

## A Clinical Report on Holotropic Breathwork in 11,000 Psychiatric Inpatients in a Community Hospital Setting

### ABSTRACT:

Holotropic Breathwork (or “HB”) is a powerful, spiritually oriented approach to self-exploration and healing that integrates insights from modern consciousness research, anthropology, depth psychologies, transpersonal psychology, Eastern spiritual practices, and many mystical traditions. Holotropic Breathwork offers many opportunities that may enhance treatment, including entering non-ordinary states of consciousness to seek healing and wisdom via a natural, non-addictive method, a direct experience of one’s Higher Power and induction of physical and emotional catharsis associated with stress and prior trauma. This procedure was well received. A total of 11,000 psychiatric inpatients with a variety of psychiatric units dedicated to various diagnoses participated in Holotropic Breathwork over 12 years at a community hospital. The experiences of 482 consecutive patients were documented. Transpersonal [spiritual/mythopoetic] experiences were reported by 82% of participants.

### INTRODUCTION

After a hiatus of several decades, research into psychedelic therapies have returned to psychiatry, due in large part to the efforts of the Multidiscipline Association for Psychedelic Studies advocacy. Holotropic Breathwork was developed by Stanislav and Christina Grof during this interval as a non-drug alternative to psychedelic therapy. The Grofs designed Holotropic Breathwork to give therapeutic psychedelic experiences similar to LSD, DMT, Mescaline, Psilocybin, MDMA, Ayahuasca, and other entheogens. Group Holotropic Breathwork sessions were offered weekly in a community hospital to a psychiatric inpatient population over a 12-years period.

### METHODS

Holotropic Breathwork has 6 elements: A] introductory presentation of a map of potential experiences based on the themes of four phases of birth, termed ‘perinatal birth experience matrices’, experienced in four different realms: somatosensory, perinatal, biographical, and transpersonal [mythopoetic]; B] enhanced breathing [hyperventilation]; C] evocative music; D] body work focused on amplifying somatic blocks until they resolve spontaneously; E] mandala circle drawing of the experience; F] supportive group sharing of experiences without analysis or interpretation. The process induces a non-specific amplification of a person's psychic process facilitating the psyche's natural capacity for healing. It utilizes precautionary measures similar to the medical use of LSD. [1]

Holotropic Breathwork was offered to the inpatients every Tuesday evening at the Stress Center of Hyland Behavioral Health, Saint Anthony's Medical Center in Saint Louis, Missouri, from 1989 through 2001. The group was offered weekly with 20 psychiatric inpatients attending from a number of specialty units: the sexual trauma, dual diagnosis, chemical dependency, anxiety, depression, adolescent, and the acute ICU for psychoses units. The best estimate of the total number of patients is 11,200 +/- 200.

Hospital music therapist staff selected patients, and screened each based on four exclusion criteria. The four contraindications were applied by the music therapists: severe cardiac disease, severe musculoskeletal disorders, pregnancy, and paranoid ideation. Diagnoses and symptoms were not recorded. This report found that Holotropic Breathwork was well received by this inpatient psychiatric population. While the majority of patients were lost to follow up, long term follow-up was possible in a limited number of cases.

The Holotropic Breathwork sessions were scheduled for two hours time slots. This allowed a five-minute presentation of the experiential map, 1.5 hours of Breathwork, followed by 25 minutes for drawing and non-analytic sharing. This format follows the protocol from the first certification training in 1988 in Breckenridge, Colorado. The 90 minute breathing sessions were then standard[.

The patients received a five-minute orientation to the treatment model, but otherwise were unaware of what they were about to experience. For example, they may have heard only that the "music breathwork therapy" was a good group.

The treated patients were spiritually naïve. Some were in 12-step programs and had some psycho-spiritual background, but none had experienced anything like this. Patients were routinely asked if they had done any breathwork or practiced meditation. Typically, not one person had. A record of the self-reports was kept of 482 consecutive inpatients during the sessions. Their experiences were rated according to the four experiential realms which Grof developed during his LSD studies [1]: 1]physical-sensory, 2]perinatal, 3]biographical, and 4] transpersonal [mythopoetic]. Often these were reported with a mix of experiences. If patients reported transpersonal experiences, that category was elected. If there were no transpersonal or perinatal themes but biographical stories were reported, these experiences were listed as biographical. If patients had perinatal plus biographical but not transpersonal, the experience was rated as perinatal. If only sensory experiences were reported, patients were listed in that category. Ratings were scored by the music therapists.

## RESULTS

A total of 82% of the 482 psychiatric inpatients had transpersonal [mythopoetic] experiences. Another 16% reported experiencing prior life experiences. Perinatal

experiences were reported by two patients. 2% of patients had “no experiences to report”.

Among the 11,000 inpatients, the experience was well tolerated. There were no reports of problems at the end of the sessions. Nursing staff reported no untoward sequelae or complaints following the breathwork during this 12 year period.

### A transpersonal experience case reports

A 14 year-old male was admitted with a severe major depression. He had attempted to kill himself twice by cutting his throat, nearly succeeding the second time. He had significant issues with shame and guilt getting the sheriff's daughter pregnant in his 300-person community. No one in the town would talk to him including the sheriff's daughter. He felt rejected and isolated. In the hospital he participated in breath work with four other clients in the first inpatient group. He reported that he re-experienced the night he tried to kill himself. This time, however, he experienced death, successfully completing the suicide in his process. He reported that he then became the universe. He had drawn a bloody knife next to a mandala circle containing a group of stars. As this was a new treatment, a guarded approach was taken towards his quick remission of affective symptoms. The patient stayed another week and participated in the Holotropic Breathwork a second time. After that session, he reported that he “became the universe right away”. Then he became, in his own words, “pure consciousness”, followed by “pure consciousness and the universe together”. This is a significant experience for anyone, especially a 14 year old from a small country town. He was asked, “Do you know who Aristotle is?” “No.” “Who Buddha is?” “No.” “Ever heard of Shiva?” “No.” “Jesus?” “I've been to Sunday school twice!” This adolescent boy clearly was spiritually naïve, but had profound metaphysical experiences. [Following the HB, he did well for 9 months living with his uncle in another city. When he returned to his parents' hometown, he again became dysphoric, but he was not seriously depressed or suicidal.

A 31 year-old woman with suicidal major depression had a history of alcoholism and polysubstance abuse. She first experienced HB after she admitted herself [for treatment?] due to the deterioration of her mood and to prevent an alcoholic relapse. She had been abused by her step-father from the age of 12–14, then became a run-away living on the street as a drug addict. During this time her older brother, her main support in her family, died in combat. She had recovered in her early 20's but continued to cycle through severe major depressive episodes as an anniversary reaction to the loss of her brother. At admission, she was being treated as an outpatient with fluoxetine (60 mg) and trazodone (50 mg). Her medication was unchanged during her two-week hospitalization except for an increase in trazodone to 75 mg. After her first HB she refused to draw or share, but her appearance improved. The next week, after hearing the reports of others in the group sessions, she decided to share her experience: “This is too weird, but here is what happened: in the first session my dead father and dead

brother showed up. They lifted me out of my body and took me to a wonderful place full of light and joy; I was so comforted. But then they dropped me back into my body. I just couldn't talk about it, it was just too weird! In my second breathwork session, my father and brother showed up again. This time they held my hands and stayed in the room. I could see them with my eyes open; I thought you could see them too." Her breathwork facilitator reassured her that he could not see them but that did not invalidate her experience. This woman did well for more than 3 years when she was lost to follow-up.; By that time, however, she had become a leader of a 12-step program in her community.

## DISCUSSION

The structure of Holotropic Breathwork makes it supportive, non-directive, safe, private, and spontaneous. It is one of the least intrusive therapies available today and offers significant [types of benefits...] benefits as reported by participants. The lack of even a single reported problem in more than 11,000 Holotropic Breathing sessions over more than 12 years shows incredible promise for low risk therapy in assisting patients across an extremely broad range of psychological problems and normal life [wording] issues.

to me THIS is the significance, there were NO ISSUES, no complications, and patients loved it, and kept coming - so in the framework of evaluation of interventions - safety and efficacy, these data support that when done correctly in a therapeutic environment, it appears to be safe and well tolerated. Holotropic Breathwork's efficacy endorses it as a valuable therapeutic tool].

With respect to the 2% who reported 'no experience', another explanation-for the uneventful session is possible. "No experience" is a description of the state of turya, consciousness without content. This state appears to occur in Holotropic Breathwork sessions with some frequency. Due to time restrictions for sharing in the groups of 20 patients, further questioning was not pursued regarding turya criteria such as cessation of thought and the suspension of breath and while remaining awake, without sleepiness or fatigue afterwards. [1].

The inpatients' exit interviews endorsing Holotropic Breathwork as their best therapy at Hyland Behavioral Health swayed the hospital administration to assign extra music therapists to assist in the groups. The four extra music therapists allowed for the formation of groups of 20 patients, with one facilitator for every four patients.

Hyland Behavioral Health Center was supportive of this work. Its Training Institute sponsored Holotropic Breath workshops for the therapists in -Saint Louis. Some hospital administrators also participated in the HB sessions; some even brought their mothers.

An adolescent residential program, Epworth Children's Home, also introduced Holotropic Breathwork after an adolescent who had a transpersonal transformative experience [conscious contact with his higher power] during the inpatient sessions returned to the program. Epworth's music therapist, Hallie

Huber, trained with me and we started a Holotropic Breathwork program, one on one, to interested residents. Huber reported that approximately half of the 52 residential children participated. She noted no untoward experiences among the adolescents.

There are no prized theories or important doctors or eminent therapists explaining to the client how to be or what their suffering means. HB is similar to meditation/contemplation practices, but is a much more intense experience. Some participants term it a “crash course” in spirituality. The fact that enhanced breathing and evocative music can give experiences similar to LSD, or other psychedelic therapies, is truly remarkable and still largely unknown to the general public.

This data on the Holotropic Breathwork experiences of the 482 consecutive Saint Anthony Medical Center psychiatric inpatients was presented at the Washington University Department of Psychiatry Grand Rounds in 1991. It was also presented to the American Psychiatric/Italian Psychiatric Association in Sienna in 1997, as well as the weekly UCSF Depression Seminars in 2007.

Jim Eyerman, MD, holds Holotropic Breathwork Sessions weekly at his private office in Mill Valley, California. He has been American Board Certified in Integrative Holistic Medicine, Adult Psychiatry, and Adolescent Psychiatry. He is an Associate Professor in Clinical Psychiatry at The University of California San Francisco and an Adjunct Associate Professor in Clinical Psychiatry at Touro University. He can be reached at [jimeye108@gmail.com](mailto:jimeye108@gmail.com) or through [jameseyerman.com](http://jameseyerman.com)

1. Stanislav Grof MD. 1988. *The Adventure of Self-Discovery: Dimensions of Consciousness and New Perspectives in Psychotherapy and Inner Exploration* (SUNY Series in Transpersonal and Humanistic Psychology)

2. Grof, S., & Grof, C. (2010). *Holotropic Breathwork: A new approach to self-Exploration and therapy.*

Excelsior Editions/State University of New York.

3. Brewerton, T.D., Eyerman, J.D., Cappetta, P., Mithoefer, M., 2011 *Int J Ment Health Addiction* 10; (3) 453-459 Jun 2012. Long-Term Abstinence Following Holotropic Breathwork as Adjunctive Treatment of Substance Use Disorders and Related Psychiatric Comorbidity

4. Rhinewine, J. P., Williams, O. J. (2007). Holotropic Breathwork: the potential role of a prolonged, voluntary hyperventilation procedure as an adjunct to psychotherapy. *The Journal of Alternative and Complementary Medicine*, 13, 771–776.