

SOME CRITICAL ISSUES IN HOLOTROPIC BREATHWORK

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1. INTEGRATION

Wilfried's question: The issue of integration with regard to the material that comes up is not dealt with thoroughly in Holotropic Breathwork (henceforth HB) theory and practice. While it is understandable that interpretative work is omitted in respect of the client's experience, nevertheless there are many more questions that are left open. One concerns the destabilising experiences which forced breathing can easily bring up. How can these be brought into harmony and connected into a structure?

Stan's answer: I agree with you that in HB, as well as in any other work with non-ordinary states of consciousness, integration of the experience is a critical issue. Where I would not agree is that the question of integration has not been adequately addressed in HB literature or in our training. The fact that we avoid conventional interpretation because of its arbitrariness and dependence on the school of the facilitator does not mean that we are not aware of the need to facilitate integration of powerful experiences. You would certainly find passages dedicated to this important problem in my earlier writings on psychedelic therapy, as well as later ones on HB, most recently in my book *Psychology of the Future*.

I will, at this point, try to briefly summarize the most important principles involved as I see them. I will first address this issue in relation to HB workshops (where HB is used in a group setting) and later make some additional comments on the clinical use of HB in therapy of serious emotional and psychosomatic disorders. The factors facilitating integration begin to operate before the HB session; thorough theoretical preparation, establishing good contact with the facilitators, and developing trust in the group are of critical importance. During the HB session, keeping the experience internalized, sense of safety, paying focused attention to the emerging unconscious material, and willingness to express fully the emerging emotions and physical energies are prerequisites for good integration.

To aid the best possible integration of the experience, the facilitators and sitters have to stay with the breather as long as he or she is in process and has unusual experiences. For the terminal stage of the session, we have specifically developed a certain kind of focused bodywork that can greatly help successful completion of the session. It is designed to release emotions and physical energies that were activated, but not resolved by the breathwork alone. Intimate contact with nature can also have a very calming and grounding effect and help the integration of the session. Particularly effective in this regard is exposure to water, such as a stay in a hot tub or

swim in a pool, a lake, or in the ocean. Later, the work with the mandalas and the group sharing can be invaluable. We stay away from interpretations, but the facilitators often use other methods – depathologization and validation of experiences, encouraging and supportive comments, nourishing group support, expressive dancing, etc.

On the days following intense sessions that involved a major emotional breakthrough or opening, a wide variety of complementary approaches can facilitate integration. Among them are discussions about the session with an experienced facilitator, writing down the content of the experience, or drawing more mandalas. Good bodywork with a practitioner who allows emotional expression, jogging, swimming, and other forms of physical exercise, or expressive dancing can be very useful, if the holotropic experience freed excess of previously pent-up physical energy. A session of Gestalt therapy or Dora Kalff's Jungian sandplay can be of great help in refining insights into the holotropic experience and understanding its content.

When the sessions are used for therapy in a clinical context, the group approach can be used only in clients whose emotional problems allow them to alternate in the role of sitters. Otherwise, it is necessary to conduct private individual sessions. In clinical work, whether individual or group, the therapist would spend additional time with the clients. Experiential sessions would be complemented by therapeutic interviews helping the clients to integrate the experiences from the sessions into their everyday life and chart the strategy for the next HB session. However, even this work would be informed by the principles and strategy of holotropic therapy (as I described it in *Psychology of the Future*) and would not involve the use of interpretations. Again, the reason for this is, on the one hand, the absolute arbitrariness of “interpretations,” reflecting the specific biases of the schools (the same content interpreted in very different ways depending on the training of the therapist) and, on the other, the fact that there exists no proof that there is a correlation between the content of the interpretations and clinical results. The therapeutic results seem to be distributed relatively evenly among schools, depending more on personal qualities of therapists than on the “correctness of their theoretical tenets reflected in their interpretations).

2. THE INDUCTION OF “SPECTACULAR” EXPERIENCES

Wilfried's question: If introductory discussion for a HB breathwork experience covers extensively the likelihood of occurrence of transpersonal or “spectacular” experiences, as Stan Grof describes them in his numerous publications, it is likely to bias the experience in that direction. It can therefore happen that these unusual experiences (or subjective interpretations of experiences) are produced in the highly loaded atmosphere of a holotropic breathing group while there is lack of proof whether or not these experiences have therapeutic value.

Stan's answer: Referring to perinatal and transpersonal experiences as “spectacular,” as you just did, reflects a strong professional and cultural bias. I have a wonderful friend, Jane Middleton-Moz, who is half native American; she criticizes me for using the term “non-ordinary states of consciousness.” She feels even stronger about the term “altered states,” which I actually hate. It has a pejorative flavor and involves a negative judgment about the ontological value and relevance of these experiences (I always have to think about the use of the word “altered” in veterinary medicine when I hear it). It suggests that there is a “normal way” of experiencing ourselves and the world and that what is outside of that range is a product of mental disease, caused by some unknown pathological processes in the brain, yet to be identified by monistic materialistic science. Jane keeps telling me: “Stan, I don't understand why you use the term “non-ordinary states?” For my people, these experiences are part of the normal spectrum of human experience!” So, as you see I get criticized from both sides – on the one hand to be eccentric and exotic and, from the other, to be too conservative.

Forty-five years of work with “non-ordinary states” (as I described in *Psychology of the Future*, I am actually using for these states the term “holotropic”) have convinced me that the truth in this case is on the side of native Americans (and, for that matter all the ancient and pre-industrial cultures) and not on the side of mainstream Western psychology and psychiatry. I have seen numerous examples of the extraordinary healing power of perinatal and transpersonal experiences, and so did people in our training and in the workshops. Traditional psychiatry will have to vastly expand its horizons and accept the existence of these “anomalous” phenomena. And, as to the other part of your question, the possibility of directing experiences of participants by a “pep-talk” to the realm of the “spectacular” is actually minimal. We have repeatedly seen people who wish to reach those realms, to experience psychospiritual death-rebirth, karmic memories, or encounters with archetypal beings, because they read about them, and they are unable to do it. The experience takes them to physical armoring, confrontation with anger, or death of their mother. In holotropic states, one gets what one needs, not what one wants.

3. DISADVANTAGES OF HB BEING LIMITED TO A GROUP SETTING

Wilfried's question: HB is, for the most part, limited to the group process where, as we all know, mood and atmosphere are easily communicated among members and are highly influential. The format of HB does not easily adapt to individual sessions, i.e. sessions with only one person and the facilitator. Therefore there is a danger that HB becomes part of a workshop culture where people live from one, isolated, high level experience to the next, and that these experiences lose their effect rather rapidly after the group is over.

Stan's answer: It is really not true that the format of HB does not easily adapt to individual

sessions. As I mentioned earlier, HB can and has been used on a number of occasions in individual sessions. However, except in a clinical context, where there are good reasons for it, it is not the most effective way of using it. The group context offers many very significant advantages. The most obvious is the question of economy. While you would have to plan three hours of your time for an individual session of HB, Christina and I used to work in the early days at Esalen and other places with up to 36 workshop participants. Later, in large international groups (the largest ones in Santa Rosa and in Prague had over 300 participants), we have used one trained facilitator for every five couples. Our experience has been that untrained sitters can generally effectively support the process of the breathers for most of the time. Trained facilitators are needed only when the situations during the sessions require special skills, or in the termination period of the sessions when the bodywork is conducted. .

An individual session that would last two hours longer than average (which can happen) would completely throw off the schedule of an individual therapist, unless the client was the last one of the day, or even then. This situation would present no problems in a large group, considering the number of breathers involved; a provision for it happening would be built into the format of the workshop. The atmosphere of group sessions has a very strong catalytic effect and seems to be conducive to much more intensive experiences than individual sessions. In this respect, these group events are very similar to aboriginal rituals. The use of powerful music systems, the exciting atmosphere, and the contagious effect of the emotional process of others make this setting particularly effective. When so much is happening, it is easier to join in, while in an individual session, the breather is much more self-conscious.

One aspect of working in a group setting that deserves special notice is the experience of the “sitters” (I put this term in quotes, since it really does not adequately capture the function of the partners; but we have not yet found a better one). Participants told us repeatedly that the experience of being a sitter was very meaningful and profound for them. They indicate that they had learned a lot from it that helped them significantly in their own process. This is reflected in the fact that an impressive proportion of those who attend the HB workshops are so moved by their experience of sitting that they actually decide to enroll in the training to become facilitators.

Another advantage is the group sharing of experiences. If the therapist does not judge or reject the individual breathers for experiences that they themselves consider highly objectionable (e.g. violent episodes, explicitly sexual content, etc.), it is often attributed to the therapist’s special professional training. The material itself continues to be considered offensive and loathsome. If lay participants don’t show judgement and continue being loving and supportive, this can provide a powerful corrective experience. In turn, it allows the peers to be more open and honest concerning their own deepest secrets. It helps to create an atmosphere in the group,

which makes it obvious that participants share problems that are common to the human species. This can then have a very liberating effect. In addition, in many instances social contact among participants continues after the session and leads to national and international networking providing important emotional, philosophical, and spiritual support. The effect of HB experiences thus reaches far beyond the “high” (or “low”) of the session itself and is not conducive to a subculture of isolated individuals who are emotionally dependent on occasional “spectacular” experiences.

4. HB HARDLY USES THE POSSIBILITIES OF THE THERAPEUTIC RELATIONSHIP

Wilfried’s question: HB hardly uses the possibilities of the therapeutic relationship which, according to scientific research on psychotherapy is the main healing factor of any therapy (cf. Moeller, 2000, p. 59). Instead, the role of the therapist is reduced to a minimum in the ideal case: “In the ideal case, a holotropic session requires a minimum of intervention from the therapist. His main task is watching the process and taking care of a rapid and effective breathing.” (Grof 1987, p. 252)

Stan’s answer: The passage that you quote is related to the course of the holotropic session itself. The emphasis in HB is unequivocally on internalization of the process and guidance from within. As I mentioned earlier, that eliminates the arbitrariness of therapeutic intervention reflecting the therapist’s training and personal bias. What the literature on verbal therapy emphasizes is the quality of the therapeutic relationship, not the content of the interpretations or specifics of techniques; these vary widely from school to school and cannot thus be a critical factor in healing. In the overall context of HB, relationships play a very important role in healing – the relationships with the facilitators, with the sitters, and with other members of the group. Rapid development of strong bonding is one of the most impressive features of the work with holotropic states. American anthropologist Victor Turner wrote that sharing time in ritual events of this kind facilitates powerfully the forming of what he called “*communitas*,” deep emotional connection, the sense of community. And that is a very powerful healing factor. We should also not forget another important element in HB – the use of supportive physical contact aimed at providing satisfaction of anaklitic needs and corrective interpersonal experience on a very deep preverbal level. This is a topic that would require special discussion.

5. REFRAINING FROM INTERPRETATION

Wilfried's question: With regard to refraining from interpretation, the rule is that facilitators should not interpret the experiences during the group sharing after the breathing experience is over. The explanation is that doing this might inhibit the breather's process of mentally filtering-the experience for him/herself, and that the transformative power of the experience would then be removed. This idea is important and should be considered in any deep process of self-exploration. Nevertheless, it can be important in many cases to offer the client support with regard to integration especially when the experience was intense and spectacular because experiences like that can have confusing effects to different degrees. When the client and therapist share a common search for meaning, an important support is provided for the transfer of the experience into ordinary reality.

Stan's answer: I think I have said enough about the problem of psychological interpretation and its capricious nature. I agree with you generally that it is important to offer the clients support with regard to integration and help them with the transfer of the experience into ordinary reality. I also believe that the client and therapist should share a common search for meaning. But I am convinced that there are much better means to achieve these goals than interpreting.

This is particularly true, if the therapist has a narrow conceptual framework limited to postnatal biography and the Freudian individual unconscious, which currently dominates mainstream psychotherapeutic practice. In that case, the interpretations could be actually seriously misleading, because they do not acknowledge perinatal and transpersonal experiences as phenomena sui generis. The therapist would tend to see them as events that can be understood in biographical terms, or even mistake them for products of a psychotic process for which there is no psychological interpretation and that should be avoided.

This takes us back to our previous discussion about "spectacular experiences." If breathwork uses a large cartography of the psyche, participants have a priori a conceptual framework, within which most experiences that would be otherwise considered "spectacular" are seen as normal constituents of the human psyche. This perspective is also shared by the facilitators and the rest of the group members, which is the situation similar to that of participants in native rituals. Under those circumstances, "spectacular experiences" produce a sense of awe and numinosity, rather than causing emotional turmoil, conceptual upset, and confusion.

6. HB HAS AN UNCRITICAL ATTITUDE TOWARDS THE CONCEPT OF THE "INNER HEALER"

Wilfried's question: HB seems to me to have an uncritical attitude towards the concept of the "inner healer." It says that we carry an internal authority which controls the pace and the issues with regard to the growth of our soul. In a breathing session this hypothetical authority is

responsible that only material that can be integrated comes up. The benefit of this idea *as a suggestion* is unquestionable as it is likely to inspire in the breather feelings of safety and trust, and thus to reduce the probability of experiences which cannot be integrated coming up.

Nevertheless, this concept can be misused when the responsibility of the group trainer is mirrored back to the participants with regard to their inner healer. If there is an experience which is difficult to integrate, the idea that “this was what the inner healer wanted” is all too easily available.

Stan’s answer: When we talk about the fact that holotropic states of various kinds (the initiatory crisis of shamans, psychedelic experiences, holotropic breathwork, spiritual emergencies, etc) mobilize the “inner healer,” an intrinsic intelligence of the psyche that guides the process, it does not mean that there is absolute guarantee of safety and success of the process under all circumstances. Although the process has a strong healing potential and general direction toward health, the final outcome is still codetermined by a number of internal and external variables – the subject’s ability to surrender to it or, conversely, resistance to it, the set and setting, the quality of the support system, cultural determinants, etc.

For example, in native cultures it is understood that the shamanic crisis reflects higher calling and is in its nature healing and benevolent. The same is true about Kundalini awakening, as it is described in yogic literature. At the same time, it is well known that these processes can under certain circumstance cause considerable problems for the experients. Both the shamanic lore and the yogic literature emphasizes that it can be very dangerous to resist the process. It is not uncommon, that serious problems including psychotic episodes occur during intense spiritual practice, with or without breathing exercises, for example in Zen sesshins, Vipassana retreats, Christian prayer, Sufi zikers, etc. As far as psychotherapeutic practice is concerned, there have been instances where emotional breakdown occurred in contexts that did not involve any breathing exercises – during traditional psychoanalysis, in Gestalt workshops, in the course of EST training, etc.

In any kind of human activity, there is a certain element of risk and this is true for psychotherapy, as well as spiritual practice. We can try our best to reduce this risk to a minimum, but we can never offer a promise of absolute safety. There will always be factors that are beyond our control. The problems with integration of a particular session thus should not be blamed solely on the inner healer or, conversely, be seen as the fault of the facilitators. As far as the latter are concerned, we should examine if they did the best they could under the circumstances. Neither the inner healer, nor the best facilitator can guarantee that no problems will ever arise.

7. THE FORMAT WITHIN HB IS RELATIVELY INFLEXIBLE WHILE ITS INDIVIDUAL ELEMENTS HAVE BEEN USED FLEXIBLY IN OTHER CONTEXTS

Wilfried's question: The format of HB is relatively inflexible. The breathing process lasts for at least three hours and after it there is time for mandala painting. This means that half a day is required for one HB session. After two sessions have been exchanged, there is a sharing circle. So one usually needs a three to four day seminar for two breathing sessions. This format may be justified by the intensity of the experiences which need a lot of time for integration. Nevertheless, it is not understandable why a shorter time for breathing cannot also be appropriate. We know from practical work, that the main elements of HB can be used in other formats with success, e.g. in one to one and a half hour sessions. This fact is not reflected in publications on HB.

Stan's answer: Before I answer this question, I would like to address what you said about the time necessary for HB experiences. It is important to make a distinction between an introductory seminar that involves many people who are new to the procedure and require thorough theoretical and practical preparation. For this purpose, we need minimally two-days (usually Friday evening, Saturday, and Sunday morning). People who are familiar with the breathwork meet just for the HB sessions and the sharing, which takes considerably less time; two sessions and sharing can easily be done in one day.

And now to your question. I am aware that there are some approaches using breathing in the context of sessions that are considerably shorter than those of HB. However, they are generally using strategies that are more conservative, for example, combining this work with therapeutic dialogue and guidance, monitoring the process and controlling the intensity and form of breathing, etc. This is often associated with a tendency to avoid the areas of experiences that appear too intense and dangerous. However, the existence of such material in the unconscious (e.g. the trauma of birth, memories of near-drowning, demonic archetype, etc.) actually tends to be the major source of many clients' emotional and psychosomatic problems. They cannot be worked through by small instalments of more superficial and less intense experiences.

Once we allow the experiences to develop fully, we have to continue this work as long as it takes to complete it; we cannot set limits on the duration of the experience. I think, my ideas and strategy in this regard have been strongly influenced by the year of working with psychedelics, where one cannot determine and control how deep the experience should go and what it should be like. And this is where I repeatedly observed that the experiences that at first sight seem very disturbing and dangerous are those that are followed by most profound healing when they are properly supported and integrated (e.g. reliving a difficult birth). Avoiding to confront them and focus on "safe" areas in the unconscious would then be counterproductive and set limits to the degree and depth of healing that can be achieved.

8. THE BREATH HAS AN INSIGNIFICANT ROLE IN HB

Wilfried's question: The breath has an insignificant role in HB. It is mainly used as an initial ignition or catalyst to the experience, its role being to induce a trance-like altered state of consciousness which will permit the relevant experiences. Once the trance is induced, the breath is given no further importance. HB, therefore, is only teaching how to deepen and accelerating the breath. Other therapeutic possibilities related to the power and variability of the breath, and especially its refinement, are neglected. We are thus entitled to ask whether Holotropic Breathwork is breathwork at all.

Stan's answer: The situation in relation to the theory and practice of breathing is similar to the situation in the world of psychotherapy that we discussed earlier. There are many schools using breath for healing, therapeutic, and spiritual purposes and each of them teaches something different. Behind each of them is usually an implicit conviction that their particular technique is the right way or the best one. The fact is that you can do many different things with your breathing and it will change your consciousness.

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

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

More subtle techniques which emphasize special awareness in relation to breathing rather than changes of the respiratory dynamics have a prominent place in Soto Zen Buddhism (*shikan*

taza) and certain Taoist and Christian practices. Indirectly, the depth and rhythm of breathing gets profoundly influenced by such ritual artistic performances, as the Balinese monkey chant or Ketjak, the Inuit Eskimo throat music, and singing of kirtans, bhajans, or Sufi chants.

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

We came to the conclusion that it is sufficient to breathe faster and more effectively than usual and with full concentration on the inner process. Instead of emphasizing a specific technique of breathing, we follow even in this area the general strategy of holotropic work, to trust the intrinsic wisdom of the body and follow the inner clues. In holotropic breathwork, we encourage people to begin the session with faster and somewhat deeper breathing, tying inhalation and exhalation into a continuous circle of breath. Once in the process, they find their own rhythm and way of breathing. Each of the participants in HB sessions uses breath in a different way, but it would be a mistake to believe that, therefore, breathing is irrelevant for this approach.

Helen Bonny, who was the music therapist for our psychedelic research program in Maryland. In the following years, she showed that evocative music can, in and of itself, induce powerful experiences and she developed what she calls guided imagery with music (GIM). Many types of breathwork, including classical rebirthing work with breath and use no music. Vipassana meditation works solely with a certain quality of attention. In HB, these three elements are combined and they seem to potentiate each other.