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An Argument for the Use of Holotropic Breathwork as an Adjunct to Psychotherapy

Consideraciones para el Uso de la Respiración Holotrópica como Complemento de la Psicoterapia

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Abstract

The psychoanalytic viewpoint proposes that insight into one's unconscious thoughts, feelings, and motivations can be helpful in understanding and changing personal constructs (Goldenberg & Goldenberg, 2013). Conversely, anything that stands in the way of accessing that material may present a barrier to effective psychotherapy. Holotropic Breathwork, a process of rapid, deep breathing to evocative music, induces a non-ordinary state of consciousness (NOSC) (Taylor, 2007), which reportedly allows deeper access to the unconscious. Rhinewine and Williams (2007) offer a hypothetical, bio-psychological explanation of the disinhibiting mechanism of holotropic NOSC's, which reduce the self-protectiveness of the logical/thinking part of the brain, and potentially result in opening to new insights. Ryan and Deci's (2008) Self-determination Theory (SDT) model offers a current and accepted framework from which to explain the potential effectiveness of the therapeutic setting and practice of HB. SDT proposes that there are three universal psychological needs which are essential for the occurrence of growth toward psychological health and well-being: autonomy, competence, and relatedness. This paper describes how Holotropic Breathwork fulfills those three needs, potentially resulting in therapeutic benefit. An overview of research on the healing benefits of NOSC's, and in particular, on the use of HB as an adjunct to psychotherapy is included to support the argument that HB may be beneficial in this context.

Keywords: Holotropic Breathwork, non-ordinary state of consciousness, psychotherapy, self-determination theory, unconscious

Resumen

El punto de vista psicoanalítico propone que comprender los propios pensamientos inconscientes, sentimientos y motivaciones puede ser útil en la comprensión y cambio de los constructos personales (Goldenberg y Goldenberg, 2013). Por el contrario, cualquier cosa que se interponga en el camino de acceso a ese material puede representar un obstáculo para la psicoterapia efectiva. La Respiración Holotrópica (RH), un proceso de respiración rápida y profunda acompañado de música evocadora, induce un estado no ordinario de conciencia (ENOC) (Taylor, 2007) que, al parecer, permite un acceso más profundo al inconsciente. Rhinewine y Williams (2007) proponen una hipótesis biopsicológica del mecanismo de desinhibición de los ENOC holotrópicos, el cual reduce la auto-protección de la parte lógica/pensante del cerebro, y que potencialmente conduce a la apertura a nuevas comprensiones. La Teoría de la Autodeterminación (TAD) de Ryan y Deci (2008) ofrece un marco actual y aceptado desde el que poder explicar la potencial eficacia del entorno terapéutico y la práctica de la RH. La TAD propone que hay tres necesidades psicológicas universales que son esenciales para la aparición de crecimiento hacia la salud y el bienestar psicológico: autonomía, competencia y capacidad de relación. Este artículo describe cómo la RH cubre esas tres necesidades, dando potencialmente como resultado un beneficio terapéutico. Finalmente, se presenta una visión general de la investigación sobre los beneficios curativos de los ENOC y, en particular, en el uso de la RH como un complemento a la psicoterapia, para respaldar el argumento de que HB puede ser beneficioso en este contexto.

Palabras clave: Respiración Holotrópica, estados no-ordinarios de conciencia, psicoterapia, teoría de la autodeterminación, inconsciente

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Introduction

As we work our way around the closing circle at the end of the Holotropic Breathwork workshop, a woman shares that today she found the courage to face the memories of her childhood sexual abuse in a new way. Years of talk therapy had helped her understand it rationally, but she had never been able to go back to those painful episodes of torment and allow the emotions to emerge. It was as if her heart had been frozen in terror since childhood, dulling her experience of life and relationships. “The emotions finally began to come out today; it was painful, but my heart feels lighter,” she shared. The woman had spent the day at a Holotropic Breathwork (HB) workshop at which I was one of three facilitators. Over and over, I hear participants sharing similar stories of emotions unblocked, traumas healed, clarity found, insights gained, and connections made.

According to Grof and Grof (2010), HB is a powerful and transformational approach to self-exploration and healing that integrates insights from modern consciousness research, anthropology, various depth psychologies, transpersonal psychology, Eastern spiritual practices, and other mystical traditions of the world. HB was developed in the 1970’s by Stanislav Grof, a pioneer in the fields of transpersonal psychology and consciousness research, and his wife, Christina Grof. A highly experiential method, HB combines rapid, deep breathing, evocative music, focused bodywork, mandala drawing, and group sharing in a safe, supportive environment (Taylor, 2007). Run by trained facilitators, HB workshops typically span one to three days. During the breathing sessions, half of the participants lay on mats with their partners or “sitters” nearby. For three hours, the “breathers” breathe deeper and faster, with rhythmic or, evocative music playing, and they enter a non-ordinary state of consciousness¹(NOSC) where healing and growth reportedly can happen. Grof and Grof (2010) found that people’s experiences in holotropic NOSCs, while varying widely, fall into one or more of the following four categories: physical-sensory, biographical, perinatal², and transpersonal³. Later, breathers and sitters switch roles for a second breathing session, followed by mandala work and group sharing.

The HB process is said to allow deeper access to the unconscious mind and activates what Grof (2000) refers to as an “inner radar,” known in HB circles as the “Inner Healer,” which he explains “automatically brings into consciousness the contents from the unconscious that have the strongest emotional charge, are most psycho-dynamically relevant at the time, and most readily available for conscious processing” (p. 28). Crowley (2005) compares the Inner Healer to

Jung’s concept of the Self, which regulates the psyche by innately moving toward wholeness through the integration of unconscious material (Hart, 1997; Sharp, 1991). Participants come to HB workshops for self-exploration, personal growth, and healing, and they report a wide range of positive results, including healing from trauma, depression, phobias, anxiety, addictions, and even psychosomatic or psychogenic conditions including asthma, migraines, and Reynaud’s disease (Grof and Grof, 2010).

In a typical HB session, the breather engages in voluntary hyperventilation in order to enter an NOSC. The framework of the workshop provides both a “safe container” and an intentional setting for growth and healing. Participants are encouraged to trust their own Inner Healer to guide them and to allow the expression of whatever feels ready to emerge. Anything goes, with the exception of externalized sexual energy or violence directed toward oneself or others in the workshop. At a recent workshop, I watched as a woman pounded rhythmically on thick, floor pillows repeatedly shouting, “No!”; nearby, a man on his hands and knees attempted to push through a pile of pillows with his head, as if fighting his way out of the birth canal. One woman lay still and silent for most of the session, while the man to her left began to cry for the first time in twenty years.

At the end of their sessions, these people shared their stories and, when I saw them again several months later, I heard how their sessions had impacted their lives. The woman shouting, “No!” believed she had worked through some of the emotions around her childhood sexual abuse and was feeling less anxious and more open to the world. The man on his knees had shared at the workshop the realization of feeling trapped in his relationship and had since begun counseling with his partner; he also brought her to the next workshop. The woman who lay silent was feeling more at peace with her breast cancer diagnosis, having experienced a deep sense of spiritual connection during her session. And the wife of the man who cried was grateful that her husband was finally allowing his emotions to surface.

These stories are wide-ranging, and yet very typical of the anecdotal reports HB facilitators regularly hear. Often workshop participants will comment that “one session of HB is worth “x” sessions of talk therapy,” where x might be anywhere from “10” to a “year’s worth.” Witnessing the transformative and lasting results of this modality on a regular basis, both as a participant and as a facilitator, has left me wondering how it works and if it could be used as a beneficial adjunct to psychotherapy. Rhinewine and Williams’ (2007) bio-psychological explanation and the research de-

scribed below explain part of the picture, but we believe there are other factors at work.

In this paper, an explanation of how and why HB works is offered. The capacity of HB to open people both to their emotions and to their unconscious is proposed, arguing that, HB can also increase the depth of psychotherapeutic work, resulting in both healing and growth. A review of research in support of these claims is also included.

Barriers to Effective Psychotherapy

Meta-analysis of various traditional psychotherapy methods has shown that there is very little difference in the outcome rates of the different methods (Wampold, Mondin, Moody, Stich, Benson and Ahn, 1997) and that the more critical issue is the skill of the therapist. The common thread between the different methods, which also takes into account the individual therapist, is the “therapeutic alliance” between therapist and patient: the patient must feel emotionally safe with the therapist in order for progress in psychotherapy to occur (Blow, Sprenkle, and Davis, 2007). However, we propose that more is often needed to effect permanent growth and change.

As Kelly (1963) pointed out in his personal construct theory, we create our own constructs of how the world is, and our unwillingness to change these can keep us stuck in unhealthy ways of being. The goal of therapy then, is to help patients construe reality in a more permeable manner (Kelly, 1963). While some action-oriented models of therapy may disagree, the psychoanalytic viewpoint proposes that insight into one’s unconscious thoughts, feelings, and motivations can be helpful in understanding and changing personal constructs (Goldenberg and Goldenberg, 2013), and that anything that stands in the way of accessing that material presents a barrier to effective therapy.

For example, changing maladaptive constructs is more challenging if the patient is unwilling or unable to access the associated emotions (Holland, 2003). Emotions provide a rich source of information, giving clues to the often unconscious roots of our thoughts and behaviors, but when they are avoided or blocked, access to that information is lost. Holland (2003) points out that some patients develop self-protective means of avoiding negative emotions and that this can cause road blocks in the therapeutic process. Emotions give information about the impact of situations and the environment, and when combined with symbolic thought, they give optimal adaptation (Holland, 2003). Ignoring either the emotional or rational aspects of a situation can result in a distorted assessment, and a person who has difficulty accessing emotions may not sense when

they are in a harmful or unhealthy situation (Holland, 2003).

Achieving insight into the internal conflicts and unconscious issues may require stepping outside of them to gain perspective. Different methods of therapy aim to do this, generally through cognitive processes, but as Einstein is often credited with saying⁴, “We cannot solve problems at the same level of consciousness at which we created them.” We argue that holotropic NOSCs, by their very definition, allow people to view, and potentially solve, problems from a different level of consciousness⁵.

How Holotropic Breathwork Works

When describing HB to people, facilitators often explain it as “getting out of the logical/thinking mind” and “allowing the innate healing intelligence to come forth” (G. Girlando, personal communication, September 20, 2008). Entering into an NOSC is a means of getting out of the day to day, rational mind—the part of the mind which holds on tightly to the constructs of how things are, however accurate or inaccurate those constructs may be. It’s also the part of the mind that shuts down emotions when they’re unpleasant or overwhelming. It follows that reducing the self-protectiveness of the logical/thinking part of the brain might open the mind to new possibilities of insight and emotional experience.

Rhinewine and Williams (2007), in their hypothesis-posing synthesis paper on HB as an adjunct to psychotherapy, suggested that the combination of the hyperventilation-induced NOSC of HB and the therapeutic setting of HB can “facilitate generalized extinction of covert avoidance behaviors, resulting in therapeutic progress” (p. 771). They noted that prolonged, intentional hyperventilation—the method of NOSC induction in HB—produces physical and cognitive changes in the brain which correspond to those found in other NOSCs, such as exercise “highs,” meditation, and some drug-induced states. These NOSC’s seem to temporarily lower activity in the brain’s frontal lobes, the area of the brain “involved in control and selective inhibition of cognition and behavior” (p. 774). Rhinewine and Williams (2007) reasoned that this creates a state of psychological disinhibition, which allows suppressed material to come forth, as well as a degree of dissociation, which renders the brain less reactive emotionally. The therapeutic environment of the HB format allows the material to be experienced and processed as it may not have been during the original event. Rhinewine and Williams’ hypothetical explanation of the mechanism which makes HB effective describes biopsychologically how the logical/thinking part of the

brain may lower its guard and open to new insights. My personal experience as a breather and observations as a facilitator also point in the same direction.

In his many years of observing NOSC sessions, Grof (1994) foresaw Rhinewine and Williams' conclusion, explaining that in a holotropic state:

The defense systems are considerably weakened and psychological resistance decreases. The emotional responses of the subject are dramatically enhanced and one may observe powerful *abreaction*⁶ and *catharsis*⁷. Repressed unconscious material, including early childhood memories, becomes easily available, and this may result not only in *enhanced recall* but in genuine age-regression and vivid, complex *reliving of emotionally relevant memories* as well. Unconscious material also frequently appears in the form of various symbolic phenomena with a structure similar to dreams. The emergence of the material and its integration are associated with *emotional and intellectual insights* into the psychodynamics of the patient's symptoms and maladjustive interpersonal patterns. (p. 282).

SDT as an Explanation of the Potential Effectiveness of HB

Ryan and Deci's (2008) Self-determination Theory (SDT) model offers a current and accepted framework from which to explain the potential effectiveness of the therapeutic setting and practice of HB. SDT proposes that there are three universal psychological needs, which are essential for the occurrence of growth toward psychological health and well-being: autonomy, competence, and relatedness. We propose that Holotropic Breathwork fulfills those three needs in the following ways:

Autonomy, or the need of people "to organize and self-regulate their actions" (Ryan and Deci, 2008, p. 188), is important because change is more likely to be lasting if it is client-driven (Ryan and Deci, 2008). In HB, autonomy is supported by offering the structure of the workshop, within which the participants are encouraged to follow their own instincts. Trust in their Inner Healer is encouraged, and with it, the belief that whatever needs to emerge will do so in whatever way the breather is ready to allow it to emerge. Grof and Grof (2010) point out that "in this kind of work, healing is not the result of brilliant insights and interpretations of the therapist; the therapeutic process is guided from within by the Self" (p. 19). Grof (2000) considers

this approach to have a distinct advantage over many traditional talk therapy methods because it eliminates the personal and theoretical biases of the therapist in directing the focus of the session, making it truly client-driven.

Competence, or the sense that one is effective in the world, is a result of this autonomy supportive process. Ryan and Deci (2008) maintain that:

SDT is also reflective of a basic organismic assumption that throughout development people manifest active tendencies toward integration (Ryan, 1995), synthesis (Freud, 1923/1962), organization (Piaget, 1971), and self-actualization (Patterson and Joseph, 2007). From the SDT perspective, the promotion of therapeutic change involves energizing and supporting this inherent growth tendency as patients take on the challenges confronting them. (p. 188).

In HB, the facilitators too must trust in each participant's Inner Healer. Facilitators do not direct the breathers or their experience in any way, nor do they interpret the breather's experience. Even the bodywork sometimes done at the end of breathers' sessions to resolve physical or energetic tensions is offered by facilitators as resistance for the breather to push into, rather than as something the facilitator is doing to the breather. The structure of the workshop serves to empower the breather to do their own healing and growth, rather than having it done to them or for them by an external authority.

Relatedness is "the sense of being cared for and connected with the other", which "is critical to internalization and valuing of the therapeutic process" (Ryan and Deci, 2008, p. 189). Within the HB model, this is addressed in multiple ways:

First, the facilitators strive to create a safe container for the day through the workshop format. In addition to making an intentional personal connection with each participant, the facilitators open the workshop by encouraging each person to share something personal with the group about what inspired them to attend. At the end of the day, participants are offered the chance to share the essence of their breathwork session with the group. This may promote the development of a sense of shared experience and connection over the course of the day.

Second, participants work in pairs, alternating between the roles of breather and sitter. While the breather is actively engaged in doing the breathwork, the sitter attends to the breather both physically and emotionally. On a practical level, the sitter takes care

of any physical needs: providing water or tissues when requested, protecting the breather with pillows from their own movements or those of other breathers, and taking them to the restroom if needed. On an emotional level, the sitter provides a sacred witness to the breather's process by being emotionally present and without intervening in any way. This may sound inconsequential, yet anecdotal reports from breathers often indicate a feeling of closeness to their sitter after having been attended to with presence for three hours.

Third, and of tremendous significance, is that one of the experiences that reportedly can arise for breathers is a transpersonal awareness of their own interconnectedness with other people, with nature, and even with the cosmos. The Grofs (2010) explain:

People who gain an experiential access to the transpersonal domain of their psyches typically develop a new appreciation of existence and reverence for all life. One of the most striking consequences of various forms of transpersonal experiences is the spontaneous emergence and development of deep humanitarian tendencies and a strong need to become involved in service for some larger purpose. This is based on a cellular awareness that all boundaries in the universe are arbitrary and that on a deeper level all of creation represents a unified cosmic web (p. 133).

Research on Holotropic NOSCs

Research on holotropic NOSCs as an adjunct to psychotherapy has a long history, beginning in the 1950s with NOSCs induced by psychoactive drugs such as LSD, psilocybin, mescaline, and DMT. For nearly two decades, Stanislav Grof and other scientists researched promising methods for treating conditions such as depression, anxiety, addiction, alcoholism, and fear of death in terminally ill patients, using holotropic NOSCs (Grof, 1994; Grinspoon and Doblin, 2001). When psychedelics found their way out of the clinical setting and into popular culture, the anti-drug sentiments of the late 1960s put an end to psychedelic research. LSD was made illegal in 1966, and this chapter in psychiatric history was nearly forgotten (Grinspoon and Doblin 2001). Subsequently, the Grofs found that the combination of deeper, faster breathing and music brought people into states of consciousness which were nearly identical to those induced by psychedelics. Thus, HB was born in the 1970s as a legal way to continue working with the healing potential of NOSCs.

Particularly in the past decade, there has been renewed research interest in the psychotherapeutic use

of NOSCs. Results have been promising in research on the use of MDMA-assisted psychotherapy in alleviating PTSD in treatment-resistant veterans; the use of psilocybin for treatment of fear of death in cancer patients, as well as anxiety, OCD, and pain; the use of ketamine and psilocybin for treatment of addiction and depression; the use of ibogaine for narcotic addiction; and the use of LSD and psilocybin for treatment of cluster headaches and anxiety (Sessa, 2012). Keeping in mind Rhinewine and Williams' (2007) assertion that the temporary changes in the brain during HB are similar to those in NOSCs induced by psychoactive drugs, both the historical and current research with psychedelics—and its promising results—add credibility to the proposal that HB can be used beneficially in the psychological realm.

Much of the evidence for the effectiveness of HB is anecdotal; however, there are some studies offering empirical evidence in varying areas. Eyerman's (2013) "A Clinical Report of Holotropic Breathwork in 11,000 Psychiatric Inpatients in a Community Hospital Setting" described weekly, group HB sessions offered over a 12-year period to a spiritually and HB naïve population. In 11,000 patients from "specialty units including sexual trauma, dual diagnosis, chemical dependency, anxiety, depression, adolescents, and acute intensive care for psychoses" (Eyerman, 2013, p. 25), there were no adverse reactions reported, either by patients or staff, over the entire 12 year period. Eyerman (2013) reports that HB was considered by many departing patients to have been their best therapy while at the hospital.

While individual patient diagnoses and outcomes were not tracked, personal reports were recorded from 482 participants. Their experiences fell into combinations of the four categories described by the Grofs: physical-sensory, biographical, perinatal, and transpersonal, with 82% having a transpersonal experience in at least one session. Eyerman (2013) concluded that "Holotropic Breathwork could be considered a low-risk therapy to assist patients with an extremely broad range of psychological problems and existential life issues" (p. 26).

Binarová (2003) considered the effect of HB on personality by studying three groups: "Non-breathers," who did not participate in HB, "First-breathers," who experienced HB for the first time, and "Breathers" who had done HB at least four times. Using Crumbaugh and Maholick's "Purpose in Life" (PIL) test, Harman, Fadiman, and Mogar's test of attitudes and values (Value-Belief Q-Sort), and Shostrom's "Personal Orientation Dimensions" (POD), Binarová (2003) compared "First-breathers" before and after their first session, and then compared "Breathers" with "Non-breathers".

“First-breathers” developed a statistically significant reduction in rigidity and dogmatic thinking. “Breathers” had decreases in rigidity, dogmatism, and conventional approach to values. They had increases in flexibility toward values, sensitivity toward their own needs and emotions, spontaneity, self-esteem, capacity for connecting with others, ability to enjoy the present moment, and overall appropriate approach toward reality.

There was evidence to suggest that many of the “Breathers” had some of these qualities beforehand, but the increase in these areas may demonstrate that HB can assist in the continued development of these areas (Binarová, 2003). Both the “First-breathers” and the “Breathers” reported better communication with others, a deeper understanding of the world around them, and an increase in their openness to previously rejected ideas as a result of the HB. All of these results can be considered signs of mental health that would contribute to the psychotherapeutic process.

Brewerton, Eyerman, Cappetta, and Mithoefer (2012) researched the use of HB as an adjunctive treatment for substance abuse, with positive results in both cessation and continued abstinence from alcohol and/or drugs ranging from 2-19 years. Their article also included summaries of several other studies (Jefferys, as cited in Brewerton et al., 2012; Metcalf, as cited in Brewerton et al., 2012; Taylor, as cited in Brewerton et al., 2012) with similar results. The Grofs (Grof and Grof, 1990) attribute these positive results to the transpersonal experiences available in holotropic NOSCs:

In many cases the intense and sometimes overpowering craving for drugs, alcohol, food, sex or other objects of addiction is really a misplaced yearning for wholeness, a larger sense of self, or God—one that cannot be satisfied in the external world. When the true object of this craving, an experience of the Higher Power, becomes available and even partially fulfills this consuming desire, the desire diminishes. (p. 106).

Holmes, Morris, Clance, and Putney (1996) offered one of the few empirical studies on the effectiveness of HB as an adjunct to verbal therapy. Their study compared two groups: one using verbal therapy only and the second using HB in conjunction with verbal therapy. Participants self-reported on the following scales: death anxiety (measured with Templer’s Death Anxiety Scale), self-esteem (measured with the Abasement subscale of the Personality Research Form-E), and sense of connection with others (measured with the Affiliation subscale of the PRF-E). A positive correlation between both a statistically significant decrease in death anxiety and a statistically significant increase in

self-esteem was found in the participants who received the combined protocol of HB and verbal therapy, when compared to those who only received verbal therapy.

Holmes et al. (1996) selected their measurement criteria for the study based on S. Grof’s statement that “Holotropic Breathwork experiences often lead to a marked reduction in death anxiety, increases in self-esteem, and increases in one’s sense of connection with others” (S. Grof, as cited in Holmes et al., 1996, p. 116). While S. Grof’s decades of research on holotropic NOSCs suggest that this is frequently the case, the criteria measured were not necessarily personally relevant to the study subjects. For instance, had the subjects been of advanced age or patients with a terminal medical diagnosis, we suspect the decrease in the death anxiety scale rating would have been even more pronounced. Grof’s (1994) early research using psychedelic therapy with terminal cancer patients demonstrated “dramatic improvements” in 30% of the subjects, and moderate improvements in another 40% (p. 261). Despite the very general measurement criteria, the study by Holmes et al. still offers empirical evidence that HB can be useful as an adjunct to psychotherapy.

Contraindications

One of the potential limitations of using HB as an adjunct to psychotherapy is that it is not an appropriate intervention for everyone. Clients must be screened for physical and emotional contraindications. Serious cardiovascular disorders, pregnancy, convulsive disorders (e.g. epilepsy), glaucoma, or retinal detachment may contraindicate HB as an inappropriate therapy for some clients because of physiological changes in the body which may occur during the session (e.g. intense physical tensions and pressures, uterine contractions, change in brainwaves) (Grof and Grof, 2010).

Additionally, clients with a history of serious emotional issues, especially those who have required hospitalization, may not be appropriate candidates for HB in shorter (one to three day) workshop settings. S. Grof and Grof (2010) point out that for those individuals, HB has the potential to bring more material from the unconscious to light than the client may be able to resolve within the context of a shorter workshop setting. This effect may be similar to that experienced in other holotropic states, such as spontaneous *spiritual emergency*⁸ or those triggered by experiential therapies, intense meditation or spiritual practice, psychedelics, or near death experiences (Grof and Grof, 2010). Therefore, a critical component of this intervention is careful screening and follow-up with clients. Traditional psychiatry might consider the presence of unre-

solved unconscious material a “psychotic break,” but the Grofs (Grof and Grof, 2010) believe that:

Within the philosophical framework of holotropic therapy, it constitutes a major therapeutic opportunity. It means that very important traumatic material from the deep unconscious has become available for conscious processing. With the right understanding, guidance, and management, this could be extremely beneficial and result in radical healing and positive personality transformation. (p. 59).

The Grofs (Grof and Grof, 2010) explain that proper management of such client processes requires both a recognition of their potential therapeutic and transformative nature, and an appropriate setting in which clients can come to a natural resolution of their process. Depending on the amount of time required, this could mean a residential facility with staff trained in working with holotropic states. Unfortunately few, if any, of these exist today, and most residential psychiatric facilities are far more likely to pharmaceutically reduce any expressed symptoms than to allow them to reach a natural resolution (Grof and Grof, 2010).

Conclusion

Evident in the emotional contraindications are both the challenges and the potential healing benefits of using HB as an adjunct to psychotherapy. Anecdotal and research-based evidence indicate a strong potential for bringing unconscious material into consciousness and a movement toward mental health (Binarova, 2003; Brewerton et al., 2012; Grof and Grof, 2010; Holmes et al, 1996). Eyerman’s (2013) report on the long term use of HB in an inpatient psychiatric hospital with no adverse effects is some of the strongest, research-based evidence available on the safety of HB in populations which would normally be screened out of a brief workshop setting. It also demonstrates the need for a paradigm shift in the treatment of mental illness. Until such a shift occurs, we believe HB can be a very effective adjunct to psychotherapy for appropriately screened clients, or when an appropriate set and setting can be provided for clients with more serious emotional issues.

As an intervention, HB can be offered only by facilitators who’ve undergone a lengthy training and certification process. Currently, there are 1,150 certified facilitators world-wide (C. Sparks, personal communication, October 6, 2014), which limits availability to clients in proximity to facilitators offering work-

shops or with the means to travel. It is hoped that with additional research, the knowledge, acceptance, and availability of HB as a safe and effective adjunct to psychotherapy will become widespread.

Notes

1. S. Grof and Grof (2010) use the term “non-ordinary states of consciousness (NOSCs)” to refer to what is often called an altered state of consciousness, or one which is other than our “normal” state of consensus-based reality. Stanislav Grof coined the term “holotropic” meaning “moving toward wholeness” from the Greek words *holos* = whole and *trepein* = moving toward to describe the particular variety of NOSC that activate our innate healing mechanisms.
2. Perinatal refers to memories or experiences related to the period of time from conception through shortly after birth (Grof, 1985; Grof and Grof, 2010).
3. Transpersonal refers to experiences beyond our sense of our physical self, such as experiences of connection with a higher power, being an animal or another person, past lives, “Oneness,” archetypal or mythological visions, and so on (Grof, 1985; Grof and Grof, 2010).
4. Einstein’s original (and often paraphrased) quote was, “A new type of thinking is essential if mankind is to survive and move toward higher levels.” Atomic education urged by Einstein. (1946, May 25). *New York Times*. Retrieved from <http://www.turnthetide.info/id54.htm>
5. The definition of “non ordinary state of consciousness” implies a different level or type of consciousness from which people can view problems. We propose the inverse of the quote: that we can potentially solve problems, or “internal conflicts and unconscious issues”, at a different level of consciousness than that at which we created them.
6. Freud originally believed that all psychoneuroses were caused by early, unresolved traumas which, because of their nature, had not allowed the victim to fully experience and release the associated emotional and physical energies. These trapped energies created what Freud called “jammed affect” in the unconscious mind. In their early work together, Freud and Breuer developed the method of *abreaction* as a means of resolving these unconscious conflicts. They put patients into a holotropic NOSC using hypnotic or auto-hypnotic trance, which allowed the patients to age-regress back to the original problematic event. By experiencing the event

and associated emotions fully, from the simultaneous positions of age-regression and objective adult, patients could release the blocked emotional energies, integrate the event, and move toward healing. (Freud, as cited in Grof and Grof, 2010).

7. Similar to abreaction, catharsis is the release of *non-specific*, blocked emotional energies (Grof and Grof, 2010).
8. Grof and Grof (1990) coined the term *spiritual emergency* to describe the:

“critical and experientially difficult stages of a profound psychological transformation that involves one’s entire being. They take the form of non-ordinary states of consciousness and involve intense emotions, visions and other sensory changes, and unusual thoughts, as well as various physical manifestations”. (p. 31).

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References

- Binarová, D., (2003).The effect of Holotropic Breathwork on personality. *Ceska a Slovenska Psychiatrie, (Czech and Slovak Psychiatry)*, 99(8): 410 - 414.
- Blow, A. J., Sprenkle, D. H., & Davis, S. D. (2007). Is who delivers the treatment more important than the treatment itself? The role of the therapist in common factors. *Journal of Marital and Family Therapy*, 33(3): 298-317.
- Brewerton, T. D., Eyerman, J. E., Cappetta, P., and Mithoefer, M. C. (2012).Long-term abstinence following Holotropic Breathwork as adjunctive treatment of substance use disorders and related psychiatric comorbidity. *International Journal of Mental Health and Addiction*, 10(3): 453–459.doi: 10.1007/s11469-011-9352-3.
- Crowley, N. (2005). *Holotropic Breathwork: Healing through a non-ordinary state of consciousness*. Address to the Hypnosis and Psychosomatic Section of the Royal Society of Medicine and the Spirituality and Psychiatry Special Interest Group of the Royal College of Psychiatrists, London, England. Retrieved on May 9, from <http://www.grof-holotropic-breathwork.net/page/academic-articles-and-papers>.
- Eyerman, J. (2013). A clinical report of Holotropic Breathwork in 11,000 psychiatric inpatients in a community hospital setting. *MAPS Bulletin Special Edition*, 23(1): 24-27.
- Goldenberg, H. and Goldenberg, I. (2013).*Family therapy: An overview* (8thed.). Belmont, CA: Brooks/Cole.
- Grinspoon, L. and Doblin, R. (2001).Psychedelics as catalysts of insight-oriented psychotherapy. *Social Research*, 68(3), 677-695.
- Grof, S. (1985).*Beyond the brain*. Albany, NY: State University of New York Press.
- Grof, S. (1994).*LSD psychotherapy*. Alameda, CA: Hunter House.
- Grof, S. (2000).*Psychology of the future*. Albany, NY: State University of New York Press.
- Grof, C. and Grof, S. (1990).*The stormy search for the self: A guide to personal growth through transformational crisis*. Los Angeles, CA: Jeremy P. Tarcher, Inc.
- Grof, S. and Grof, C. (2010). *Holotropic Breathwork: A new approach to self-exploration and therapy*. Albany, NY: State University of New York Press.
- Hart, D. L. (1997).The classical Jungian school. In P. Young-Eisendrath and T. Dawson (Eds.), *The Cambridge companion to Jung* (pp. 89-100). Cambridge, UK: Cambridge University Press.
- Holland, S. J. (2003).Avoidance of emotion as an obstacle to progress. In R. L. Leahy (Ed.), *Roadblocks in cognitive-behavioral therapy: Transforming challenges into opportunities for*

- change* (pp. 116-131). New York, NY: The Guilford Press.
- Holmes, S. W., Morris, R., Clance, P. R., and Putney, R. T. (1996). Holotropic Breathwork: An experiential approach to psychotherapy. *Psychotherapy: Theory, research, practice, training*, 33(1): 114-120.
- Kelly, G. A. (1963). *A theory of personality: The psychology of personal constructs*. New York, NY: Norton.
- Rhinewine, J. P. and 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 (7): 771-776.
- Ryan, R. M. and Deci, E. L. (2008). A self-determination theory approach to psychotherapy: The motivational basis for effective change. *Canadian Psychology*, 49(3):186-193.
- Sessa, B. (2012). Shaping the renaissance of psychedelic research. *The Lancet*, 380(9838): 200-201.
- Sharp, D. (1991). *Jung lexicon: A primer of terms & concepts*. Retrieved from <http://www.psychceu.com/jung/sharplexicon.html>.
- Taylor, K. (2007). *The Holotropic Breathwork facilitator's manual* (2nd ed.). Santa Cruz, CA: Hanford Mead Publishers, Inc.
- Wampold, B. E., Mondin, G. W., Moody, M., Stich, F., Benson, K., and Ahn, H. (1997). A meta-analysis of outcome studies comparing bona fide psychotherapies: Empirically, "all must have prizes." *Psychological Bulletin*, 122(3): 203-215.
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