecting powerful changes as a result of their breathwork experience participants' expectations may have been an influence that caused inner changes that are not

specifically related to the approach itself. Therefore, participants' beliefs and expectations may have caused placebo effects.

A third limitation is related to the fact that most participants were professionals who had already done a lot of therapeutic work on themselves prior to the training. Therefore, they were probably more open and more willing to go into these types of experiences than the general population.

A fourth limitation that influenced this research is related to the method of data collection. Some data was gathered from peoples' sharing in front of other participants. Participants may have shared informations that was most likely to be validated by the group. After having invested so much time, energy, and money into that training program, participants may be internally inclined to report very positive experiences. This may also have created in them an unconscious desire to show others how this process was helpful for them. Such a context may have prevented participants for bringing forth negative experiences. Statements about healing or transformation may have been inflated compared to what was really experienced.

Fifth, participants were volunteers. Thirty-four participants decided to take part in the research out of about 45 at the certification module. Rosnow and Rosenthal (1976) have pointed out that voluntary subjects tend to be more intelligent, more sociable, and less conventional than people who refuse to participate in such research projects. In that sense the participants may also differ in that manner. I also knew many of the participants and our friendship may have inclined them to report the more positive aspects of their experiences.

A sixth variable that may have influenced the data collected encompasses historical factors. The research participants had gone through the two-year long

training period. It is obvious that they have gone through all kinds of experiences during that period that were not related to the breathwork experience. These experiences may have contributed to their transformation and healing. It was almost impossible to control such variables. However, such variables could have been taken into accounts through a questionnaire or specific questions that would have adressed those variables.

A seventh limitation concerns the data analysis which must also be taken into account with certain considerations. Quite a large amount of data was collected and analyzed. This procedure was a first-time experience for me and I found it quite challenging. My lack of previous experience in this type of complex analysis matter may have played a role that would be difficult to evaluate but, nonetheless, should be noted.

Finally, results from Ring's questionnaire must also be taken with caution. So far, no studies have been conducted to explore the validity and the reliability of the Ring's questionnaire.

Further Research

Based on the literature reviewed and on the study's findings I would like to suggest further research which could examine more closely how Holotropic Breathwork™ can be helpful in the healing of physical and psychosomatic problems. Problems which have something to do with the respiratory system, such as asthma, are of most interest. For example, among people receiving conventional treatment for asthma a group of them could be selected to also participate in a

number of Holotropic Breathwork™ sessions. Pre- and post tests as well as questionnaires could be used to evaluate the different treatments.

The relationship between different kinds of emotional problems and breathwork could be explored. For example, it would be interesting to set up research projects that could evaluate the potential benefit of breathwork in treating issues such as depression, addiction, sexual abuse, or post-traumatic stress disorder. Different experimental designs with control groups could be used to test breathwork. For example, in one experimental design the use of breathwork as the primary approach for dealing with a specific condition could be explored. In another design it could be the use of breathwork as only one component of a treatment plan that could consist of a combination of breathwork, individual therapy, and group therapy.

A very important area of investigation would be the effect of music in the breathwork process. This research has not touched much on this area and, based on both the literature on music therapy reviewed and on my own experience as a participant and a facilitator, I think that music probably plays an important role that needs to be investigated. During workshops, some people have mentioned that a particular piece of music triggered specific memories or experiences that have been very significant in their process. A study on the impact of music in breathwork could be set up by testing breathwork sessions with and without music.

Another interesting avenue of research would be the study of specific disorders, such as depression, through the lenses of NSCs. By collecting and studying the accounts of depressed people who experience Holotropic Breathwork™ we could find new insights or gain a deeper understanding of the underlying psychopathological structure of such problems. Also, because Grof mentioned that

most psychological problems have their roots not only in the biographical level of the psyche, but also in the perinatal and the transpersonal level, such investigation could be helpful in shedding more light on this area of research.

Conclusion

The findings of the present research project have supported Grof's claim that NSCs have a healing and transformative potential. The findings have shown that participants have gone through a very wide range of experiences and that these experiences were felt as transformative and healing. Participants have reported changes and healing at the physical, intellectual, emotional, and spiritual levels. At the physical level, participants reported healing or improvements of physical health problems as well as physically integrative experiences such as embodiment. At the intellectual level, an increase of participants' ability to recognize and to disidentify from one's experience has been observed. The development of the observing self is an important effect of the approach. At the emotional level, participants experienced a variety of emotions ranging from pain to joy. For many, old emotional wounds were healed and undigested pent-up emotions were released which fostered some sense of emotional integration. People also reported that they changed at a more psychospiritual and transpersonal level. For example, many reported that the process helped them to feel more trust, power, confidence, acceptance, compassion, and integration.

The research helped to appreciate the life changes that the breathwork process facilitated. Ring's Life Change Questionnaire indicated that many attitudes were

changed by the Holotropic Breathwork™. In fact, there are three domains where participants' interest showed a trend toward increase. The first one is related to items such as participants' understanding of themselves and feelings of self-worth. The second is related to spiritual dimensions such as sense of sacredness of life and sense of purpose. In third aspect, participants reported increase in their compassion and love for others. Most of the changes reported at the time of the study persisted over a period of six months.

Ring's questionnaire indicated that participants' concerns for political matters and their involvement with their family was not specifically affected by Holotropic Breathwork™. It has also shown that at the time of the study participants' ambition to achieve a high standard of living and their desire to become a well known person decreased a little but tended to increase six months later.

In order to express the essence of their holotropic process almost all participants used metaphors that fit under Metzner's ten universal metaphors of psychospiritual transformation. The most often reported metaphors were those which fit under the general category "From fragmentation to wholeness." This reflects the integrative potential of Holotropic Breathwork™.

The two case studies helped to show how Holotropic Breathwork™ process can unfold over a two-year period. The case studies helped better understand and appreciate the diversity, the intensity, and the depth of the different breathwork experiences and how they foster personal transformation and healing. They gave contextual and background informations on participants which was helpful to better appreciate the kind of wounds these participants had when they started breathwork and how the breathwork process worked for them.

Five basic characteristics of the Holotropic Breathwork™ process have been highlighted. These five characteristics are the following: a) Holotropic Breathwork™ is a process-oriented approach; b) It is a work that is done in nonordinary states of consciousness; c) It integrates the three levels of the human mind (biographical, perinatal, and transpersonal); d) It is a bio-psycho-spiritual approach, and; e) It is practiced within a safe and sacred container.

Although this research did not specifically focus on understanding the therapeutic mechanisms operating in breathwork, the research has helped to shed some light on these mechanisms. It has shown that in nonordinary states of consciousness the deep trance phenomena, which act like software that generates everyone's reality, can be accessed and the bits and parts of one's consciousness that are frozen, locked, or fixated in these trance states can be liberated and integrated.

Holotropic Breathwork™ appears to me basically as a means by which people turn their awareness inside to get in touch with their own truth. In that active introspective process, consciousness is curving back within and this process is healing in itself. In that sense I would like to suggest that *consciousness is its own healer*, and breathwork is only a way to facilitate that natural process.

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Appendix A

Table #14

Number and Percentage of Participants Who Had Experiences at the Physical Level

Categories of Experiences Types of Experiences	Number	Percentage
Physical		
Physical experiences		
Tetany	3	9%
Pain and tensions	19	56%
Physical postures	3	9%
Physical movements	22	65%
Movements with intense emotions	4	12%
Energy moving through the body	1	3%
Changes of body structure	2	6%
Improvement and/or healing of physical health problem		
Hip pain	1	3%
Feet malformed	1	3%
Asthma	2	6%
Respiratory problem	2	6%
Raynaud's disease	1	3%
Blood pressure	1	3%
Polyarthritis	1	3%
Physical integration		
Relaxing/softening	5	15%
Respecting and honoring the body	2	6%
Sense of connection and unity	3	9%
Trust of body wisdom	1	3%
Body as ground of purification	1	3%
Embodiment	6	18%

(Table continues)

Categories of Experiences Types of Experiences	Number	Percentage
Intellectual		
Intellectual experiences		
Little understanding of the process	3	9%
Understanding and integration of previous information	2	6%
Expanded framework	3	9%
Gaining new ways of learning	1	3%
Letting go of the mind	5	15%
Ability to recognize and to disidentify from one's experience	11	32%
Emotional		
Emotional experiences		
Discovering repressed emotions	3	9%
Experiencing and releasing emotions	34	100%
Anger and rage	8	24%
Grief and sadness	15	44%
Pain	14	41%
Positive emotions	25	74%
Sensual and sexual feelings	6	18%
Incest related issues	7	21%
Emotional integration		
Letting go and clearing out old emotional wounds	8	24%
Feeling more connected and balanced	2	6%

(Table continues)

Categories of Experiences Types of Experiences	Number	Percentage
Spiritual or Transpersonal		
Spiritual or transpersonal experiences		
Identifications to people, animals or objects	11	32%
Contact with other beings and other dimensions	4	12%
Demonic experiences	1	3%
Experiences of unity	4	12%
Out-of-body experiences	2	6%
Channeled information	2	6%
Visions	2	6%
Purifying fire	1	3%
Spiritual longing	1	3%
Kundalini experiences	3	9%
Past life experiences	5	15%
Identification with Christ	8	24%
Shamanic experiences	7	21%
Psychospiritual changes		
Heart opening experiences	10	29%
Increase of trust	11	32%
More acceptance	7	21%
Feeling more power	10	29%
Feeling more integrated	10	29%

Appendix B

RING'S LIFE CHANGES QUESTIONNAIRE

NAME _____

The experience of Holotropic Breathwork™ may or may not bring about certain changes in an individual's life. We would like to know in what ways, if any, your experience of Holotropic Breathwork™ has affected your life. In responding to the following items, all you need to do is to circle the appropriate alternative, according to the instructions given below. Each statement should be understood as beginning with the phrase, "Since I have been practicing Holotropic Breathwork™..."

Consider each statement carefully. For example, consider the following statement: (Since I have been practicing Holotropic Breathwork™), my interest in the field of medicine has...

If you felt your interest had *strongly increased*, you should circle SI in the column following this statement. If you felt your interest had *increased somewhat*, you should circle I next to the statement. If your interest *hadn't changed*, you circle NC.

If your interest had *decreased somewhat*, you would circle D. Finally, if your interest had *strongly decreased*, you would circle SD. To summarize:

SI = strongly increased

D = decrease somewhat

I = increase somewhat

SD = strongly decreased

NC = no change

1. My desire to help others has	SI	I	NC	D	SD
2. My compassion for others has	SI	I	NC	D	SD
3. My appreciation of "the ordinary things of life" has	SI	I	NC	D	SD
4. My ability to listen to others has	SI	I	NC	D	SD
5. My feelings of self-worth have	SI	I	NC	D	SD
6. My interest in psychic phenomena has	SI	I	NC	D	SD
7. My concern with the material things of life has	SI	I	NC	D	SD
8. My tolerance for others has	SI	I	NC	D	SD
9. My interest in creating a "good impression" has	SI	I	NC	D	SD
10. My concern with spiritual matters has	SI	I	NC	D	SD
11. My interest in organized religion has	SI	I	NC	D	SD
12. My understanding of myself has	SI	I	NC	D	SD
13. My desire to achieve a higher consciousness has	SI	I	NC	D	SD
14. My ability to express love to others has	SI	I	NC	D	SD
15. My interest in "living the good life" has	SI	I	NC	D	SD

16. My insight into the problems of others has	SI	I	NC	D	SD
17. My appreciation of nature has	SI	I	NC	D	SD
18. My religious feelings have	SI	I	NC	D	SD
19. My understanding of "what life is all about" has	SI	I	NC	D	SD
20. My personal sense of purpose in life has	SI	I	NC	D	SD
21. My belief in a higher power has	SI	I	NC	D	SD
22. My understanding of others has	SI	I	NC	D	SD
23. My sense of the sacred aspect of life has	SI	I	NC	D	SD
24. My ambitions to achieve a high standard of living have	SI	I	NC	D	SD
25. My desire for solitude has	SI	I	NC	D	SD
26. My sense that there is some inner meaning to my life has	SI	I	NC	D	SD
27. My involvement in my family life has	SI	I	NC	D	SD
28. My fear of death has	SI	I	NC	D	SD
29. My desire to become a well- known person has	SI	I	NC	D	SD
30. My tendency to pray has	SI	I	NC	D	SD

31. My openness to the notion of reincarnation has	SI	I	NC	D	SD
32. My interest in self-understanding has	SI	I	NC	D	SD
33. My inner sense of God's presence has	SI	I	NC	D	SD
34. My feelings of personal vulnerability have	SI	I	NC	D	SD
35. My conviction that there is life after death has	SI	I	NC	D	SD
36. My interest in what others think of me has	SI	I	NC	D	SD
37. My concern with political matters has	SI	I	NC	D	SD
38. My interest in achieving material success in life has	SI	I	NC	D	SD
39. My acceptance of others has	SI	I	NC	D	SD
40. My search for personal meaning has	SI	I	NC	D	SD
41. My concern with questions of social justice has	SI	I	NC	D	SD
42. My interest in issues related to death and dying has	SI	I	NC	D	SD

Appendix C

Appendix D

Mandala Drawing

Mandala Drawing

Appendix E

BACKGROUND INFORMATION SHEET

1. NAME _____

2. SEX M__ F__

3. AGE _____

4. HOW LONG HAVE YOU BEEN USING HOLOTROPIC BREATHWORK™ _____

5. RACE OR ETHNIC GROUP

6. MARITAL STATUS

White
 Black
 Hispanic
 Oriental
 Indian (Native American)
 Other (specify) _____

Single
 Married
 Remarried
 Separated
 Divorced
 Widowed

7. EDUCATION LEVEL

Grade school
 Some high school
 High school graduate
 College
 College graduate
 University graduate
 Other degrees (specify) _____

8. CURRENT OCCUPATION _____

9. REASONS FOR TAKING THE TRAINING _____

10. HOW DO YOU PLAN TO USE THE TRAINING _____

Appendix F

Consent Form

As you all know I have been both experiencing and studying Holotropic Breathwork™ as a part of this training. My experience of this approach has been very meaningful and I decided to make the study of Holotropic Breathwork™ the subject of my dissertation work as a doctoral student at the Institute of Transpersonal Psychology.

As a means of healing and self-exploration, Holotropic Breathwork™ has not yet been extensively studied by the methods of traditional psychology. Such study is important because it provides a way by which your experience can be communicated to the scientific community as well as to the general public.

In order for me to study your experience of Holotropic Breathwork™ I request from you the following points. The permission to tape-record the sharing of your experience in the training, your participation in a twenty minute interview conducted by me, and finally, completion of a ten minute long questionnaire.

The benefit to you of participating in the study is the opportunity to reflect on your process and deepen your understanding of the meaning of your experience. I will also send you a summary of what I discover. All the information collected will remain strictly confidential. Your participation is voluntary and you may choose to end it at any moment for whatever reasons without any penalty. As far as I can tell your participation to the research does not entail any risk to your wellbeing.

By signing this consent form you also give me the permission to publish all or part of the information collected in a way that disguises your identity and ensures confidentiality.

If you wish more information you can reach me at any time at this phone number. (415) 903-0805.

I _____ agree to participate in this study of Holotropic Breathwork™ administered and directed by Gilles Brouillette, a student at The Institute of Transpersonal Psychology in Palo Alto. I understand that my identity will be kept confidential and any material that is published will protect my anonymity. I release ITP and Gilles from any responsibility of damage or injury that I might incur during the study. I understand that every precaution and care will be used in administering this study and that there are no harmful side effects that will arise from my participation in the study.

signature

date

Name

Address

Phone

Researcher's signature

Date

Appendix G

CONSENT FORM

I authorize Gilles Brouillette to have access and use my two-page application form submitted for certification in the Grof Transpersonal Training for his research project and further publication purposes. I also understand that my identity will be kept confidential and any material that is published will protect my anonymity.

Name

Signature

Researcher's signature

Date

Appendix H

CONSENT FORM

I authorize Gilles Brouillette to use any material from my Master Thesis. I also authorize UMI to supply copies of Gilles Brouillette's dissertation on demand.

Name

Signature

Researcher's signature

Date _____

Appendix I

SUSAN'S INTERVIEW

"R" stands for researcher.

"I" stands for interviewed.

R: What kind of family do you come from? Can give me a taste of who you were as a child?

I: Looking back on it, my family, the group, well, they didn't really have boundaries. It was experienced as a kind of unit, as if the children were a part of something, not different shades(?).

R: How did you experience that? Can you tell me what was that experience?

I: It was an invasion of privacy, interfering with my development as a separate person, separate rights and wishes and friends. It was highly controlled.

R: They were controlling you?

I: My father was very unpredictable and sort of an alcoholic personality, although I didn't see him drinking.

R: Violent toward you?

I: Violent nature. And also towards me and the worse, the most challenging part of what I came from, and the part that it has taken me all this time to work through, has been that they would hold me down. Each parent would come from the other side and hold me down and even hold my mouth.

R: Controlling your body?

I: Controlling my body, yes. And it really broke my spirit as a child. So I was very withdrawn and limited in self-expression. I also didn't have social skills, I didn't have to be in the world. My parents, when they would be social, which was rather rare, they would have a different personality, very inconsistent. So I didn't know how to survive, to play with other kids and play with them safely. So, it was very stressful for me to try to make my

way on and to copy, you know, somebody can do it, you know, to try. And I was afraid all the time.

R: You were carrying a lot of fear into yourself as you were walking into the world, as a result of this?

I: And looking back on it, I developed a lot in my imagination, in my head and I left my body a lot.

R: You did?

I: Yes. I wasn't aware of it, but looking back, my way of being in the world was figuring things out rather than participating and going by my inner senses. So, it made me have some spiritual experiences because I was withdrawn. And also there was abuse, sexual abuse.

R: From your father or from somebody else?

I: Well because the boundaries were very undefined, there was a sexual energy he had. It was very uncomfortable for me.

R: From?

I: From my father.

R: From your father towards you.

I: And I had an incident of sexual abuse in my infancy which probably was my father but it came from here. I was very frightened, we were all very frightened of him.

R: You said we because I remember...

I: The whole family system revolved kind of around him as the authority, very intimidating. So I had a low self-esteem and what else? I became involved in art, I could do it alone, play music.

R: So were you in touch with the pain you were carrying with yourself?

I: I wasn't. I said I was a bad person because I felt out of place in the world. I feel insecure about that. I had not my own life and my own purpose, I didn't have that, so I think I was just very anxious. And for periods of time, I mean

there was a period of development where I didn't even talk about it, very withdrawn.

R: So, can you tell me at what age?

I: From about five to eight, maybe around that. And I was just so curious I would do things even if I was afraid of doing it and start to get out and I was interested in learning and going places. But always under a lot of stress, I was very fearful.

R: The fear was probably one of the most profound experiences you were carrying with yourself, as I'm hearing.

I: But I would kind of numb out, be dreamy, that kind of thing.

R: Go into imagination?

I: Yeah, I think so.

R: Your mind was playing with it.

I: And also the imagination, given my background, I would invent frightening things.

R: Oh, invent that?

I: Well, I mean, it would imagine negative things, create a negative role. I'm surprised now that there's so many friendly, caring people around and how much they do for me.

R: Yeah, you discovered it?

I: Hum, so it was unsafe outside but then wherever I went I continued to project to that.

R: Tell me how you've been carrying that with yourself and how it was moving through life. What was your life and when did you start working on those issues?

I: Yeah, I did have some friendships, usually one on one type of thing other than groups. But intimacy was, it was hard to be close with people. Nevertheless, I wanted to have a so-called normal life and get married. So I

had some activity socially and different boyfriends and I was very involved with painting. My purpose in living was to paint.

R: Did you study painting?

I: I trained, yeah, I even got a masters degree in painting later on. But, it's sort of like my religion, art, beautiful art.

R: Tell me more about that, what do you mean?

I: Well it was a way of, I guess, organizing my world; the colour the shape and the act of painting was very pleasurable to me in the way of giving something. I was good at it and I studied in school and I also studied it in museums and taught myself, very ambitious, going from realistic representation and teaching myself about abstractions and then doing some large abstractions. It never occurred to me that I would become more active in healing. But I was travelling in Europe and I lived three years in England. And when I came at the end of a relationship, my partner at the time was going back to his country, he was from Romania, I came back to the United States and met an old friend from art school who was an artist and he was really encouraging me and my painting. So we became involved and ended up living together for seventeen years. It's hard to believe.

R: How was the relationship?

I: Well it was supportive about some of my inner explorations, you know, and at the time I was very rich in New York, you see, French village, museums and the art schools and being active with painting. But I didn't realize at the time that my partner was an alcoholic. He was drinking socially and it started to build. And when we got together, because my parents are so intrusive, they tried to break up the relationship. They always tried to break up the relationship on the grounds that he wasn't Jewish, they were trying to control it and I persisted. Probably part of what kept me together for so long was resisting them.

R: You had that need to go against them?

I: Against, so that they still had a lot of impact on me as the thing to go against, rather than finding a whole new way at the time.

R: So you were organizing your world as a response?

- I:** Somewhat, yeah because it was still (?). So I realized soon after getting together that I had pretty severe emotional problems.
- R:** When did you realize that?
- I:** Well I would feel very anxious, depressed, confused, that kind of thing, and things were surfacing for me.
- R:** So you were like toward the end of that relationship or into...
- I:** At the beginning.
- R:** At the beginning, right at the beginning, okay.
- I:** So although I didn't think, I thought psychology was something for crazy people, I was encouraged to give it a try from my partner who knew about those things, and began ten years of psychotherapy, including six years of group. A total of thirty thousand bucks. Sometimes two and three times a week in the beginning, I mean most of my salary.
- R:** What was going on?
- I:** A big chunk, yeah.
- R:** What kind of work were you doing?
- I:** See this was Freudian, see, I'd be on the couch in the beginning. And then the style changed a little more interactive but still minimal interaction, mainly my talking.
- R:** Very classical. Were you facing him, or was he on the side?
- I:** It was a woman and both, but a lot of the times sitting up and facing. And in the beginning it was very very helpful. I felt very isolated, I was very supported by doing it. Very dependant, I mean, when the therapist left on vacation, I was totally lost, I had a dependency. But the group was good initially, just wonderful to be with people, but the technique wasn't adequate for me so I left.
- R:** Can you say more about it? What do you mean when you say that?
- I:** Well when I left the group, for instance, it was very confusing because people would be commenting on each other all over the place... like you're

like my sister, it was very chaotic. I didn't feel empowered by that, you know.

R: And the therapy, what did you get out of it? Did you heal through it? Did you work through the issues you were having when you started?

I: Well, I would feel lost. I would say that there was definitely some healing that happened just by the fact that somebody was caring, paying attention, and so forth. And I worked out some day-to-day issues. But I left quite angry, disappointed. I had felt that the therapist and the therapy was just too cold. And later when I was experiencing counselling, I said that's more what I like, more interactive, more revealing of the person revealing himself.

R: The therapist was more present with you and revealing more?

I: Yes. That felt a lot safer, more effective. So shortly after, I decided to come to counselling and felt that California could be a new world and a new life, but things were still there. Little did I know that there are far deeper roots that could be helped by other healing techniques. Looking back it seems it was a kind of a maintenance, sort of like having, buying a friend.

R: Right.

I: So at that time there was very little progress.

R: Right, it helped you but it didn't really go into the deeper issues and to the roots of it.

I: But one of my character traits was that I had trouble in something I worked with, switching gears. I tried to do something and go at it, go at it. I was so determined to get better out of such a high amount of pain, I thought just come, come, and it's going to happen, so there wasn't too much flexibility that it could be somebody else available. So here at some point, I got into twelve-step program and I realized that I was living with an alcoholic and finally I went to Alanon.

R: So you moved in California with him and continue the relationship?

I: I moved with him. He actually wanted to come, that was his idea. And what happened was that I became pregnant in this relationship and I was clearly unhappy, not a good thing to do, have a child. So I called for help for the eight one, or whatever it is, and I was in bad shape and I got some help from the government to have an abortion. When I was thinking of my boyfriend, I

realized I was living with an alcoholic who was codependent. I became very active in frequent meetings and got strong enough, with plenty of counselling, which I got from the place where I worked. Strong enough although it took me a year, strong enough to leave the relationship. And that was the beginning of a my career in recovery. At a certain point, I had emotions coming up of rage and screaming, that kind of thing. And I was also in I. S. A. (Incest Survivors Anonymous). I realized memories were starting to come up of very early abuse which was a relief because that's why I was so frightened, something really happened to me with that rage.

R: Right, you were beginning to make sense of what was going on in your life connected with something that happened before.

I: And I met people who became friends, who seem to understand me. So when such outward emotional expressions were coming, I wanted to check into a primal therapist. So I connected with a woman and she started me with primal therapy. It turns out she was studying with Grof. She wasn't certified yet, she was studying and she suggested I do this breathing and tell me I had to be in a group in order to work with her. So I continued individual sessions which were about an hour of breathwork.

R: Okay, you started doing primal therapy with her and soon you moved into breathwork?

I: In a week or two.

R: Oh a week or two, so right at the beginning?

I: Right at the beginning.

R: So right at the beginning you started doing breathing, kind of breathwork stuff she was into.

I: And as far as I knew holotropic breathwork was one hour, I didn't know.

R: Okay, that was the way she was practicing it.

I: Which turns out correct. It was, to me, the best thing I ever experienced, a radical change. I would go in and things would just flow out. It was very easily good for me.

R: Right at the beginning.

- I:** Yeah, even the first time I breathed, I had a profound experience.
- R:** Can you talk a little about that experience?
- I:** The first breathing experience which, as I say, is not a full holotropic, but I just found a lot of screaming came out and I felt my father's presence right in my field right there. And it was very frightening and I kept telling him to go away, go away and he didn't go away. And I kept insisting and finally he left. When I walked out the door, I was a different person. I had a boundary. See, I'm still learning what really are boundaries and what are the modalities that can help people. Well that helped me at the beginning, and when I left I has a boundary.
- R:** But when you had that experience, were you in a scene with him as a child, or as an adult, or?
- I:** It was coming from very young, I was regressed.
- R:** You were regressed, in a regressive state.
- I:** Yeah.
- R:** And you screamed at him like what, imagery, or a sensation?
- I:** Well he just seemed bigger than me. A very big frightening presence. So it was a lot of heart-opening.
- R:** In that session?
- I:** Even in that one. And when I got to be in a group, she had a weekly group which was three hours and the breathing session was an hour and a quarter for each individual, then I thought this is the real breathwork. I was surprised after that. And I had no knowledge of birth matrices and the proper background. But still, I did that almost two years and I think I missed one week. I was there always.
- R:** You were really committed to that process?
- I:** Very committed.
- R:** Can you tell me a little about how could you describe that process? What happened in that process? You said it's been healing for you? Why was it healing, what happened for you?

I: Apparently if I let go of my conscious mind, there was a whole other self, whole other experiences. If I didn't scream, I didn't experience anything, it was a deeper thing that just happened, all I had to do was get out. I'll never forget when I got (?) and it was this person who was sitting facing, who by the way, had a big breakthrough. But anyway, I regressed to infancy. I'm in the crib raising my hands in despair because there's no love. I was feeling totally broken, isolated and terrified. Because of the nature of the breathwork, nobody tried to save me or anything, I could just experience what really happened. Or finish the experience, maybe it wasn't fully experienced. I was bringing my whole adult self into this strength.

R: You were both having access to your adult self as you were experiencing the infant, the regressed state?

I'm just saying that I know that the power of my adult self allowed me to go that deep in vulnerability. But at that time, I had no awareness, I was just regressed. Just like another time when I was just a baby, you know, when somebody held me and I was just a baby. Part of my mind knew I was in breathwork and I was safe.

R: Right. So you have access somehow to those two places.

I: Yes.

R: And it was a safe container for you to let it happen?

I: Hum, it was a safe container. So when I, after that despair, reached out to my sitter, he just touched my hand or held my hand. I thought that was the first person I really touched in my whole life. It's as if I had touched and touched, but I didn't.

R: Right.

I: So there was a real connection. And then I felt connected with all the people in the group, all the people in the world. So all of these things were changing my personality. I could now feel more of a heart connection with people and feel safer and participate more. And because I was now living alone, I would take myself to places and explore different things and be more active with meetings and reading, spirituality, asking for help. You know I was a twelve-step member who called frequently people and helped people. So it was a major shift in interactions. Really being able to...

- R:** This experience you just talked about, is that you reached out and you met somebody. Had you been doing many breathing sessions when that happened? What were you in the process?
- I:** Yeah, I had a number of sessions before that session.
- R:** And that one kind of happened and was really like more profound, or it did really have an impact...
- I:** One of those were particularly profound. And then an assistant who was just in the process of being certified too, he said, "Well, you know, I have an all day workshop, would you like to come?" So I didn't even know there was such a thing to go for an all day workshop and that first one I had the most dramatic birth experience I had ever had. It's as if the experiences I had with the therapist, because they were so short, they didn't have the proper preparation and so forth, conditions. I couldn't have the full birth experience. So there I go in and have a really big one. And I was pushing out of the womb and this kind of thing, it was quite spontaneous.
- R:** So tell me more about that experience. How did you know you were reliving birth? Or maybe you didn't know at that time. Did you know?
- I:** I can't tell how, I just think and feel that I was. And that after the experience there was some floor space available and I found I was in a different part of the floor actually, a different direction. And I was so regressed that I was experiencing life as an infant. It was just the sound and colour and wanting the breast. And there were two facilitators, they were a man and a woman, that held me. It was helpful to have a woman and also man. It was like having two parents. So it was particularly life changing for me.
- R:** Right, so you really hit something there then. You made a shift, you transformed.
- I:** That was a big transformation. Of course, I was to have many many aspects of birth, you know, reliving in some as dramatic, particularly in the modules.
- R:** So you're telling me that you've been going back to that birth experience on and on at different times, reliving different pieces of it. Is that it? Am I correct?
- I:** Another significant one would be a module where I got myself stuck in the womb and I tried to push my way and... that's when Stan said to stay on the mat. I was so determined, I was by force wanting to go...

R: Through?

I: But that's controlling experience and I didn't know that. And at the time the facilitator was there and she said if you don't go through it now, you'll have to go through it some other time. That was tough love, that was good. So I found that I was stuck in the womb and I couldn't get out, and on the top of I realize that what I was experiencing was the anaesthesia. And I had been stuck with my head on the left side for some time while pushing out, for getting out under drugs.

R: So you really experienced it as the anaesthesia stuff. You knew it was that, or you felt that?

I: I didn't know at the time, but yeah, all I know is that I was being wiped out, you know, it was the fear. I felt drugged. And that being stuck was very characteristic of my way of living. And then I realized that I had been stuck, it was very freeing. That was my actual experience, I was stuck. I couldn't make it on my own, I was drugged. This experience was also transforming.

R: Tell me more about that. Did you experience the fact that in your daily life you felt stuck and then you experienced that stuckness at the really deeper level through the anaesthesia? And because you experienced it, you understood, it did make sense that in your life you were stuck. Is that what you're saying?

I: Right.

R: And this making sense had an impact on you.

I: Hum. And also being stuck it was connected with defeat.

R: Defeat.

I: Yes, that I was defeated. So there was a feeling of stuckness, defeat and then forcibly pushing on and hating to lose. I'm a bad loser. So then I realized that I lost, I lost right then I said okay I did lose.

R: Right.

I: It was a relief. In that defeat was the victory because that's what really happened. It was actually freeing. I didn't make it; it wasn't my way at all. I had no choice.

- R:** And when you say that, can you tell me more about why that was freeing? I know it's a hard question. Try to tell me more about that.
- I:** I remember saying to Stan that's why I've been such an intense person and that tonight I feel I'm not intense, but that feeling stuck. It's almost like it was a pattern that I was creating - being stuck over and over, like being stuck in that relationship.
- R:** So you understood that you were repeating this thing in your life and realizing it. It's like it did shift, maybe the whole way of seeing yourself, of perceiving yourself or making sense of your experience?
- I:** Right. There seems to be more looseness, more options and more and more freedom that are being immobilized.
- R:** So you mean like relieving it, connecting to it, opened you up to being different?
- I:** Yeah, it was like being willing to see the worst that I experienced was freeing. If I could see the worst, then there was less to be concerned about. I was protecting myself somewhere I guess, it was so painful.
- R:** You were protecting yourself?
- I:** My unconscious mind.
- R:** Right and you didn't have to protect yourself anymore.
- I:** As much.
- R:** As much. And that was freeing.
- I:** So I mean the stuckness I felt in the original therapy, was really a lot my stuff. I mean I could have said well I'll try somebody else. I didn't have much money, but still I didn't feel many options, there's always tremendous choices in life. But I would get into something and get glued in just because that was my birth. So it's a good demonstration for me of impact on my way of being. But I also, you know, life is a struggle. So another very major one was, Stan mentioned in the training that some people have some suicidal desires and they actually have positive functions. It's really the ego that wants to die and people make the mistake of killing themselves. So I said oh. And lately I really have been wanting more and more over the last few

years. I've been wanting to fall down stairs, jump in front of a train, fall out of windows, jump out of windows. And so, it was very timely for me that when I had my opportunity to breathe, I said Stan I feel I might die, I'm not going to be safe and he said that you'll be safe, go ahead and die. So that was a major experience where I died in a past life situation, I was raped and murdered and it was very very devastating. But I experienced myself obliterated, murdered and dying.

R: In that experience?

I: Yes. And since, I've had a number of dying experiences. And afterwards, Stan said you're going to want to die again and again, it's crazy. But after I had died, in the experience, I had a tremendous sense of rebirth.

R: In the same session?

I: In the same session, yeah. Magnificent and transforming spiritual transformation.

R: Tell me more about it! Help me to get the sense of it!

I: When I was dying, I went down a staircase, here was the staircase that I had wanted to fall down in daily life. I went down a dark staircase and then after I died, I started coming up a white staircase. And then I was on a stage wearing magnificent clothing, just iridescent, and feeling a tremendous rapport with the audience. And I also, coincidentally, had relived later on a past life of a singer where the rapport with the audience was also maybe the second best experience in my life. It was a lot of connections. But, anyway, then I really, it was really celestial and very, you know, I felt a deep connection with all of life. And after the experience, my heart was very very open and I could look into people's eyes and sense their spirits deeply.

R: So it really got you in touch with your own spirit, your own spiritual dimension. And you could see it, or mirror, or recognize it with other people.

I: Right, right, that they were the same. Yeah, that's a good one.

R: It seems a very profound, a very powerful experience.

I: You would think that after an experience like that, there wouldn't be an experience later of depression and feeling lost again. Looking back, it's a

very strenuous process this spiritual path, these wonderful transcended experiences and then going into other areas which are grey and challenging.

R: Going back into dark places again?

I: Yeah and when I got together with my new boyfriend in the early part of the relationship.

R: When was that?

I: Let's see the training, I finished the training around '92.

R: So you got into a relationship at the same time?

I: Yeah.

R: This is what, like I would say, an event, something happened around it as a context in your life.

I: Right, a major transition.

R: You had not been in a relationship for...

I: Three or four years.

R: Three or four years. And then you got into the breathwork and then you got those experiences and you started a relationship?

I: Yeah.

R: I'm trying to look at inner experiences and also other experiences...

I: Looking back on it, there was a lot more engaging things like doing workshops, finishing the training, being involved with people and spiritual practice. A whole lot of activity.

R: Right. So you had spiritual practice that was there before the training or at the middle, when you started? Well, is there any connection between the two?

I: Yeah, well I had the breakthrough around the beginning of the training.

- R:** Okay, so you had your spiritual practice on one hand, and the breathwork experience on the other hand.
- I:** It was very connected.
- R:** Can you say more about how it was connected?
- I:** Well the more of the dark that would come out of me and you know the pain and things, the more insight I got into the meaning of life, you know, the more meaningful. And also to have the sense that it was something I had to offer as a way of helping others. In the beginning, the spiritual experiences were more like the visions and seeing the guru of life and things of that nature. And later on, I became more and more to every day things, how can I be of help? What can I practically do, you know, bringing a use.
- R:** Right. So it seems that what you were experiencing through your spiritual practice was different of what you were going through because of the breathwork.
- I:** Yeah, definitely.
- R:** How would you compare them, what part was the breathwork playing? What part was that spiritual practice playing in your life at that moment?
- I:** Well, I would do my own breathwork sessions privately too. If something came up, I would breathe into it right on the moment. And sometimes the energy or the kind of emergence of the kundalini and the cleaning of the chackras because I was in such a powerful atmosphere that in the middle of the night I would go down to the ladies room, a place to go, and practice on this stuff like with breathwork. It was very compatible.
- R:** Hum. So they were kind of challenging one another. I mean, you were doing work through breathwork that was challenging your spiritual practice and the spiritual practice was kind of feeding your breathwork. Is that what you're saying?
- I:** Well, in the breathwork there was more that helped me to connect with oneness, connection with other life forms and people and the pain of other people, the joy of other people. That's really for me what sharing is about, this connection.
- R:** Right, and the breathwork was bringing you there.

- I:** Yeah who I was, well this may sound theoretical but it dawned on me more and more that I have to have an individual self to function in life.
- R:** Sure.
- I:** But, at the same time, the thoughts, attitudes and habits are a product of circumstance, they're not really me. You know what I mean, there's a cluster of thoughts I identify as me. And the breathwork made me aware of having nonordinary experiences, that there was a whole other person, that was much deeper. And that's the spirituality.
- R:** Oh, so what you're saying is that your breathwork path brought you into discovering yourself. Is that what you're saying?
- I:** Right. The contracted, frightened, isolated person was formed out of circumstance and that part was dying. It was scary, it was painful, but I also know what it means to die because it was true for me, very revealing.
- R:** So you experienced dying?
- I:** A lot of dying.
- R:** Through your breathwork process.
- I:** Yes. The theoretical basis of death and rebirth, embracing both the birth and the death was very helpful because I would have been too frightened. But sometimes I would feel totally lost, was frozen out and worse than I ever felt and it didn't make any sense but then I realized it's old stuff coming up, it's been my training and experience. And that's why if I work with people now and they're in these awkward stages, and if they were like I felt ten years ago I would understand it.
- R:** So what you're telling me is that the theoretical framework, the breathwork was giving you, was useful for you to understand and to stay with the process, the dying process which was a more difficult part.
- I:** Definitely. Some people check themselves into hospitals when they go through life just terrified and get drugged and so forth. But I knew that pain was part of the process and that I could even feel annihilated but part of me would witness it and watch it. But the difficult part was that when I got together with my boyfriend, after the first month a lot of material came up to me and I was very depressed for a while.

- R:** Okay let me just precise, the material that came up, was it through breathwork, or with him.
- I:** I think, yeah...
- R:** Or both?
- I:** Living with somebody who cared about me and was very healthy. He was healthy, but I had a lot of fears on a deeper level about revealing myself, intimacy, grief, and menopause, problems with making a living, it was a very very difficult period about six months. I mean I was hard to live with, sometimes because I just had trouble doing anything and I'd get very very depressed. But through those periods I would do my own breathwork and just kind of a dying maybe.
- R:** So you kept doing breathing for yourself still at that time and it was helpful for you?
- I:** Hum. And what I would do was talk about myself a lot which was, I mean, after a while, how much can a person take especially when they hear your life story so many times?
- R:** Right.
- I:** And you want them to be fed, you know. So what would happen is that my partner would just kind of go for a walk or something to get some space and then I'd have to deal with it on my own and face the darkest places. And I would heal myself. So fortunately it changed. It true I didn't express much, in my body, in my faith, in my being, in my emotions.
- R:** So you say before you started healing, you were not expressing yourself that much?
- I:** No. So being able to just let it all out and move and feel everything, the joy, the sensuality, the withdrawnness, was something I really loved.
- R:** So you loved being able to express yourself?
- I:** Yeah, I was really good at going all the way, yeah, which is amazing for a shy person. I would not ordinarily let it all out.
- R:** So that space was really facilitating the expression of everything that needed to be expressed.

- I:** Yeah.
- R:** And what needed to be expressed?
- I:** Well there was a great deal of rage, longing, fear, a lot of stuff that I picked up from society, negative energy.
- R:** Like...
- I:** Greed. I experienced during the American money machine. And I just kept saying bye, bye, bye. At the time of the Lebanese war, I experienced wanting to destroy people and murder. I had those energies in me, the atmosphere from that country, murders.
- R:** In the breathwork, you had that?
- I:** Yeah, you know, negative things I picked up.
- R:** And you were living that through breathing?
- I:** Yeah, so it gave me a huge, a very very wide range of experiences that I couldn't have on a conscious level.
- R:** Hum. And how were you affected by doing it?
- I:** Well I felt that everything is in me, everything. I'm capable of everything and all the characters on the stage. And when I meet anybody I know they're a lot like me. They're more like me than not like me because people are very much alike and I always say in the groups that our basic needs and feelings are the same, the range is different.
- R:** So what you're telling me is very powerful if I look at how you were in the world before. Isolated, cut off, feeling different, not good, or afraid and now what you're telling me is that we're all the same, we're basically built on the same framework.
- I:** Right. If you go anywhere in the world with anybody of any age you'll see you have a lot in common, you have a lot in common.
- R:** And how is that changing your life, knowing that internally?

- I:** Well, I just want to, in retrospect, say that being who I was so painful and I felt so small that I was motivated, highly motivated to get better, although the process was difficult and challenging. But how has that changed the way that I am in the world now?
- R:** Right.
- I:** Well now, you know, see I've done other things since. But the overall picture is...
- R:** Yeah, if you could tell me what you think you got out of the breathwork. Like if you could compare the way you were at the beginning and now after the breathwork, what would you say?
- I:** Yeah, before I was feeling needy, deprived and wanting from the world. Now I am finding out what my needs are and fulfilling all of them and wanting to share, and feeling I have a special contribution to make. And this is challenging. I'll find help if I need it and that's so different than being isolated because you're all alone.
- R:** What are other changes that you can tell me about?
- I:** From that day when I was reliving being the infant and reaching out my hands, from that day I really increased my ability to be intimate and feel safe. And I feel that the abuse was like ninety percent healed by the breathwork.
- R:** Wow, this is quite much.
- I:** And I relived the abuse a lot and things like that. There's still ten percent left and I'm healing that.
- R:** Yeah, the healing is still happening with other stuff you're doing, but, you've been living quite much of that trauma through the breathing. Is there any other things that you'd like to share?
- I:** Well now, I mean, considering how withdrawn I was, now I am speaking publicly to groups. Next month we're going to be doing three workshops. One is our birthing group and we're going to do one at recovery center. And the other is a self-healing center in Santa Fe. So my project now is more public speaking and networking. I like talking to people in groups. So that's the whole of the aspect of my process. And so then it led to my being able to have groups.

R: Yeah, so right now you're a facilitator and you use that Holotropic Breathwork™ process professionally?

I: Right.

R: And you have a professional practice with that.

I: Right I'm very comfortable with the wide range of emotional expressions. And then I became a hypnotherapist and now I'm doing the release on a cellular level, some work that the breathwork cannot get to.

R: Is there any other thing that you would like to tell me about what we covered today that you think is significant or do you feel we covered most of it?

I: I think that in doing the workshop and having to deal with the public, it's been challenging in many ways for me. It's stressful at times and I have to work at a lot of stuff. And like you said, to get towards being able to trust the universe as far as fulfilling my economic needs and relaxing and thinking what's best for the person instead of meeting the person sort of meeting so that I can work with them, you know.

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