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Edited by

European Transpersonal Association (EUROTAS)
Maskavas iela 222c-1B
LV 1019 Riga
LATVIA

Centro para una psicología de la consciencia (OXIGEME)
Vicente Ferrer, 16
28004 Madrid
SPAIN

Special Issue on Holotropic Breathwork and Other Hyperventilation Procedures

-Issue coordinated by Iker Puente-

Journal of Transpersonal Research

Investigación Transpersonal

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EDITORIAL ENTITY

EUROTAS European Transpersonal Association. www.eurotas.org
Maskavas iela 222c-1B
1019 Riga, LV
Latvia

OXIGEME Centre for a consciousness' psychology. www.oxigeme.com
Vicente Ferrer, 16
28004 Madrid
Spain

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Holotropic Breathwork: A New Experiential Method of Psychotherapy and Self-Exploration

Respiración Holotrópica: un Nuevo Método Experiencial de Psicoterapia y Auto-Exploración

Stanislav Grof*
California Institute of Integral Studies
San Francisco, USA

Abstract

Holotropic breathwork is an experiential method of psychotherapy and self-exploration that Stanislav and Christina Grof developed at the Esalen Institute in Big Sur, California, in the mid - 1970s. This approach induces deep holotropic states of consciousness by a combination of very simple means: accelerated breathing, evocative music, and a technique of bodywork that helps to release residual bioenergetic and emotional blocks. This paper describes the essential components of holotropic breathwork and the course of a holotropic sesión, and summarized the complementary approaches that can facilitate a good integration and follow-up of the sesión. Furthermore, this paper describes briefly the therapeutic potential of this technique, and also consider the physiological and biochemical mechanisms that migth be involved in the effects that holotropic breathwork as on consciousness.

Keywords: Holotropic Breathwork, psychotherapy, self-exploration, holotropic states of consciousness, bodywork

Resumen

La respiración holotrópica es un método experimental de psicoterapia y autoexploración desarrollado por Stanislav y Christina Grof en el Instituto Esalen en Big Sur, California, a mediados de los años 1970. Este enfoque induce profundos estados holotrópicos de consciencia por una combinación de medios muy simples: respiración acelerada, música evocativa, y una técnica de trabajo corporal que ayuda a liberar bloqueos bioenergéticos y emocionales residuales. Este artículo describe los componentes esenciales de la respiración holotrópica y el curso de una sesión holotrópica, y resume los enfoques complementarios que pueden facilitar una buena integración y seguimiento de la sesión. Además, este artículo describe brevemente el potencial terapéutico de esta técnica, así como los mecanismos fisiológicos y bioquímicos que pueden estar involucrados en los efectos que la respiración holotrópica produce sobre la conciencia.

Palabras clave: respiración holotrópica, psicoterapia, auto-exploración, estados holotrópicos de consciencia, trabajo corporal.

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Introduction

Holotropic breathwork is an experiential method of self-exploration and psychotherapy that my wife Christina and I developed at the Esalen Institute in Big Sur, California, in the mid -1970s. This approach induces deep holotropic[1] states of consciousness by a combination of very simple means - accelerated breathing, evocative music, and a technique of bodywork that helps to release residual bioenergetic and emotional blocks. The sessions are usually conducted in groups; participants work in pairs and alternate in the roles of breathers and "sitters."

The process is supervised by trained facilitators, who assist participants whenever special intervention is necessary. Following the breathing sessions, participants express their experiences by painting mandalas and share accounts of their inner journeys in small groups. Follow-up interviews and various complementary methods are used, if necessary, to facilitate the completion and integration of the breathwork experience.

In its theory and practice, holotropic breathwork combines and integrates various elements from modern consciousness research, depth psychology, transpersonal psychology, Eastern spiritual philosophies, and native healing practices. It differs significantly from traditional forms of psychotherapy, which use primarily verbal means, such as psychoanalysis and various other schools of depth psychology derived from it. It shares certain common characteristics with the experiential therapies of humanistic psychology, such as Gestalt practice and the neo-Reichian approaches, which emphasize direct emotional expression and work with the body. However, the unique feature of holotropic breathwork is that it utilizes the therapeutic potential of holotropic states of consciousness (Grof and Grof, 2010).

The extraordinary healing power of holotropic states - which ancient and native cultures used for centuries or even millennia in their ritual, spiritual, and healing practices - was confirmed by modern consciousness research conducted in the second half of the twentieth century. This research has also shown that the phenomena occurring during these states and associated with them represent a critical challenge for current conceptual frameworks used by academic psychiatry and psychology and for their basic metaphysical assumptions. The work with holotropic breathwork thus requires a new understanding of consciousness and of the human psyche in health and disease. The basic principles of this new psychology were discussed in another context (Grof 1985, 2001, 2007).

Essential Components of Holotropic Breathwork

Holotropic breathwork combines very simple means –faster breathing, evocative music, and releasing bodywork– to induce intense holotropic states of consciousness; it uses the remarkable healing and transformative power of these states. This method provides access to biographical, perinatal, and transpersonal domains of the unconscious and thus to deep psychospiritual roots of emotional and psychosomatic disorders. It also makes it possible to utilize the mechanisms of healing and personality transformation that operate on these levels of the psyche. The process of self-exploration and therapy in holotropic breathwork is spontaneous and autonomous; it is governed by inner healing intelligence, rather than following instructions and guidelines of a particular school of psychotherapy.

Most of the recent revolutionary discoveries concerning consciousness and the human psyche on which holotropic breathwork is based are new only for modern psychiatry and psychology. They have a long history as integral parts of ritual and spiritual life of many ancient and native cultures and their healing practices. Basic principles of holotropic breathwork thus represent rediscovery, validation, and modern reformulation of ancient wisdom and procedures, some of which can be traced to the dawn of human history. As we will see, the same is true for the principal constituents used in the practice of holotropic breathwork –breathing, instrumental music and chanting, bodywork, and mandala drawing or other forms of artistic expression. They have been used for millennia in healing ceremonies and ritual practices of all pre-industrial human groups.

The Healing Power of Breath

In ancient and pre-industrial societies, breath and breathing have played a very important role in cosmology, mythology, and philosophy, as well as an important tool in ritual and spiritual practice. Various breathing techniques have been used since time immemorial for religious and healing purposes. Since earliest times, virtually every major psychospiritual system seeking to comprehend human nature has viewed breath as a crucial link between nature, the human body, the psyche, and the spirit. This is clearly reflected in the words many languages use for breath.

In the ancient Indian literature, the term *prana* meant not only physical breath and air, but also the sacred essence of life. Similarly, in traditional Chinese

medicine, the word *chi* refers to the cosmic essence and the energy of life, as well as the natural air we breathe by our lungs. In Japan, the corresponding word is *ki*. Ki plays an extremely important role in Japanese spiritual practices and martial arts. In ancient Greece, the word *pneuma* meant both air or breath and spirit or the essence of life. The Greeks also saw breath as being closely related to the psyche. The term *phren* was used both for the diaphragm, the largest muscle involved in breathing, and mind (as we see in the term *schizophrenia* = literally split mind).

In the old Hebrew tradition, the same word, *ruach*, denoted both breath and creative spirit, which were seen as identical. The following quote from Genesis shows the close relationship between God, breath, and life: "Then the Lord God formed man {Hebrew *adam*} from the dust of the ground, and breathed into his nostrils the breath of life; and the man became a living being." In Latin the same name was used for breath and spirit - *spiritus*. Similarly, in Slavic languages, spirit and breath have the same linguistic root.

In the native Hawaiian tradition and medicine (kanaka maoli lapa'au), the word *ha* means the divine spirit, wind, air, and breath. It is contained in the popular Hawaiian *aloha*, expression that is used in many different contexts. It is usually translated as presence (*alo*) of the Divine Breath (*ha*). Its opposite, *ha'ole*, meaning literally without breath or without life, is a term that native Hawaiians have applied to white-skinned foreigners since the arrival of the infamous British sea captain James Cook in 1778. The kahunas, "Keepers of Secret Knowledge," have used breathing exercises to generate spiritual energy (*mana*).

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 interference 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 by 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*. William Walker Atkinson, American writer, who was influential in the turn-of-the-century (1890s-1900s) spiritual/philosophical movement, wrote under the pseudonym Yogi Ramacharaka a comprehensive treatise on the Hindu science of breath (Ramacharaka, 1903).

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. 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, Tibetan and Mongolian multivocal chanting, and singing of kirtans, bhajans, or Sufi chants.

More subtle techniques, which emphasize special awareness in relation to breathing rather than changes of the respiratory dynamics, have a prominent place in Buddhism. *Anāpānasati* is a basic form of meditation taught by the Buddha; it means literally "mindfulness of breathing" (from the Pali *anāpāna* = inhalation and exhalation and *sati* = mindfulness). Buddha's teaching of anāpāna was based on his experience in using it as a means of achieving his own enlightenment. He emphasized the importance of not being mindful only of one's breath, but using the breath to become aware of one's entire body and of all of one's experience. According to the Anāpānasati Sutta (*sutra*), practicing this form of meditation leads to the removal of all defilements (*kilesa*). The Buddha taught that systematic practice of anāpānasati would lead to the final release (*nirv ā*na or *nibāna*).

Anāpānasati is practiced in connection with Vipassanā (insight meditation) and Zen meditation (*shikantaza*, literally *"just sitting*"). The essence of anāpānasati as the core meditation practice in Buddhism, especially the Theravada school, is to be merely a passive observer of the natural involuntary breathing process. This is in sharp contrast with the yogic *pranayama* practices, which employ breathing techniques that aim for rigorous control of breath. However, anāpānasati is not the only Buddhist form of breathing meditation. In the Buddhist spiritual practices used in Tibet, Mongolia, and Japan, the control of breathing plays an important role. Cultivation of special attention to breathing represents also an essential part of certain Taoist and Christian practices.

In materialistic science, breathing lost its sacred meaning and was stripped of its connection to the psyche and spirit. Western medicine reduced it to an important physiological function. The physical and psychological manifestations that accompany various respiratory maneuvers, have all been pathologized. The psychosomatic response to faster breathing, the so-called *hyperventilation syndrome*, is considered a pathological condition, rather than what it really is, a

process that has an enormous healing potential. When hyperventilation occurs spontaneously, it is routinely suppressed by administration of tranquilizers, injections of intravenous calcium, and application of a paperbag over the face to increase the concentration of carbon dioxide and combat the alkalosis caused by faster breathing.

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.

We have been able to confirm repeatedly Wilhelm Reich's observation that psychological resistances and defenses are associated with restricted breathing (Reich, 1949, 1961). Respiration is an autonomous function, but it can also be influenced by volition. Deliberate increase of the pace of breathing typically loosens psychological defenses and leads to a release and emergence of unconscious (and superconscious) material. Unless one has witnessed or experienced this process personally, it is difficult to believe on theoretical grounds alone the power and efficacy of this technique.

The Therapeutic Potential of Music

In holotropic breathwork, the consciousness-expanding effect of breath is combined with evocative music. Like breathing, music and other forms of sound technology have been used for millennia as powerful tools in ritual and spiritual practice. Monotonous drumming, rattling, chanting, instrumental music, and other forms of sound-producing techniques have long represented the principle tools of shamans in many different parts of the world. Many preindustrial cultures have developed quite independently drumming rhythms that in laboratory experiments have remarkable effect on the electric activity of the brain (Goldman, 1952; Jilek, 1974; 1982; Neher, 1961, 1962). The archives of cultural anthropologists contain countless examples of trance-inducing methods of extraordinary power combining instrumental music, chanting, and dancing.

In many cultures, sound technology has been used specifically for healing purposes in the context of intricate ceremonies. The Navajo healing rituals conducted by trained singers have astounding complexity that has been compared to that of the scripts of Wagnerian operas. The trance dance of the !Kung Bushmen of the African Kalahari Desert combined with extended drumming has enormous healing power, as has been documented in many anthropological studies and movies (Lee and DeVore, 1976; Katz, 1976). The healing potential of the syncretistic religious rituals of the Caribbean and South America, such as the Cuban *santeria* or Brazilian *umbanda* is recognized by many professionals in these countries who have traditional Western medical training. Remarkable instances of emotional and psychosomatic healing occur in the meetings of Christian groups using music, singing, and dance, such as the Snake Handlers (Holy Ghost People), and the revivalists or members of the Pentecostal Church.

Some great spiritual traditions have developed sound technologies that do not induce just a general trance state, but have a specific effect on consciousness and the human psyche and body. Thus the Indian teachings postulate a specific connection between certain acoustic frequencies and the individual chakras. With systematic use of this knowledge, it is possible to influence the state of consciousness in a predictable and desirable way. The ancient Indian tradition called *nada yoga*, or the way to union through sound, has the reputation to maintain, improve, and restore emotional, psychosomatic, and physical health and well-being.

Examples of extraordinary vocal performances used for ritual, spiritual, and healing purposes are the multivocal chanting of the Tibetan Gyotso monks and of the Mongolian and Tuva shamans, the Hindu *bhajans* and *kirtans*, the Santo Daime chants (*Ikaros*) used in the ayahuasca ceremonies, the throat music of the Inuit Eskimo people, or the sacred chants (*dhikrs*) of various Sufi orders, The above are just a few examples of the extensive use of instrumental music and chanting for healing, ritual, and spiritual purposes.

We used music systematically in the program of psychedelic therapy at the Maryland Psychiatric Research Center in Baltimore, Maryland, and have learned much about its extraordinary potential for

psychotherapy (Grof, 1980, 2006). Carefully selected music seems to be of particular value in holotropic states of consciousness, where it has several important functions. It mobilizes emotions associated with repressed memories, brings them to the surface, and facilitates their expression. It helps to open the door into the unconscious, intensifies and deepens the therapeutic process, and provides a meaningful context for the experience. The continuous flow of music creates a carrier wave that helps the subject move through difficult experiences and impasses, overcome psychological defenses, surrender, and let go. In holotropic breathwork sessions, which are usually conducted in groups, music has an additional function: it masks the noises made by the participants and weaves them into a dynamic esthetic gestalt.

To use music as a catalyst for deep self-exploration and experiential work, it is necessary to learn a new way of listening to music and relating to it that is alien to our culture. In the West, we employ music frequently as an acoustic background that has little emotional relevance. Typical examples would be use of popular music in cocktail parties or piped music (*muzak*) in shopping areas and workspaces. A different approach used by sophisticated audiences is the disciplined and attentive listening to music in theaters and concert halls. The dynamic and elemental way of using music characteristic of rock concerts comes closer to the use of music in holotropic breathwork. However, the attention of participants in such events is usually extroverted and the experience lacks an element that is essential in holotropic therapy or self-exploration - sustained focused introspection.

In holotropic therapy, it is essential to surrender completely to the flow of music, let it resonate in one's entire body, and respond to it in a spontaneous and elemental fashion. This includes manifestations that would be unthinkable in a concert hall, where even crying or coughing is seen as a disturbance and causes annoyance and embarrassment. In holotropic work, one has to give full expression to whatever the music is bringing out, whether it is loud screaming or laughing, baby talk, animal noises, shamanic chanting, or talking in tongues. It is also important not to control any physical impulses, such as bizarre grimacing, sensual movements of the pelvis, violent shaking, or intense contortions of the entire body. Naturally, there are exceptions to this rule; destructive behavior directed toward oneself, others, and the physical environment is not permissible.

We also encourage participants to suspend any intellectual activity, such as trying to guess the composer of the music or the culture from which the music comes. Other ways of avoiding the emotional impact of the music involve engaging one's professional expertise - judging the performance of the orchestra, guessing which instruments are playing, and criticizing the technical quality of the recording or of the music equipment in the room. When we can avoid these pitfalls, music can become a very powerful tool for inducing and supporting holotropic states of consciousness. For this purpose, the music has to be of superior technical quality and sufficient volume to drive the experience. The combination of music with faster breathing has a remarkable mind-manifesting and consciousnes-expanding power.

As far as the specific choice of music is concerned, we will outline here only the general principles and give a few suggestions based on our experience. After a certain time, each therapist or therapeutic team develops a list of their favorite pieces for various stages of the sessions. The basic rule is to respond sensitively to the phase, intensity, and content of the participants' experience, rather than trying to program it. This is in congruence with the general philosophy of holotropic therapy, particularly the deep respect for the wisdom of the *inner healer*, for the collective unconscious, and for the autonomy and spontaneity of the healing process.

In general, it is important to use music that is intense, evocative, and conducive to a positive experience. We try to avoid selections that are jarring, dissonant, and anxiety- provoking. Preference should be given to music of high artistic quality that is not well known and has little concrete content. One should avoid playing songs and other vocal pieces in languages known to the participants, which would through their verbal content convey a specific message or suggest a specific theme. When vocal compositions are used, they should be in foreign languages so that the human voice is perceived just as another musical instrument. For the same reason, it is preferable to avoid pieces which evoke specific intellectual associations and tend to program the content of the session, such as Wagner's or Mendelssohn-Bartholdy's wedding marches and overtures to Bizet's Carmen or Verdi's Aida.

The session typically begins with activating music that is dynamic, flowing, and emotionally uplifting and reassuring. As the session continues, the music gradually increases in intensity and moves to powerful rhythmic pieces, preferably drawn from ritual and spiritual traditions of various native cultures. Although many of these performances can be esthetically pleasing, the main purpose of the human groups that developed them is not entertainment, but induction of holotropic experiences. An example here could be the dance of the whirling dervishes accompanied by beautiful music and chants. It is not designed to be admired, but to take people to the experience of God.

About an hour and a half into the session of holotropic breathwork, when the experience typically culminates, we introduce what we call "breakthrough music." The selections used at this time range from sacred music - masses, oratoria, requiems, and other strong orchestral pieces - to excerpts from dramatic movie soundtracks. In the second half of the session, the intensity of the music gradually decreases and we bring in loving and emotionally moving pieces ('heart music'). Finally, in the termination period of the session, the music has a soothing, flowing, timeless, and meditative quality.

Most practitioners of holotropic breathwork collect musical recordings and tend to create their own favorite sequences for the five consecutive phases of the session: (1) *opening music*, (2) *trance-inducing* music, (3) *breakthrough* music, (4) *heart music*, and (5) *meditative music*. Some of them use music programs prerecorded for the entire session; this allows the facilitators to be more available for the group, but makes it impossible to flexibly adjust the selection of the music to the energy of the group.

The Use of Releasing Bodywork

The physical response to holotropic breathwork varies considerably from one person to another. Most commonly, faster breathing brings, at first, more or less dramatic psychosomatic manifestations. The textbooks of respiratory physiology refer to this response to accelerated breathing as the *hyperventilation syndrome*. They describe it as a stereotypical pattern of physiological responses that consists primarily of tensions in the hands and feet ("carpopedal spasms"). We have now conducted over thirty-five thousand holotropic breathing sessions and have found the current medical understanding of the effects of faster breathing to be incorrect.

There exist many individuals in whom fast breathing carried over a period of several hours does not lead to a classical hyperventilation syndrome, but to progressive relaxation, intense sexual feelings, or even mystical experiences. Others develop tensions in various parts of the body, but do not show signs of the carpopedal spasms. Moreover, in those who develop tensions, continued faster breathing does not lead to progressive increase of the tensions, but tends to be self-limited. It typically reaches a climactic culmination, followed by profound relaxation. The pattern of this sequence has a certain resemblance to sexual orgasm.

In repeated holotropic sessions, this process of intensification of tensions and subsequent relaxation tends to move from one part of the body to another in a way that varies from person to person. The overall amount of muscular tensions and of intense emotions tends to decrease with the number of sessions. What happens in this process is that faster breathing, extended for a long period of time, changes the chemistry of the organism in such a way that blocked physical and emotional energies associated with various traumatic memories are released and become available for peripheral discharge and processing. This makes it possible for the previously repressed content of these memories to emerge into consciousness and be integrated. It is thus a healing process that should be encouraged and supported, and not a pathological process that needs to be suppressed, as it is common in medical practice.

Physical manifestations that develop during the breathing in various areas of the body are not simple physiological reactions to faster breathing. They show a complex psychosomatic structure and usually have specific psychological meaning for the individuals involved. Sometimes, they represent an intensified version of tensions and pains, which the person knows from everyday life, either as a chronic problem or as symptoms that appear at times of emotional or physical stress, fatigue, lack of sleep, weakening by an illness, or the use of alcohol or marijuana. Other times, they can be recognized as reactivation of old latent symptoms that the individual suffered from in infancy, childhood, puberty, or some other time of his or her life.

The tensions that we carry in our body can be released in two different ways. The first of them involves *catharsis* and *abreaction* - discharge of pent-up physical energies through tremors, twitches, dramatic body movements, coughing, and vomiting. Both catharsis and abreaction also typically include release of blocked emotions through crying, screaming, or other types of vocal expression. These are mechanisms that are well known in traditional psychiatry since the time when Sigmund Freud and Joseph Breuer published their studies in hysteria (Freud and Breuer, 1936). Various abreactive techniques have been used in traditional psychiatry in the treatment of traumatic emotional neuroses, and abreaction also represents an integral part of the new experiential psychotherapies, such as the neo-Reichian work, Gestalt practice, and primal therapy.

The second mechanism that can mediate release of physical and emotional tensions plays an important role in holotropic breathwork, rebirthing, and other forms of therapy using breathing techniques. It represents a new development in psychiatry and psychotherapy, and seems to be more effective than abreaction. Here the deep tensions surface in the form of *unrelenting muscular contractions of various duration ("tetany").* By sustaining these muscular

tensions for extended periods of time, the organism consumes enormous amounts of previously pent-up energy and simplifies its functioning by disposing of them. The deep relaxation that typically follows the temporary intensification of old tensions or appearance of previously latent ones bears witness to the healing nature of this process.

These two mechanisms have their parallels in sport physiology, where it is well known that it is possible to do work and train the muscles in two different ways, by *isotonic* and *isometric* exercises. As the name suggest, during isotonic exercises the tension of the muscles remains constant while their length oscillates. During isometric exercises, the tension of the muscles changes, but their length remains the same all the time. A good example of isotonic activity is boxing, while weight-lifting or bench-pressing distinctly isometric exercises. Both of these mechanisms are extremely effective in releasing and resolving deep-seated chronic muscular tension. In spite of their superficial differences, they have thus much in common, and in holotropic breathwork they complement each other very effectively.

In many instances, the difficult emotions and physical sensations that emerge from the unconscious during holotropic breathwork sessions get spontaneously resolved, and the breathers end up in a deeply relaxed meditative state. In that case, no external interventions are necessary, and the breathers remain in this state until they return to the ordinary state of consciousness. After getting clearance from the facilitators, they move to the art room to draw a mandala.

If the breathing, in and of itself, does not lead to a good completion and there are residual tensions or unresolved emotions, facilitators offer participants a specific form of bodywork which helps them to reach a better closure for the session. The general strategy of this work is to ask the breather to focus his or her attention on the area where there is a problem and do whatever is necessary to intensify the existing physical sensations. The facilitators then help to intensify these feelings even further by appropriate external intervention.

While the attention of the breather is focused on the energetically charged problem area, he or she is encouraged to find a spontaneous reaction to this situation. This response should not reflect a conscious choice of the breather, but be fully determined by the unconscious process. It often takes an entirely unexpected and surprising form - voice of a specific animal, talking in tongues or an unknown foreign language, shamanic chant from a particular culture, gibberish, or baby talk.

Equally frequent are completely unexpected physical reactions, such as violent tremors, jolts, coughing, and vomiting, as well as various characteristic animal movements – climbing, flying, digging, crawling, slithering, and others. It is essential that the facilitators encourage and support what is spontaneously emerging, rather than apply some technique offered by a particular school of therapy. This work should be continued until the facilitator and the breather reach an agreement that the session has been adequately closed. The breather should end the session in a comfortable and relaxed state.

Supportive and Nourishing Physical Contact

In holotropic breathwork, we also use a different form of physical intervention, one that is designed to provide support on a deep preverbal level. This is based on the observation that there exist two fundamentally different forms of trauma that require diametrically different approaches. The first of these can be referred to as *trauma by commission.* It is the result of external intrusions that had damaging impact on the future development of the individual. Here belong such insults as physical, emotional, or sexual abuse, frightening situations, destructive criticism, or ridicule. These traumas represent foreign elements in the unconscious that can be brought into consciousness, energetically discharged, and resolved.

Although this distinction is not recognized in conventional psychotherapy, the second form of trauma, *trauma by omission,* is radically different. It actually involves the opposite mechanism - lack of positive experiences that are essential for a healthy emotional development. The infant, as well as an older child, have strong primitive needs for instinctual satisfaction and security that pediatricians and child psychiatrists call *anaclitic* (from the Greek *anaklinein* meaning to lean upon). These involve the need to be held and experience skin contact, be caressed, comforted, played with, and be the center of human attention. When these needs are not met, it has serious consequences for the future of the individual.

Many people have a history of emotional deprivation, abandonment, and neglect in infancy and childhood that resulted in serious frustration of the anaclitic needs. The only way to heal this type of trauma is to offer a *corrective experience* in the form of supportive physical contact in a holotropic state of consciousness. For this approach to be effective, the individual has to be deeply regressed to the infantile stage of development, otherwise the corrective measure would not reach the developmental level on which the trauma occurred. Depending on circumstances and on previous agreement, this physical support can range from simple holding of the hand or touching the forehead to full body contact.

Use of nourishing physical contact is a very effective way of healing early emotional trauma. However, it requires following strict ethical rules. We have to explain to the breathers before the session the rationale of this technique and get their approval to use it. Under no circumstances can this approach be practiced without previous consent and no pressures can be used to obtain this permission. For many people with a history of sexual abuse, physical contact is a very sensitive and charged issue. Very often those who most need such healing touch have the strongest resistance against it. It can sometimes take a long time before a person develops enough trust toward the facilitators and the group to be able to accept this technique and benefit from it.

Supportive physical contact has to be used exclusively to satisfy the needs of the breathers and not those of the sitters or facilitators. By this I do not mean only sexual needs or needs for intimacy which, of course, are the most obvious issues. Equally problematic can be the sitter's strong need to be needed, loved, or appreciated, unfulfilled maternal need, and other less extreme forms of emotional wants and desires. An incident from one of our workshops at the Esalen Institute in Big Sur, California, can serve here as a good example.

At the beginning of our five-day seminar, one of the participants, a postmenopausal woman, shared with the group how much she had always wanted to have children and how much she suffered because this had not happened. In the middle of the holotropic breathwork session, in which she was the sitter for a young man, she suddenly pulled the upper part of her partner's body into her lap and started to rock and comfort him.

Her timing could not have been worse; as we found out later during the sharing, he was at the time in the middle of a past-life experience that featured him as a powerful Viking warrior on a military expedition. He described with a great sense of humor how he initially tried to experience her rocking as the movement of the boat on the ocean; however, when she added comforting babytalk, that made it impossible for him to continue and brought him back to reality.

It is usually quite easy to recognize when a breather is regressed to early infancy. In a really deep age regression, all the wrinkles in the face tend to disappear and the individual can actually look and behave like an infant. This can involve various infantile postures and gestures, as well as copious salivation and intense thumb-sucking. Other times, the appropriateness of offering physical contact is obvious from the context, for example, when the breather just finished reliving biological birth and looks lost and forlorn. The maternal needs of the woman in the Esalen workshop were so strong that they took over and she was unable to objectively assess the situation and act appropriately.

The use of nourishing physical contact in holotropic states to heal traumas caused by abandonment, rejection, and emotional deprivation was developed by two London psychoanalysts, Pauline McCririck and Joyce Martin; they used this method with their LSD patients under the name of *fusion therapy*. During their sessions, their clients spent several hours in a deep age regression, lying on a couch covered with a blanket, while Joyce or Pauline lay by their side, holding them in close embrace, as a good mother would do to comfort her child (Martin 1965).

Their revolutionary method effectively divided and polarized the community of LSD therapists. Some of the practitioners realized that this was a very powerful and logical way to heal *traumas by omission*, emotional problems caused by emotional deprivation and bad mothering. Others were horrified by this radical "anaclitic* therapy;" they warned that close physical contact between therapist and client in a non-ordinary state of consciousness would cause irreversible damage to the transference/ countertransference relationship.

At the Second International Conference on the use of LSD in psychotherapy held in May 1965 in Amityville, Long Island, Joyce and Pauline showed their fascinating film on the use of the fusion technique in psychedelic therapy. In a heated discussion that followed, most of the questions revolved around the transference/ countertransference issues. Pauline provided a very interesting and convincing explanation why this approach presented less problems in this regard than orthodox Freudian approach. She pointed out that most patients who come to therapy experienced in their infancy and childhood lack of affection from their parents. The cold attitude of the Freudian analyst tends to reactivate the resulting emotional wounds and triggers desperate attempts on part of the patients to get the attention and satisfaction that had been denied to them (Martin,1965).

By contrast, according to Pauline, *fusion therapy* provided a corrective experience by satisfying the old anaclitic cravings. Having their emotional wounds healed, the patients recognized that the therapist was not an appropriate sexual object and were able to find suitable partners outside of the therapeutic relationship. Pauline explained that this paralleled the situation in the early development of object relationships. Individuals, who receive adequate mothering in infancy and childhood, are able to emotionally detach from their mothers and find mature relationships. By contrast, those who experienced emotional deprivation, remain pathologically attached and go through life craving and seeking satisfaction of

primitive infantile needs. We used occasionally fusion therapy in the psychedelic research program at the Maryland Research Center, particularly in the work with terminal cancer patients (Grof, 2006). In mid-1970s, when we developed holotropic breathwork, anaclitic support became an integral part of our workshops and training.

Before closing this section, I would like to address one question that often comes up in the context of holotropic workshops or lectures on experiential work: "Why should reliving of traumatic memories be therapeutic rather than represent a retraumatization?" The best answer can be found in the article "Unexperienced Experience" by the Irish psychiatrist Ivor Browne (Browne, 1990). He suggested that we are not dealing here with an exact replay or repetition of the original traumatic situation, but with the first full experience of the appropriate emotional and physical reaction to it. This means that, at the time when they happen, the traumatic events are recorded in the organism, but not fully consciously experienced, processed, and integrated.

In addition, the person who is confronted with the previously repressed traumatic memory is not any more the helpless and vitally dependent child or infant that he or she was in the original situation, but a grown-up adult. The holotropic state induced in powerful experiential forms of psychotherapy thus allows the individual to be present and operate simultaneously in two different sets of space-time coordinates. Full age regression makes it possible to experience all the emotions and physical sensations of the original traumatic situation from the perspective of the child, but at the same time analyze and evaluate the memory in the therapeutic situation from a mature adult perspective. It is also interesting to mention that breathers reliving various traumatic memories who, for an outside observer, appear to be in a lot of pain and suffer immensely, have actually typically a subjective feeling of purging pain from their bodies, and experience relief rather than emotional and physical pain.

Mandala Drawing: Expressive Power of Art

Mandala is a Sanskrit word meaning literally "circle" or "completion." In the most general sense, this term can be used for any design showing complex geometrical symmetry, such as a spiderweb, arrangement of petals in a flower or blossom, sea shell (e.g. a sand dollar), image in a kaleidoscope, stained glass window in a Gothic cathedral or labyrinth design on its floor. The mandala is a visual construct that can be easily grasped by the eye, since it corresponds to the structure of the organ of visual perception. The pupil of the eye is itself a simple mandala form.

In ritual and spiritual practice, the term mandala refers to images, which can be drawn, painted, modeled, or danced. In the Tantric branches of Hinduism, Buddhism, Vajrayana, and Jainism, this word refers to elaborate cosmograms composed of elementary geometrical forms (points, lines, triangles, squares, and circles), lotus blossoms, and complex archetypal figures and sceneries. They are used as important meditation aids, which help practitioners to focus attention inside and lead them to specific states of consciousness.

Although the use of mandalas in the tantric branches of Hinduism, Buddhism, and Jainism has been particularly refined and sophisticated, the art of mandala drawing as part of spiritual practice can be found in many other cultures. Examples of particularly beautiful mandalas are the nierikas, yarn paintings of the Huichol Indians from Central Mexico, portraying visions induced by ritual ingestion of peyote. Elaborate sand paintings used in the healing and other rituals of the Navajo people and the bark paintings of the Australian Aborigenes also include many intricate mandala patterns.

The use of mandalas in spiritual and religious practice of various cultures and in alchemy attracted the attention of the Swiss psychiatrist C. G. Jung, who noticed that similar patterns appeared in the paintings of his patients at a certain stage of their psychospiritual development. According to him, the mandala is a "psychological expression of the totality of the self." In his own words: "The severe pattern imposed by a circular image of this kind compensates the disorder and confusion of the psychic state - namely, through the construction of a central point to which everything is related." (Jung ,1959 b).

Our own use of mandala drawing was inspired by the work of Joan Kellogg, who was a member of the team at the Maryland Psychiatric Research Center in Baltimore, MD, conducting psychedelic therapy. When she had worked as art therapist in psychiatric hospitals in Wycoff and Paterson, New Jersey, Joan had given hundreds of patients a piece of paper with an outline of a circle and painting utensils and asked them to paint whatever came to their mind. She was able to find significant correlations between their psychological problems and clinical diagnosis and specific aspects of their paintings, such as choice of colors, preference for sharp or round shapes, use of concentric circles, dividing the mandala into sections, and respecting or not respecting boundaries of the circle.

At the Maryland Psychiatric Research Center, Joan compared the mandalas the experimental subjects were painting before and after their psychedelic sessions, looking for significant correlations between the basic features of the mandalas, content of

psychedelic experiences, and outcome of therapy. We have found her method to be extremely useful in our work with holotropic breathwork. Joan herself saw the mandala drawing as a psychological test and described in several papers the criteria for interpretations of their various aspects (Kellogg 1977, 1978). In our work, we do not interpret the mandalas, but use them in the sharing groups simply as a source of information about the breathers' experiences. We will describe the work with the mandalas in a later section of this paper.

An interesting alternative to mandala drawing is the method of "SoulCollage" developed by Seena B. Frost (Frost, 2001). Many participants in holotropic workshops, training, and therapy, experience psychological blocks when they are confronted with the task to draw or paint. As we mentioned earlier, this usually has its roots in some traumatic experiences that they had as children with their teachers and/or peers in art classes or in their generally low self-esteem that makes them doubt their abilities and paralyzes their performance. "SoulCollage" helps these people overcome their emotional blocks and resistances; it is a creative process which anyone can do, since it uses already existing paintings or photographs.

Instead of drawing and painting utensils, participants receive a rich selection of illustrated magazines, catalogues, calendars, greeting cards, and postcards. They can also bring their personal photos from the family album or pictures of people, animals, and landscapes they have themselves taken. Using scissors, they cut out pictures or fragments thereof that seem appropriate to portray their experience; they fit them together and glue them on pre-cut mat board cards. If they participate in ongoing groups, they end up eventually with a deck of cards, which have deep personal meaning for them. They can take these cards to a friend's house, to sessions of individual therapy or support groups, or use them as decorations in their home.

The Course of Holotropic Sessions

The nature and course of holotropic sessions varies considerably from person to person and in the same person also from session to session. Some individuals remain entirely quiet and almost motionless. They might have very profound experiences, yet give the impression to an external observer that nothing is happening or that they are sleeping. Others are agitated and show rich motor activity. They experience violent shaking and complex twisting movements, roll and flail around, assume fetal positions, behave like infants struggling in the birth canal, or look and act like newborns. Also crawling, slithering, swimming, digging, or climbing movements are quite common.

Occasionally, the movements and gestures can be extremely refined, complex, quite specific, and differentiated. They can take the form of strange animal movements emulating snakes, birds, or feline predators and be associated with corresponding sounds. Sometimes breathers assume spontaneously various yogic postures and gestures (*asanas* and *mudras*) with which they are not intellectually familiar. Occasionally, the automatic movements and/or sounds resemble ritual or theatrical performances from different cultures –shamanic practices, Javanese dances, the Balinese monkey chant, Japanese Kabuki, or talking in tongues reminiscent of the Pentecostal meetings.

The emotional qualities observed in holotropic sessions cover a very wide range. On one side of the spectrum, one can encounter feelings of extraordinary well-being, profound peace, tranquillity, serenity, bliss, cosmic unity, or ecstatic rapture. On the other side of the same spectrum are episodes of indescribable terror, consuming guilt, or murderous aggression, and a sense of eternal doom. The intensity of these extraordinary emotions can transcend anything that can be experienced or even imagined in the everyday state of consciousness. These extreme emotional states are usually associated with experiences that are perinatal or transpersonal in nature.

In the middle band of the experiential spectrum observed in holotropic breathwork sessions are less extreme emotional qualities that are closer to what we know from our daily existence - episodes of anger, anxiety, sadness, hopelessness, and feelings of failure, inferiority, shame, guilt or disgust. These are typically linked to biographical memories; their sources are traumatic experiences from infancy, childhood, and later periods of life. Their positive counterparts are feelings of happiness, emotional fulfillment, joy, sexual satisfaction, and general increase in zest.

As I mentioned earlier, in some instances faster breathing does not induce any physical tensions or difficult emotions, but leads directly to increasing relaxation, sense of expansion and well-being, and visions of light. The breather can feel flooded with feelings of love and experiences of mystical connection to other people, nature, the entire cosmos, and God. More frequently, these positive emotional states arise at the end of the holotropic sessions, after the challenging and turbulent parts of the experience have been worked through.

It is surprising how many people in our culture, because of strong Protestant ethics or for some other reasons, have great difficulties accepting ecstatic experiences, unless they follow suffering and hard work, or even then. They often respond to them with a strong sense of guilt or with a feeling that they do not

deserve them. It is also common, particularly in mental health professionals, to react to positive experiences with mistrust and suspicion that they hide and mask some particularly painful and unpleasant material. It is very important under these circumstances to assure the breathers that positive experiences are extremely healing and encourage them to accept them without reservation as unexpected grace.

A typical result of a holotropic breathwork session is profound emotional release and physical relaxation. After a successful and well-integrated session, many people report that they feel more relaxed than they have ever felt in their life. Continued accelerated breathing thus represents an extremely powerful and effective method of stress reduction and it is conducive to emotional and psychosomatic healing. Another frequent result of this work is connection with the numinous dimensions of one's own psyche and of existence in general. This is also frequent occurrence in ritual and spiritual practices of many cultures and ages.

The healing potential of breath is particularly strongly emphasized in Kundalini yoga. There episodes of faster breathing are used in the course of meditative practice (*bastrika*) or occur spontaneously as part of the emotional and physical manifestations known as *kriyas*. This is consistent with my own view that similar spontaneous episodes occurring in psychiatric patients and referred to as the *hyperventilation syndrome*, are attempts at self-healing. They should be encouraged and supported rather than routinely suppressed, which is the common medical practice.

Holotropic breathwork sessions vary in their duration from individual to individual and, in the same individual, also from session to session. It is essential for the best possible integration of the experience that the facilitators and sitters stay with the breather as long as he or she is in process and has unusual experiences. In the terminal stage of the session, good bodywork can significantly facilitate emotional and physical resolution. 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.

Mandala Drawing and the Sharing Groups

When the session is completed and the breather returns to the ordinary state of consciousness, the sitter accompanies him or her to the mandala room. This room is equipped with a variety of art supplies, such as pastels, magic markers, and watercolors, as well as large drawing pads. On the sheets of these pads are pencil drawings of circles about the size of dinner plates. The breathers are asked to sit down, meditate on their experience, and then find a way of expressing what happened to them during the session by using these tools.

There are no specific guidelines for the mandala drawing. Some people simply produce color combinations, others construct geometrical mandalas or figurative drawings or paintings. The latter might represent a vision that occurred during the session or a pictorial travelogue with several distinct sequences. On occasion, the breather decides to document a single session with several mandalas reflecting different aspects or stages of the session. In rare instances, the breather has no idea what he or she is going to draw and produces an automatic drawing.

We have seen instances when the mandala did not illustrate the immediately preceding session, but actually anticipated the session that followed. This is in congruence with C. G. Jung's idea that the products of the psyche cannot be fully explained from preceding historical events. In many instances, they have not just a retrospective, but also a prospective aspect. Some mandalas thus reflect a movement in the psyche that Jung called *the individuation process* and reveal its forthcoming stage. A possible alternative to mandala drawing is sculpting with clay. We introduced this method when we had in our group participants who were blind and could not draw a mandala. It was interesting to see that some of the other participants preferred to use this medium, when it was available, or opted for a combination mandala/three-dimensional figure.

Later during the day, breathers bring their mandalas to a sharing session, in the course of which they talk about their experiences. The strategy of the facilitators who lead the group is to encourage maximum openness and honesty in sharing the experience. Willingness of participants to reveal the content of their sessions, including various intimate details, is conducive to bonding and development of trust in the group. It encourages others to share with equal honesty, which deepens, intensifies, and accelerates the therapeutic process.

In contrast with the practice of most psychotherapeutic schools, facilitators abstain from interpreting the experiences of participants. The reason for it is the lack of agreement among the existing schools concerning the functioning of the psyche, its principal motivating forces, and the cause and meaning of the symptoms. Under these circumstances, any interpretations are questionable and arbitrary. Another reason for staying away from interpretations is the fact that psychological contents are typically overdetermined and are meaningfully related to several levels of the psyche. Giving a supposedly definitive

explanation or interpretation carries the danger of freezing the process and interfering with therapeutic progress.

A more productive alternative is to ask questions that help to elicit additional information from the perspective of the client who, being the experiencer, is the ultimate expert as far as his or her experience is concerned. When we are patient and resist the temptation to share our own impressions, participants very often find their own explanations that best fits their experiences. On occasion, it can be very helpful to share our observations from the past concerning similar experiences or point out connections with experiences of other members of the group. When the experiences contain archetypal material, it can be very helpful to use C. G. Jung's method of *amplification* – pointing out parallels between a particular experience and similar mythological motifs from various cultures - or to consult a good dictionary of symbols.

Follow-Up and Use of Complementary Techniques

On the days following intense sessions that involved a major emotional breakthrough or opening, a wide variety of complementary approaches can facilitate good integration. Among them are discussions about the session with an experienced facilitator, writing down the content of the experience, drawing additional mandalas, meditation, and movement meditation, such as hatha yoga, tai-chi, or qi-gong. 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 Dora Kalff's Jungian sandplay (Kalff and Kalff, 2004), Fritz Perls' Gestalt therapy (Perls, 1973), Jacob Moreno's psychodrama (Moreno, 1948), or Francine Shapiro's eye movement desensitization and reprocessing (EMDR) (Shapiro, 2001), can be of great help in refining insights into the holotropic experience and understanding its content.

Therapeutic Potential of Holotropic Breathwork

Christina and I have developed and practiced holotropic breathwork outside of the professional setting –in our monthlong seminars and shorter workshops at the Esalen Institute, in various breathwork workshops in many other parts of the world, and in our training program for facilitators. I have not had the opportunity to test the therapeutic efficacy of this method in the same way I had been able to do in the past when I conducted psychedelic therapy. The psychedelic research at the Maryland Psychiatric Research Center involved controlled clinical studies with psychological testing and a systematic, professionally conducted follow-up. (Grof, 1980, 2006).

However, the therapeutic results of holotropic breathwork have often been so dramatic and meaningfully connected with specific experiences in the sessions that I have no doubt holotropic breathwork is a viable form of therapy and self-exploration. We have seen over the years numerous instances when participants in the workshops and the training were able to break out of depression that had lasted several years, overcome various phobias, free themselves from consuming irrational feelings, and radically improve their self-confidence and self-esteem. We have also witnessed on many occasions disappearance of severe psychosomatic pains, including migraine headaches, and radical and lasting improvements or even complete clearing of psychogenic asthma. On many occasions, participants in the training or workshops favorably compared their progress in several holotropic sessions to years of verbal therapy.

When we talk about evaluating the efficacy of powerful forms of experiential psychotherapy, such as work with psychedelics or holotropic breathwork, it is important to emphasize certain fundamental differences between these approaches and verbal forms of therapy. Verbal psychotherapy often extends over a period of years and major exciting breakthroughs are rare exceptions rather than commonplace events. When changes of symptoms occur, it happens on a broad time scale and it is difficult to prove their causal connection with specific events in therapy or the therapeutic process in general. By comparison, in a psychedelic or holotropic session, powerful changes can occur in the course of a few hours and they can be convincingly linked to a specific experience.

The changes observed in holotropic therapy are not limited to conditions traditionally considered emotional or psychosomatic. In many cases, holotropic breathwork sessions led to dramatic improvement of physical conditions that in medical handbooks are described as organic diseases. Among them was clearing of chronic infections (sinusitis, pharyngitis, bronchitis, and cystitis) after bioenergetic unblocking opened blood circulation in the corresponding areas. Unexplained to this day remains solidification of bones in a woman with osteoporosis that occurred in the course of holotropic training.

We have also seen restitution of full peripheral circulation in twelve people suffering from Raynaud's disease, a disorder that involves coldness of hands and feet accompanied by dystrophic changes of the skin. In several instances, holotropic breathwork led to striking

improvement of arthritis. In all these cases, the critical factor conducive to healing seemed to be release of excessive bioenergetic blockage in the afflicted parts of the body followed by vasodilation. The most astonishing observation in this category was a dramatic remission of advanced symptoms of Takayasu arteritis, a disease of unknown etiology, characterized by progressive occlusion of arteries in the upper part of the body. It is a condition that is usually considered progressive, incurable, and potentially lethal.

There are many instances, when the therapeutic potential of holotropic breathwork was confirmed in clinical studies conducted by practitioners who had been trained by us and independently use this method in their work. A significant number of clinical studies was also conducted by psychiatrists and psychologists in Russia who have not participated in our training for facilitators. Some of the studies in both of these categories, among others, are listed in a special section of the bibliography of this paper.

On many occasions, we have also had the opportunity to receive informal feedback from people years after their emotional, psychosomatic, and physical symptoms had improved or disappeared after holotropic sessions in our training or in our workshops. This has shown us that the improvements achieved in holotropic sessions are often lasting. I hope that the efficacy of this interesting and promising method of self-exploration and therapy will be in the future confirmed by well-designed extensive clinical research.

Physiological Mechanisms Involved in Holotropic Breathwork

In view of the powerful effect holotropic breathwork has on consciousness, it is interesting to consider the physiological and biochemical mechanisms that might be involved. Many people believe that when we breathe faster, we simply bring more oxygen into the body and the brain. But the situation is actually much more complicated. It is true that faster breathing brings more air and thus oxygen into the lungs, but it also eliminates carbon dioxide (CO_2) and causes vasoconstriction in certain parts of the body.

Since CO_2 is acidic, reducing its content in blood increases the alkalinity of the blood (so called pH) and in an alkaline setting relatively less oxygen is being transferred to the tissues. This in turn triggers a homeostatic mechanism that works in the opposite direction: the kidneys excrete urine that is more alkaline to compensate for this change. The brain is also one of the areas in the body that can respond to faster breathing by vasoconstriction. Since the degree of gas exchange does not depend only on the rate of breathing, but also on its depth, the situation is quite complex and it is not easy to assess the overall situation in an individual case without a battery of specific laboratory examinations.

However, if we take all the above physiological mechanisms into consideration, the situation of people during holotropic breathwork very likely resembles that in high mountains, where there is less oxygen and the CO_2 level is decreased by compensatory faster breathing. The cerebral cortex, being the youngest part of the brain from an evolutionary point of view, is generally more sensitive to a variety of influences (such as alcohol and anoxia) than the older parts of the brain. This situation would thus cause inhibition of the cortical functions and intensified activity in the archaic parts of the brain, making the unconscious processes more available.

It is interesting that many individuals, and entire cultures, who lived in extreme altitudes, were known for their advanced spirituality. We can think in this context of the yogis in the Himalayas, the Tibetan Buddhists in the Quinzang high plateau, and the Incas in the Peruvian Andes. It is tempting to attribute it to the fact that, in an atmosphere with a lower content of oxygen, they had easy access to transpersonal experiences. However, an extended stay in high elevations leads to physiological adaptations, for example, hyperproduction of red blood cells in the spleen. The acute situation during holotropic breathwork might, therefore, not be directly comparable to an extended stay in high mountains.

In any case, there is a long way from the description of the physiological changes in the brain to the extremely rich array of phenomena induced by holotropic breathwork, such as authentic experiential identification with animals, archetypal visions, or past life memories. This situation is similar to the problem of the psychological effects of LSD. The fact that both of these methods can induce transpersonal experiences in which there is access to accurate new information about the universe through extrasensory channels, makes it difficult to accept that such experiences are stored in the brain.

Aldous Huxley, after having experienced psychedelic states, came to the conclusion that our brain cannot possibly be the source of the rich and fantastic array of phenomena that he had experienced. (Huxley, 1959). He suggested that it is more likely that the brain functions like a reducing valve that shields us from an infinitely larger cosmic input. The concepts, such as "memory without a material substrate" (von Foerster, 1965), Sheldrake's "morphogenetic fields" (Sheldrake, 1981), and Laszlo's "psi field" or "akashic field" (Laszlo, 1993, 2004) bring important support for Huxley's idea and make it increasingly plausible.

Conclusions

In conclusion, I would like to compare psychotherapy using holotropic states of consciousness, in general, and holotropic breathwork, in particular, with talking therapies. Verbal methods of psychotherapy attempt to get to the roots of emotional and psychosomatic problems indirectly by helping the clients to remember relevant forgotten and repressed events from their life or reconstruct them indirectly by analysis of dreams, symptoms, or distortions of the therapeutic relationship (transference).

Most of verbal psychotherapies also use a model of the psyche, which is limited to postnatal biography and to the Freudian individual unconscious. They also employ techniques that cannot reach the perinatal and transpersonal domains of the psyche and thus the deeper roots of the disorders they are trying to heal. The limitations of verbal therapies are particularly obvious in relation to memories of traumatic events that have a strong physical component, such as difficult birth, episodes of near-drowning, and injuries or diseases. Traumas of this kind cannot be worked through and resolved by talking about them; they have to be relived and the emotions and blocked physical energies attached to them have to be fully expressed.

Other advantages of holotropic breathwork are of economic nature; they are related to the ratio between the number of participants in breathwork groups and the number of facilitators. It was estimated that a classical psychoanalyst was able treat about eighty patients in his or her entire lifetime. In spite of all the changes psychotherapy has undergone since Freud's times, the ratio between the number of clients needing treatment and the number of professional therapists required for this task continues to be very unfavorable.

By comparison, holotropic breathwork utilizes the healing potential of group members, who alternate in the roles of breathers and "sitters." Participants do not have any special training to be good sitters. A typical group requires one trained facilitator per eight to ten group participants. Although it might be objected that traditional group psychotherapy has a similar or even better therapist/client ratio, it is important to take into consideration that in breathwork groups each participant has a personal experience focused specifically on his or her problems. Sitters also repeatedly report what a profound experience it was for them to assist others and how much they had learned from it.

In addition, many people who had experienced verbal psychotherapy before they came to holotropic breathwork often compared favorably the results of a small number of breathwork sessions with what they achieved in years of talking therapy. I hope that in the near future these impressions will be confirmed by well-designed controlled clinical studies.

Notes

1. This composite word (*holotropic*) means 'oriented toward wholeness' or 'moving toward wholeness', from the Greek *holos* = whole, and *trepein* = moving toward or in the direction of something. (Grof and Grof, 2010).

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***Stanislav Grof, M.D., Ph.D.,** born in 1931 in Prague, is a psychiatrist with more than fifty years experience researching the healing and transformative potential of non-ordinary states of consciousness, induced by psychedelic substances and various non-pharmacological methods. Currently, he is professor of Psychology at the California Institute of Integral Studies (CIIS) in San Francisco, and at Wisdom University in Oakland, California. He has organized large international conferences throughout the world, and continues to lecture and teach professional training programs in Holotropic Breathwork and transpersonal psychology worldwide. Dr. Grof is one of the founders and chief theoreticians of the transpersonal psychology, and is also the founder of the International Transpersonal Association (ITA). In October 2007, he received the prestigious *Vision 97* award granted by the Foundation of Dagmar and Vaclav Havel, in Prague. Among his publications are more than 140 papers in professional journals, and many books, including: *Realms of the Human Unconscious; LSD Psychotherapy; Beyond the Brain; The Adventure of Self-Discovery; The holotropic mind; The cosmic game; Psicology of the future; The final journey; Spiritual Emergency; The Stormy Search for the Self, and Holotropic Breathwork* (the last three with Christina Grof).
Web: www.stanislavgrof.com

Spiritual Transformation: A Qualitative-Quantitative Analysis of the Application of the Holotropic Breathwork Method

Transformación espiritual: un análisis cuantitativo y cualitativo de la aplicación del método de la Respiración Holotrópica

Inna V. Afanasenko[1]
Southern Federal University
Rostov-on-Don, Russia

Vladimir A. Emelianenko[2]
Grof Transpersonal Training
Rostov-on-Don, Russia

Alexandra V.Emelianenko[3]
Grof Transpersonal Training
Rostov-on-Don, Russia

Abstract

This article is devoted to the qualitative and quantitative analysis of the use of Holotropic Breathwork (HB) as an effective method to support the client in the process of his/her spiritual transformation. We distinguish three models of integration of spiritual experiences: religious, medical and phenomenological. Usually, the first two models are based on the external formal evaluation of subjective feelings of a client when his/her state of mind does not promote social adaptation. Due to this evaluative approach, the opportunities for integration of the gained personal spiritual experience are significantly limited within religious doctrine frameworks established externally or become obsolete by means of devaluation or even medical suppression of such emotional stresses regarded by traditional psychiatry as pathologic. We consider HB, implementing the phenomenological model, to be an ecological method of self-actualization and psychotherapy from the point of view of integration of the gained spiritual experience. It focuses on the client's personality, values, and worldview in general, excluding distorting and traumatic influence of external evaluations and speculations from the part of the facilitator. The psychological study evaluating dynamics of life constructs and subject categories as a result of their participation in HB sessions confirms long-term observations of practitioners applying this method. The subjective significance of negative life categories decreases significantly, while the following categories increase: self-confidence, trust in people and the world, life meaningfulness, satisfaction and ability to feel joy and happiness. The results of the present study give some support to the effectiveness of the use of HB in the process of clients' Spiritual Transformation.

Keywords: Holotropic Breathwork, spiritual transformation, dynamics of life constructs, phenomenological approach

Resumen

Este artículo está dedicado al análisis cualitativo y cuantitativo de la utilización de la respiración holotrópica (RH) como un método eficaz para apoyar al cliente en el proceso de su transformación espiritual. Se distinguen tres modelos de integración de las experiencias espirituales: religioso, médico y fenomenológico. Por lo general, los dos primeros modelos se basan en la evaluación formal externa de los sentimientos subjetivos del cliente cuando su estado de ánimo no promueve la adaptación social. Debido a este enfoque evaluativo, las oportunidades para la integración de la experiencia espiritual personal obtenida se limitan de manera significativa, o bien dentro de los marcos establecidos externamente por una doctrina religiosa, o bien quedado obsoletas por medio de la devaluación o incluso la supresión médica de tales tensiones emocionales, que son consideradas patológicas por la psiquiatría tradicional. Consideramos la RH, a través de la implementación del modelo fenomenológico, como un método ecológico de la auto-actualización y psicoterapia que facilita la integración de la experiencia espiritual obtenida. La RH se centra en la personalidad, los valores y la visión del mundo del cliente en general, excluyendo influencias distorsionadoras y/ traumáticas de evaluadores externos, y especulaciones realizadas por parte del facilitador. El estudio psicológico realizado evaluando las dinámicas de los constructos vitales y las categorías subjetivas como resultado de la participación en sesiones de RH confirma las observaciones longitudinales realizadas por los profesionales que aplican este método. La importancia subjetiva de las categorías negativas de la vida disminuye significativamente, mientras que las siguientes categorías aumentan: autoestima, confianza en las personas y el mundo, significado en la vida, satisfacción y capacidad de sentir alegría y felicidad. Los resultados del presente estudio apoyan en cierta medida la eficacia de la utilización de HB en el proceso de la transformación espiritual de los clientes.

Palabras Clave: Respiración Holotrópica, transformación espiritual, dinámica de las construcciones de la vida, enfoque fenomenológico

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Introduction

Since ancient times we've known about the human ability to enter into certain states of consciousness that give access to feelings of a numinous nature that are able to exert a transforming influence on future life (Eliade, 1976). At different stages of human history shamans, priests, and other representatives of various religious schools and cults supported such feelings. In spite of the fact that scientists and philosophers of classical antiquity and the Middle Ages recognized the existence of the spiritual sphere and its involvement inhuman life; since the moment that psychology was established as a science, the spiritual sphere of a person has been excluded from the focus of studies as an object that cannot be verified with experiments; until the formation of humanistic and transpersonal psychologies. On the basis of these concepts, psychotherapeutic methods to work with people who experienced the spiritual sphere were created, including studies of peak-experiences, psychedelic therapy in terminal cancer patients, dying and death, the perinatal and transpersonal roots of human violence and greed, and the study of extraordinary abilities of the human body and psyche (Grof, 1976; Lilly, 1974; Maslow, 1964; Murphy, 1974). There were psychiatrists with other vision who preferred an individual approach, "psychotherapeutic", but without drug treatment (Assagioli, 1976; 1989; Jung, 1994; Laing, 1965; Perry, 1953, 1999 and others). According to them, the reasons for some mental conditions are connected with the spiritual sphere: this updating process (Perry, 1953, 1999), flight from itself and from society as manifestation of spiritual crisis (Laing, 1965, 1989), spiritual development through critical stages ("awakening") (Assagioli, 1976, 1989). However, the conservative non-acceptance of human spirituality has retained its position in the sphere of psychology and psychiatry up to the present day.

Within the field of transpersonal psychology, human spirituality is treated as an expression of the spirit in individual consciousness and existence. It is expressed in all spheres of life and determines the quality of human existence (Aguzumtsyan and Khachatryan, 2013). Spirituality is based on direct experiences of unusual sides and measurements of reality.

Grof distinguishes two types of the spiritual experience. The first one, "immanent divine", is characterized with uplifted perceptions of everyday reality. The second, "transcendent divine", includes the feeling of transformation of perceptual experience that makes possible the appearance of archetypical creatures and expanded spheres of reality. Systematic research of transpersonal experiences shows that they are ontologically valid and comprise data on the important, but usually hidden measurements of existence, which can give in to the coordinated confirmation (Grof, 2013). Such experience can be extremely transforming for the personality of an individual, but only the process of integration determines the ecology of this transformation.

We distinguish three models of spiritual experience integration: religious, medical and phenomenological, the last being the integration used by Holotropic Breathwork (HB). HB is a method of self-study and psychotherapy developed by Stanislav Grof and Christina Grof in the mid-1970s.

According to Grof (1985, 1990, 2000, 2013), HB allows the therapeutic potential of altered or "Holotropic" states of consciousness to provide access to the depths of the unconscious, containing diverse experience of numinous (spiritual) feelings. This method uses a combination of such simple means as: deeper breathing, stimulating music, liberating bodywork, artistic self-expression and group discussion.

The *religious model* offers interpretation of the spiritual experience in compliance with one or another religious doctrine, usually without regard to the personality of an individual. This model often leads to devaluation of the individual's own qualities not complying with the values of this religious doctrine. Thus, Legere (1984) underlines that spirituality deals with the experience, while religion conceptualizes this experience that theoretically shall evoke in its follower the same spiritual experience. In comparison with spirituality, organized religion is the institutionalized collective activity, which happens in a certain place and under the leadership of officially appointed attendants. These attendants cannot themselves possess experience of another's personal experiences of spiritual phenomena. Therefore, having become organized, religion often completely loses communication with the spiritual source, and turns into a secular establishment, incapable of satisfying the spiritual needs of people by using them for mercenary purposes (Grof, 2012).

The *medical model* evaluates spiritual experiences as pathological. This variant of spiritual feeling integration leads to negative assessments of the gained experience and of the personality that gained this experience. This interpretation model can be seen in traditional psychiatry and in several psychiatry schools implementing the strategy of biological reductionism.

The *phenomenological model* integrates the gained experience from the interpretation of the person himself, with regard to peculiarities of his personality including values, ideas, religious affiliation, etc. It does not apply to any interventions coming from intellectual

analysis or based on a priori theoretical constructs (Grof, 2004). The spirituality in this model is understood as a special relationship between the individual and the world and is a private and personal matter for each person. The role of the facilitator lies in accompanying and supporting the individual on the way to integration with human resources and with the methods of artistic self-expression and discussion of the experience. Such facilitation is said to help in the integration of the gained experience and in improving the quality of life, expressed in improvement of self-assessment and evaluation of the surroundings, more confidence in personal experience, life meaningfulness, enhancement of communicative qualities and, as a consequence, the amelioration of neurotic and depressive symptoms. We have conducted this psychological study to explore if HB leads to the improvement of life quality by means of gaining spiritual experience and its integration on the basis of the described phenomenological strategy.

The goal of this research is to study the dynamics of self-evaluations of life constructs and existential life categories, and their correlation with dominant feelings in the HB sessions.

Method

Participants

The empirical object of the study was 70 subjects, aged 19 to 46 years, participants of the HB-seminars; among them 47 were women and 23 were men, with higher education; 74% of the participants were Russian, and 26% of other nationalities. The method of control group was not used in this research.

Psychometric Measures

The subject of the study was the dynamics of self-evaluation of the main life constructs and expression of the existential life categories, and their correlation with dominant feelings in the HB sessions. Three psychological tests were used in the present study:

1) Self-evaluation Scale of Life Constructs Expression. This scale is the modified variant of the Human Self-Evaluation with regards to his/her life constructs (Eliseev, 2003). The scale assessment method for basic life constructs implies a 10-point scale evaluation by the respondent (1-minimum, 10 – maximum) of the following constructs expressed in life: *Happiness, Health, Life satisfaction in general, Satisfaction with professional activity, Satisfaction with family relations, Ability to understand thoughts and feelings of other people, Life meaningfulness, Self-assurance, Need for changes (development), Openness to the world, Trust in the people around, and Ability to enjoy life.*

2) "Spiritual Crisis" Method (Voskovskaya and Lyashchuk, 2005). The "Spiritual Crisis" method aims at diagnostics of the spiritual crisis experienced by the personality and incorporates the point assessment (from 0 to 6 points) of expression of eight existential life categories in the past, present, and future: *Dissatisfaction, Loneliness, Freedom, Sin, Sufferings, Responsibility, Death anxiety, Meaninglessness.*

3) "*Content Experiences in the HB-sessions Questionnaire*". The questionnaire was composed on the basis of Grof's consciousness mapping and the classification of feelings experienced during HB sessions; which aims at expression of dominant feelings experienced during sessions. The questionnaire includes 53 items describing specific feelings that can be conventionally referred to a certain psychological level described by Grof (1976): *sensory barrier*, *biographical*, *perinatal* or *transpersonal*. According to the study procedure, the respondent is asked to choose from 53 offered types of feelings; only the feelings that he/she experienced during HB and to assess the degree of their expressiveness in points from 1 to 5 (1 – minimal, 5 – maximal). These four levels can be briefly described in the following way:

The *sensory level* is the psyche surface layer expressed in abstract and ecstatic feelings as the result of chemical stimulation of sensory organs. This level does not reveal the unconscious; the feelings are diverted and lack any personal symbolic value.

The *biographical level* includes all feelings significant to a person since the moment of their birth that can be experienced during the session as unconscious material expressed in hidden form as symbolic masks, defense distortions, metaphorical hints, in the form of bodily sensations, and other sensory feelings.

The *perinatal level* includes feelings that are associated with biological processes in the maturation period of the fetus in the womb, during the birth of the child, and immediately after it. This level includes of biological birth, physical and emotional pain, disease, senescence, agony, death and the understanding that the beginning of life is similar to its end.

In his studies Grof (1976) revealed the deep parallel between the patterns of perinatal level feelings and the clinical stages of childbirth that he called, "basic perinatal matrices (BPMs)". The BPMs are hypothetic dynamic managing systems functioning on the perinatal level of the unconscious. The matrices have their own emotional and psychological content,

and they also operate as principles of organizing the material on other levels of the unconscious.

Grof distinguishes four matrices: the BPM-I, "*the Amniotic Universe*", refers to the fetus experience in the mother's womb and can be regarded both in the positive and negative aspects. "*The good womb*": the fetus does not suffer from any inconveniences, development of the fetus is harmonious, the fetus feels protected and presents as whole with the mother, the conditions of the fetus development are close to optimal, which are associated with peace, tranquility, serenity, happiness and bliss. "*The bad womb*" is associated with intrauterine life disturbances, negative influence on the fetus, the mothers' illness, her intoxication, etc. In this case, instead of the mysterious dissolution of boundaries, manifests psychotic distortion tones with paranoid perception of the world, associated with psychological and physical discomfort.

The BPM-II, "*the cosmic prepossession and the absence of exit*", is the very beginning of the birth process characterized by pressure on the fetus when the cervix is not yet open. In this case, the child and the mother are a source of pain for each other. There appears biological antagonism and conflict.

BPM-III, "*the struggle of death and revival*", is the continuation of labor and movement of the fetus along the birth canal. This matrix is extremely dynamic and is full of both positive and negative images, associated with the prospective end of sufferings for the child and the mother that is their common interest. There appears the synergism of the child and the mother. The BPM-III feelings are subdivided into five distinct categories: *titanic, aggressive, sadomasochist, sexual, demonic, and scatological.* The characteristic motive for all of them is an encounter with death and struggle for birth.

The BPM-IV, "*the death and revival*", follows the third clinical birth stage, directly with childbirth. When this matrix is recurrently experienced, people face quite exact details of their real birth experience. It can be assumed that the basic perinatal matrices experience is the sphere connecting the individual and the collective unconscious.

The *transpersonal state/level* in HB session is the individual's sensation that his/her consciousness is broadening beyond the usual borders of space and time. In this case, experiencing the other individuality is possible, as well as loss of your own identity or understanding it in it's other aspects, time and space.

Procedure

Three different measures were taken in both groups, using three questionnaires. The*Self-Evaluation Scale of Life Constructs Expression* and the *"Spiritual Crisis Method"* were carried out two times; before and after the respondents' participation in the HB sessions. The "*Content Experiences in the HB-sessions Questionnaire*" was assessed after the respondent's participation in both HB-sessions.

Data Analysis

In processing the empiric results of the study we applied Statistica 6.0 with the use of the following methods of mathematical statistics (nonparametric statistics): the *χ2-Friedman*criterion,for detection of rank hierarchy of the expressiveness parameters of self-evaluations for life constructs and existential categories; the *T-Wilcoxon* criteria to check the significance of differences between the above-mentioned parameters to reveal the dominant ones; the *r-Spearman* rank correlation coefficient to detect correlation between the leading life constructs, existential categories, and dominant feelings experienced during the HB-sessions; the *multiple regression analysis* (MRA) for study of correlations between the dominant existential life categories and the feelings experienced during the HB-sessions.

Hypotheses of the Study

1) From the result of the respondents' participation in the HBsessions, positive dynamics of life constructs self-evaluation can probablybe revealed.
2) Differences in expressiveness of existential life categories before and after the respondents' participation in the HB-sessions might be detected.
3) Specific correlations between the dominant self-evaluations and the spiritual crisis parameters, and the respondents' basic feelings during the HB-sessions might be revealed.

Results and Discussion

The following results of the study were obtained:

"Life Constructs Scale" Assessment

After the HB sessions, the respondents assessed the following categories higher than before ($p<0,05$): Happiness (T=170), Life satisfaction in general (T=401), Life meaningfulness (T=408,5), Self-assurance (T=234,5), Openness to the world (T=429,5), Trust in the people around (T=294,5) and Ability to enjoy life (T=448,5). Thus, the obtained data show that, as a result of participation in the HB-

seminar comes awareness and qualitative reassessment of some life events by the subjects, and peculiarities of their manifestation in them, that contributes to the increase of life meaningfulness, trust in themselves and other people (Figure 1).

After the seminar, the participants in the group feel more open to the world, enjoy life, experience happiness and life satisfaction in general. It is necessary to underscore that the most significant life construct before and after the HB-sessions is the need for changes and development, that indirectly suggests the high motivation level of the people who decided to take part in the HB seminar.

Consequently, the first hypothesis is confirmed.

"Spiritual Crisis Method"

The study of expressiveness of existential life categories in different time measurements, before and after the HB-sessions, as well as their dynamics, showed the following (Table 1). Within all time measurements, past, present, and future; the groups of the predominant categories coincided. According to the results of the re-test category *Suffering* has ceased to be one of the most important life categories after the session. The categories of *Dissatisfaction*, *Responsibility*, and *Suffering* are most expressed in the group with regard to the past time. At present, the dominant category is "*Responsibility*". With regard to the future, "*Responsibility*" and "*Freedom*" are chosen as the most relevant categories. Consequently, the category of "*Responsibility*" is most typical for the subjects irrespective of time changes. It should be noted that the past is associated with more negative categories (*Dissatisfaction*, *Loneliness* and *Sufferings*) which, in comparison with the other categories, are expressed not so subjectively in the present and future time. The categories of *Freedom* and *Responsibility* associated with the future may suggest the psychological maturity of the participants, readiness to take on responsibility for the things happening and their positive emotional disposition oriented towards the future.

The analysis of the categories expressiveness in all time measurements showed that, before participation in the HB-sessions, the categories of *Freedom* and *Responsibility* dominated. The subjects expected their higher expressiveness in the future. After participation in HB-sessions, *Responsibility* at present has been added to these highly expressed categories. The increase in importance of this category in relation to the present moment of life suggests reassessment by the participants of their own role in the organization of their life activity, which is confirmed with the above mentioned data: increase in *self-assurance*, *openness*, *trust in people*, and general *life meaningfulness*. The obtained quantitative data can hinge on qualitative changes that took place in the personalities, which follow from statements of participants concerning value of the experience. In

Figure 1.
Life constructs self-assessment parameters before and after the HB-sessions (with statistically relevant differences).

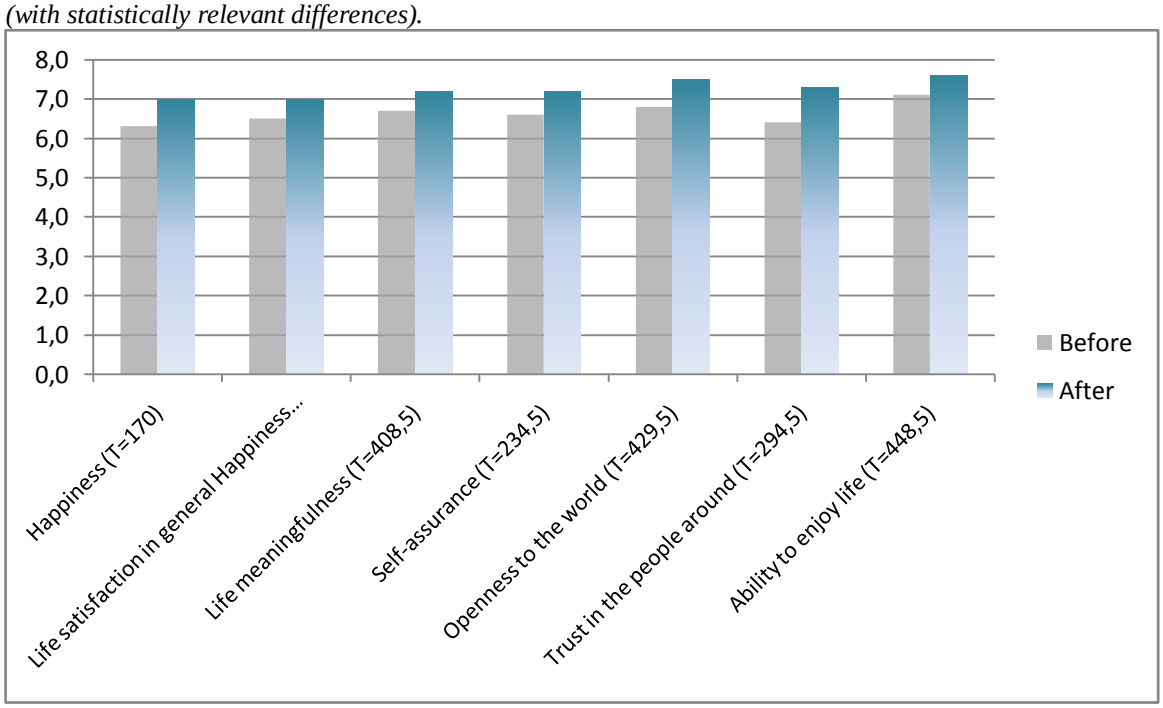


Table 1.
Predominant categories and self-evaluation of life constructs.

	Before participation in the HBsessions		**After participation in the HBsessions**	
	Past time			
Main categories	Dissatisfaction Sufferings Responsibility	*χ2=41*	Dissatisfaction Loneliness - Responsibility	*χ2=42*
Expressiveness decreased		Sin Death anxiety		T=48 T=140
	Present time			
Main categories	Responsibility	*χ2=131*	Responsibility	*χ2=176*
Expressiveness decreased		Loneliness Sin Sufferings Death anxiety		T=198 T=65 T=170 T=129
	Future time			
Main categories	Freedom Responsibility	*χ2=258*	Responsibility	*χ2=273*
Expressiveness decreased		Loneliness Sin Sufferings		T=111 T=65 T=30
Life constructs, for which expressiveness of self-evaluation increased		Life meaningfulness Self-assurance Openness to the world Trust in the people around Ability to enjoy life Happiness Life satisfaction in general		T=409 T=234 T=430 T=295 T=449 T=170 T=402

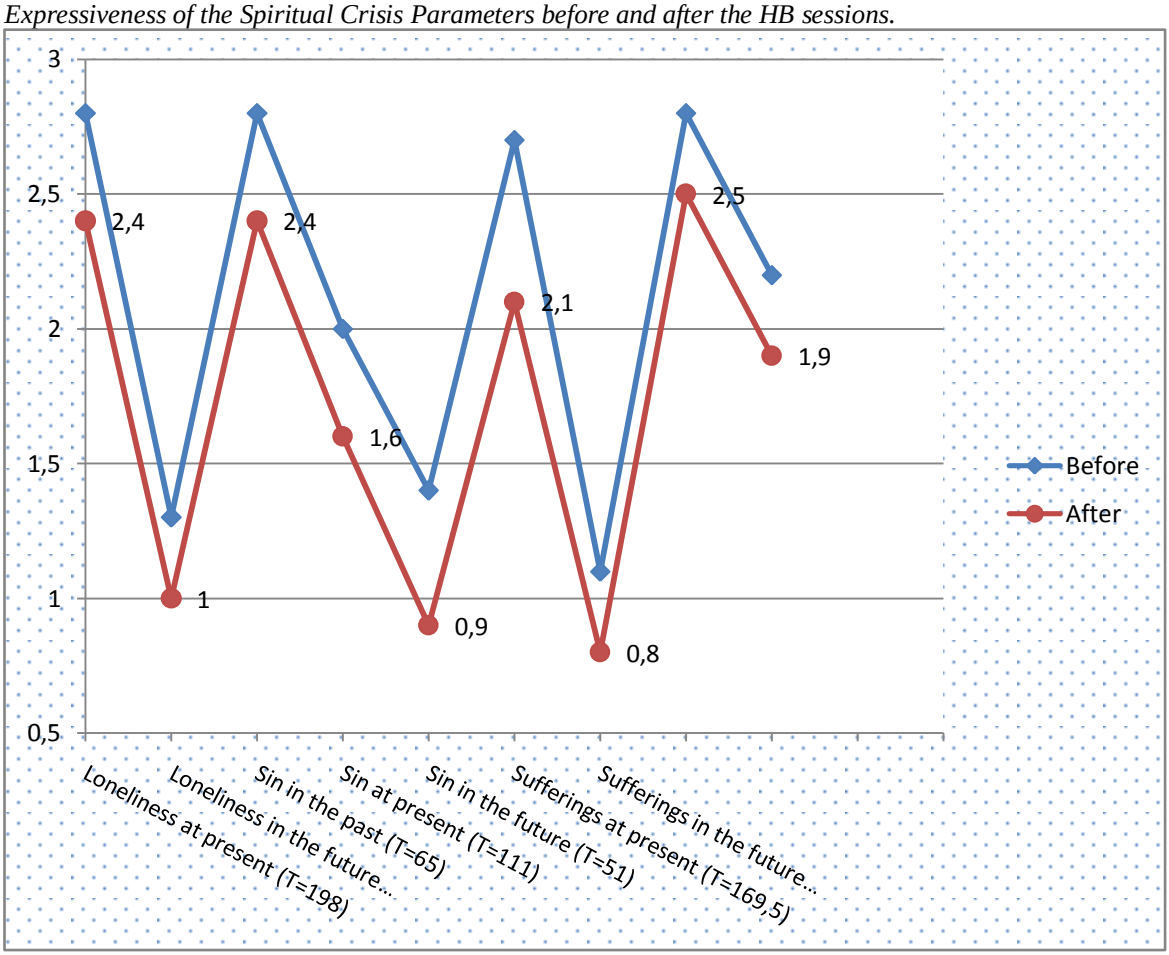
some cases participants cease to feel the victim of their circumstances, to be under negative influence of events of the remote past. Others say that they received a resource for the solution of vital problems, or manifestation creative activity. Others speak about disappearance of unpleasant somatic symptoms, about feelings of release from chronic tension.

The study of the dynamics of existential life categories made it possible to distinguish statistically significant (at $p<0,05$) and close to credible in significance (at $p \leq 0,06$) changes towards a decrease of the categories parameters of Sin (T=48; p=0,006) and Death anxiety (T=140; p=0,057) in the past, Sin (T=65; p=0,002), Loneliness (T=198; p=0,007), Sufferings (T=169,5; p=0,0007) and Death anxiety (T=129; p=0,056) at present, and Sin (T=65; p=0,046), Loneliness (T=11; p=0,060) and Sufferings in the future (T=29,5; p=0,008) (Figure2).

In general, the results illustrate a tendency towards decrease in expressiveness of existential life categories associated with negative feelings. At the same time, after participation in HB-sessions, a rise in expressiveness of positive life constructs was registered, that was manifested in acceptance of a person's own personality, other people and the world, and readiness to take on the responsibility for life, which is regarded as more meaningful and enjoyable.

Thus, the second hypothesis is adequately confirmed.

Figure 2.
Expressiveness of the Spiritual Crisis Parameters before and after the HB sessions.



"Content Experiences in the HB-sessions" Questionnaire

For the analysis of the questionnaire of the specific nature and expressiveness of feelings in the HB-sessions, we distinguished and used in further statistical calculations the types of feelings which mean point value was larger than 1.5 (with the maximum value=5).

Each type of feelings in compliance with Grof's mapping can be referred to a certain psychological level: *sensory barrier, biographical, perinatal, or transpersonal.* The most frequent feelings in the group, according to the χ2-Friedman criterion, are: sensory barrier feelings; biographical feelings connected with some important memories, emotional problems, indeterminable conflicts, repressed memories and injuries; as well as perinatal feelings conventionally connected with the BPM-I: specific for "the good womb" – experience of cosmic unity: the amniotic universe, experiencing the world, serenity, peace, oceanic ecstasy, and specific for "the bad womb" – experienced on the physical level as shaking, spasms, convulsion, unpleasant taste, feeling of intoxication.

The conducted correlation analysis (R-Spearman coefficient) enabled us to distinguish many statistically significant (at $p \leq 0,05$) correlations between the self-evaluation values of life constructs, existential life and experience categories in HB sessions.

Dominant among the self-evaluations of life constructs, *need for changes (development)* is positively interconnected with transpersonal level experiences, particularly, feeling oneself to be the observer of some culture (with possible identification of oneself with a representative or a group of people of the observed culture, the humanity as a whole) (R=0,312), with the feeling of unity with life and the whole creation (identification of oneself with the phylogenetic evolution of life in all its complexity, with achieving an intuitive understanding of all biological laws being fundamental for it) (R=0,21), with the experience of meeting superhuman and spiritual matters (R=0,35), with the feeling of primary interstice, complete nothing and silence (R=0,304). At the level of the tendency, we can point the correlation of the *need for changes (development)* with merging of

consciousness with all creations, the planet, the Universe (R=0,23 p≤0,059), and the feeling of the most powerful energy flow rising through a body upwards with further activation of all chakras (R=0,24 p≤0,051). Consequently, the higher a subject's need for development and self-modification; the more intensely the mentioned types of the transpersonal level feelings are manifested.

Additionally, high values of *need for changes (development)* in the group are associated with insignificant expressiveness of the following existential life categories: Meaninglessness (at present during the first test) (R=-0,25), and Sin (in the past time during the second test) (R=-0,25). Thus, the subjects initially saw the sense in their lives, and after the HB-sessions they assessed their past with less pronounced Sin component.

The Dissatisfaction category in the past time measurement (being one of the dominant categories in the past) is positively connected with the experience of the transpersonal level, for example, with the full identification of oneself with some animal, plant, inorganic nature (R=0,26), or negatively with the feelings of the perinatal level specific for the BPM-IV –interrupted feelings of bliss, unpleasant feelings of pain in the navel, the bladder, tightness of the chest (R=-0,29). The examined category of Dissatisfaction is negatively interrelated with self-evaluation of satisfaction with family relations (before the session, R=-0, 37, and after the session, R=-0, 28), having the lowest values of all the studied life constructs self-evaluations. On the basis of these data, we come to the conclusion that the feeling of dissatisfaction of the subject is closely connected with his/her family sphere, the absence of close relations or their dissatisfying quality.

The Loneliness category has many correlative relations with other spiritual crisis parameters, measured before and after the HB-sessions. The reverse interconnection was found between the Loneliness category and Satisfaction with family relations (that was assessed prior to participation in the HB-sessions) (R = -0, 36), as well as the direct connection with Dissatisfaction with professional activity in both measurements (R = 0, 47; R = 0, 43). The higher is the evaluation that the subject gives to the expression of Loneliness, the more significant is the expressiveness in the past of Sufferings (R = 0,57), Loneliness (R = 0,82) and Meaninglessness (R = 0,36); the more he manifests at present Dissatisfaction(R = 0,27), Freedom(R = 0,24) and Responsibility (R = 0,26), and in the future –the category of Sin (R = 0,28). However, after participation in the HB-sessions, the subject is expected to manifest less Dissatisfaction in the future (R = -0, 28).

This category of Loneliness (evaluated after taking part in the HB-sessions) has positive relationships with the experiences, conventionally referred to BPM-III: experience of dangerous adventures, participation in dangerous hunting, battles, new land's settlement (R = 0, 24); Walpurgis Night experiences, satanic orgies, or Black Mass rituals and temptations (R = 0, 27). But, there are also positive connections with transpersonal level experiences that include complete identification of oneself with some group, united by a certain feature - race, religion, profession, nationality, fate, or with the whole of humanity (R = 0,24); narrowing of consciousness down to an organ, a cell or a tissue (R = 0,33). Thus, it can be expected that subjects with high expressiveness of the category of Loneliness may face actualization of this type of experiences in the HB-sessions.

The category of Suffering, that was evaluated as highly significant during the first test, turned out to be negatively associated with Satisfaction in the family (R = -0,35) and professional spheres (R = 0,24), and positively connected with Dissatisfaction with life in general (R = 47), Loneliness (R = 0.56), Sin (R = 0,34) and Meaninglessness (R = 0,53) in the past (valued before participation in the HB-sessions).Also, the initial expression of Suffering turned out to be associated with the values obtained before and after participation in the HB-sessions: Loneliness (R = 0,56, R = 0,34) and Sin (R = 0,34, R = 0,25) in the past and at present, and Sin in the future (R = 0,28); with the low probability of manifesting "the good womb" perinatal experiences of the BPM-I –the cosmic unity, the amniotic universe, feelings of peace, serenity, tranquility, oceanic ecstasy (R = -0,26); with the high probability of manifestation in the HB-sessions of biographical level experiences, and feelings of the perinatal level of the BPM-III - Walpurgis Night, satanic orgies and Black Mass rituals (R = 0,27), which to some extent explains the importance of the category of Sin for these subjects in future measurement. The obtained results may indirectly suggest that these subjects have unprocessed psychological injuries received during their life and in the perinatal period, that require attention in the first place.

The Responsibility category, which is dominant in all the time measurements in both tests, is correlated with the category of Freedom, as well as in all time measurements before and after the HB-sessions (0,26 ≤ R ≤ 0,37), and also with low value of the category of Death anxiety in the past, obtained before (R = -0,26) and after the HB-sessions (R = 0,28). The values of expressiveness of the category of Responsibility in the past and at present, obtained in the first test, are associated with low expressiveness of the Meaninglessness category in the past (R ≤ -0, 26) and present (R ≤ -0, 24) time measurements.

In general, subjects evaluating themselves as responsible people do not tend to consider their past from the position of Dissatisfaction, Fear of Death, Feeling of Sin and Meaninglessness, while they see themselves as Free and Lonely (before participation in the HB-sessions), capable of understanding the thoughts and feelings of other people and feeling satisfaction with professional activity. No statistically significant correlations of these categories with experiences in the HB-sessions are revealed.

In the present time measurement, before participation in the HB sessions, Responsibility was associated with Loneliness (R = 0,26), Freedom (R = 0,44), Ability to enjoy life (R = 0,24) and with the lack of inclination to consider life from the point of view of Meaninglessness (R = -0,24). With high significance of the category of Responsibility for the subjects at present increases the probability of appearance in their HB-sessions of the transpersonal experience that is narrowing of consciousness down to an organ, a cell or a tissue (R = -0,26), and decreases the likelihood of intense perinatal experiences, indirectly associated with the BPM-III - experiences of violence of the forces of nature, volcanic eruptions, hurricanes, earthquakes, space accidents, dangerous jungles, underwater full of predators; experiences of the situation following natural calamities, spring landscape with melting snows, idyllic pastures, trees with new leaves, peaceful atmosphere and a rainbow after the storm, a calm sea after the storm, dawn after night (R = -0,32).

The Responsibility category, evaluated after the HB sessions in the future measurement, is positively related to the openness of the subjects to the world (R = 0,3) and manifestation of the perinatal experiences in the sessions. Based on the results of the two tests, we found a correlation between the Responsibility category in the future with the category of Freedom in the future (R = 0,36), as well as with the perinatal level experiences - a convincing experience of one's own birth (R = 0,28) and the exchange of thoughts between the subject (being the fetus in the womb), and his/her mother by means of telepathic communication (R = 0,27).

The category of Freedom in the future, highly significant for the group, turned out to be associated with the insignificant expressiveness in the categories of Sin (R = -0,32) and Freedom (R = -0,29) in the past, the high expressiveness of Freedom (R = 0,37), Sufferings (R = 0.26) and Meaninglessness (R = 0,25) at present. However, future Freedom is associated with expectations of Satisfaction with professional activity (R = 0,24), high Responsibility (R = 0,35), lack of Fear of death (R = -0,26), as well as Needs for changes (development) (R = 0.26).

For the subjects who obtained high values in the category of Freedom, the biographical level experiences are actualized more frequently and/or more intensively, such as living through intense emotional events and/or watching again traumatic or most pleasant memories from one's life (R = 0,25); the perinatal level: the BPM-I ("the bad womb") - experiencing on the physical level of shaking spasms, convulsion, unpleasant taste, feeling of toxication (R = 0,33) and BPM-II – a three-dimensional vortex of a inexorably dragging whirlpool or a sensation as if devoured by a terrible monster, a dragon, a crocodile, etc.(R = 0,28); and the perinatal-transpersonal level - experience of exchange of thoughts between the subject (being the fetus in the womb) and his/her mother by means of telepathic communication (R = 0,31).

The analysis of the most frequent and intense experiences (arithmetic mean of ≥ 2) in the subjects, who highly assessed the existential categories dominating in the group (arithmetic mean $\geq$ от 4,5) before and after the HB-sessions, showed the following results: the sensory barrier experiences were common for the subjects with the expressed categories of Dissatisfaction, Loneliness, Freedom and Responsibility, in compliance with the results of the first and second tests. These experiences present a mixture of fantasy and reality and the perinatal level: "the good womb" BPM-I - experience of the cosmic unity: the amniotic universe, the world, peace, tranquility; and "the bad womb" BPM-I - experiencing on the physical level of shake, spasms, convulsion, unpleasant taste, feeling of toxication (average point value ≥ 2, with a maximum score = 5). The analysis of results obtained before the subjects' participation in the HB sessions showed that, for the subjects who highly appreciate the category of Loneliness, experiences that can be indirectly referred to all levels of the psyche (according to Grof's mapping) are actualized more frequently and/or more intensively in further sessions. These levels include: sensory barrier, biographical, perinatal (the BPM-I - "the good womb" and "the bad womb", the BPM-II and the BPM –III) and transpersonal - persuasive feeling of awareness of the totality of the existence, the feeling of being face to face with the supreme unconditional principle, representing the whole objective reality, an intuitive insight into the process of creation as a boundless and mysterious experience.

Transpersonal experiences, in the form of the feeling of primary interstice, complete nothing and silence, are also characteristic for subjects with highly expressed Responsibility. These subjects like the subjects who felt lonely in the past, more frequently and/or more intensively experience natural scenes in which beauty is combined with safety.

In subjects whose past experience is colored with Sufferings, the biographical level experiences are

manifested more frequently and/or more intensively in the form of living through intense emotional events and/or watching again traumatic or most pleasant memories from one's life; and the perinatal level experiences (the BPM-II) are presented in the form of a painful sense of loneliness, helplessness, hopelessness, inadequacy and frustration.

We distinguished between the experiences and feelings that are more frequently and/or more intensively manifested in the subjects, who highly assessed the existential life categories (or their combinations) after participation in the HB.

The following experiences are specific for the subjects with a high level of expressiveness of Loneliness, Freedom and Responsibility: the sensory barrier experiences, that of the biographical level - feelings connected with some important memories, emotional problems, indeterminable conflicts, repressed memories and injuries; living personification of fantasies and dreams, their complex combination; experiences of the perinatal level: the BPM-I specific for "the good womb" – experience of the cosmic entity: the amniotic universe, experiencing the world, serenity, peace, oceanic ecstasy, and specific for "the bad womb" in the BPM-I – experiencing on the physical level of shake, spasms, convulsion, unpleasant taste, feeling of toxication; feeling of the most powerful energy flows intensifying to the explosion-like eruption.

A high frequency and/or intensity of feelings of the most powerful energy flow rising through a body upwards with further activation of all chakras was common for all the subjects with high parameters of Loneliness and Responsibility.

Specific to the subjects with high values of Loneliness were experiences of the biographical level, the BPM-III, associated with a convincing feeling that there is no exit, vulnerability, a sense of imminent death danger, although its origin cannot be determined; painful feelings of loneliness, helplessness, hopelessness, inadequacy and frustration; as well as transpersonal experiences and a persuasive feeling of awareness of the totality of the existence, the feeling of being face to face with the supreme unconditional principle, representing the whole objective reality, an intuitive insight into the process of creation as a boundless and mysterious experience.

Specific to the subjects with high values of Responsibility were biographical experiences in the form of going through intense emotional events, perinatal experiences of the symbiotic entity with the mother's body and feeling oneself as the fetus during the intrauterine life; natural scenes in which beauty is combined with safety and abundance (the BPM-I symbolic experience); feelings of bliss interrupted with unpleasant feelings of pain in the navel shooting up the genitals, the bladder, tightness of the chest (the BPM-IV symbolic experience); as well as transpersonal experiences of losing the EGO borders and merging with another personality (accompanied with the feeling of holiness of these relations) whilst retaining the recognition of one's own identity.

Thus, the third hypothesis of the study is proved.

Conclusion and future projects

Based on these results, we can conclude the following:

- Holotropic Breathwork is chosen by people who want to develop and who appreciate responsibility and freedom and is committed to them.
- The detected declining importance of the negative aspects of life of the respondents, and the gaining of the positive ones, (by methods of mathematical statistics), confirms the observations of HB practitioners about the positive changes in the quality of life of their clients.
- Given the high severity of the adverse experiences of existential categories of life, there is a high probability of negative experiences in the HB sessions. Strong negative feelings, associating with those categories, were suppressed, unreacted. These feelings can manifest in the session. In this case, the significance of the adverse experiences of existential categories may be reduced by the end of the HB-seminar.

In the psychological literature it is noted that, as a result of spiritual development and transformation of one's personality, a person starts leading a moral life (Aguzumtsyan, Khachatryan, 2012). According to Walsh (2004), due to the moral way of life, in the depths of a person's soul the fruit (the gifts) grows ripe. These gifts include reduction of anxiety, guilt and fear, increase in confidence and courage, improvement of the ability to openness and intimacy, emotions of happiness and joy, a sense of purity, faith and integrity (Walsh, 2004). According to Grof, during HB, we observe changes that are not limited to emotional or psychosomatic states, as well as those leading to a dramatic improvement in the case of organic diseases, and a great number of informal feedback events over the years prove their long duration (Walsh, 2004, p.112). The results of the present psychological research support the fact that the HB is an effective and ecological method of client's support in the process of his/her personal development and integration of the gained spiritual experience.

We see near-term research prospect in studying of the dynamics of self-evaluations of life constructs and existential life categories, and their correlation with the dominant feelings observed during HB sessions with regard to sex of the subjects, connection with presence or lack of previous HB experience.

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[1]**Inna V. Afanasenko** is professor of Psychology at the Personality Department of the Southern Federal University (SFU) in Rostov-on-Don (Russia). She holds a degree in Psychology from the Rostov State University (now SFU) in 2000. In 2005 he obtained her PsyD degree at the RSU with her dissertation "The ratio of General and professional Self-concepts among representatives of technical professions". She is training in Holotropic Breathwork at the Grof Transpersonal Training in Russia. She conducts psychological research on personality characteristics for the participants of the sessions of Holotropic breathing as well as the dynamics of self-assessments of their life constructs, especially the content of experiences in the sessions of HB, a subjective evaluation of the effects and values of the HB method. Some results of this study were presented at conferences or published in Russian publications.
Email: afinna@mail.ru

[2]**Vladimir A. Emelianenko** is a psychiatrist Graduated from the Rostov Medical University in 1994. Since 1994 he worked as a psychiatrist in the in-patient department of the intensive care of psychosis at the Rostov Municipal Psychiatric Hospital. He is specialized in narcology and psychotherapy. Since 1998 he used Holotropic Breathwork in psychotherapy. In 2000 he organized and led the psychotherapeutic department at Rostov Municipal Psychiatric Hospital. In 2002 he organized and led the South Russian Centre of Humanistic and Transpersonal Psychotherapy. Nowadays is the director of Grof Transpersonal Training in Russia, has private practice in psychotherapy, and is supervising the rehabilitation program at the recovery centre "Sparta". He is also lecturer at the Faculty of Psychology of Southern Federal University teaching "Transpersonal psychology".
Email: mail@groftraining.com

[3]**Alexandra V. Emelyanenko, M.D.** is a clinical psychologist, co-director of the Grof Transpersonal Training in Rostov-on-Don, Russia. Web:http://holotropka.ru/node/265

Process Psychotherapy: Holotropic Breathwork and Alfred North Whitehead

Psicoterapia de Proceso: Respiración Holotrópica y Alfred North Whitehead

Lenny Gibson*
Burlington College
Vermont, USA

Abstract

Stanislav Grof's Holotropic Breathwork has some important comparisons with Alfred North Whitehead's Process Philosophy, which develops a metaphysical framework that updates important concepts of the extensive Platonic tradition in Western philosophy with modern scientific discoveries. This paper explores a number of Grof's ideas and Whitehead's concepts that significantly corroborate each other. Grof's ideas follow from his extensive clinical work, especially his well-documented psychedelic research. There was a long hiatus in such research because of government prohibition, but younger researchers have revived the work, and it proceeds apace. The *first section* of this paper describes the Holotropic Breathwork process in some detail give the reader an understanding of what it involves practically and to provide a context for matters discussed in the next two sections. The *second section* offers Whitehead's Process model as an alternative to mechanical materialism. It offers support for important topics that Grof addresses in his Holotropic theory. Three of these major topics are (1) self-identity, (2) past lives and other non-ordinary experiences, and (3) spiritual emergencies. The *third section* of this paper considers the birth process in terms of Grof's theory of perinatal matrices and Whitehead's metaphysics. That consideration opens into a discussion of (1) the conjunction of mental and physical aspects of experience in Holotropic Breathwork bodywork, (2) the trajectory of the Holotropic Breathwork therapeutic process, and (3) transformation and spirituality.

Keywords: Holotropic Breathwork, process psychotherapy, Alfred. N. Whitehead, Stanislav Grof, transpersonal psychology

Resumen

La Respiración Holotrópica (RH), desarrollada por Stanislav Grof, tiene algunos paralelismos importantes con la Filosofía del Proceso de Alfred North Whitehead, filosofía que desarrolla un marco metafísico que actualiza conceptos importantes de la extensa tradición Platónica en la filosofía occidental con algunos descubrimientos científicos modernos. Este artículo explora algunas de las ideas de Grof y conceptos de Whitehead que se corroboran significativamente entre sí. Las ideas de Grof se derivan de su extenso trabajo clínico, especialmente de su ampliamente documentada investigación psicodélica. Huboun largo paréntesis en este tipo de investigación, debido a la prohibición del gobierno, pero investigadores más jóvenes han revivido este trabajo, y se procede a buen ritmo. La *primera sección* de este trabajo describe el proceso de la RH con cierto detalle, para dar al lector una comprensión de lo que implica esta práctica y proporcionar un contexto para los temas tratados en las dos secciones siguientes. La *segunda sección* describe el modelo del Proceso de Whitehead, como alternativa al materialismo mecanicista. Ofrece apoyo a algunos temas importantes que Grof aborda en su teoría Holotrópica. Tres de estos temas principales son (1) la propia identidad, (2) las vidas pasadas y otras experiencias no ordinarias, y (3) las emergencias espirituales. La *tercera sección* de este documento considera el proceso de parto en términos de la teoría de las matrices perinatales de Grof y la metafísica de Whitehead. Esta consideración se abre a una discusión de (1) la conjunción de los aspectos físicos y mentales de la experiencia en el trabajo corporal de la RH, (2) la trayectoria del proceso terapéutico en la RH, y (3) la transformación y la espiritualidad.

Palabras clave: Holotropic Breathwork, process psychotherapy, Alfred. N. Whitehead, Stanislav Grof, psicología transpersonal

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Introduction

Stanislav Grof's Holotropic Breathwork has some important comparisons with Alfred North Whitehead's Process Philosophy, which develops a metaphysical framework that updates important concepts of the extensive Platonic tradition in Western philosophy with modern scientific discoveries. This paper explores a number of Grof's ideas and Whitehead's concepts that significantly corroborate each other.

Grof's ideas follow from his extensive clinical work, especially his well-documented psychedelic research (Grof, 2001). There was a long hiatus in such research because of government prohibition, but younger researchers have revived the work, and it proceeds apace (Roberts, 2013; Sessa, 2012). Holotropic Breathwork, like most psychotherapeutic methods, is difficult to asses, except clinically, but empirical studies have taken place (Eyerman, 1997). Whitehead, one of the premier mathematicians and logicians of the 20th century, like Einstein and others, conducted no empirical research, but developed theoretical frameworks to explain the results of experiments by others and suggest certain experiments for others to undertake.

Holotropic Breathwork (HB) is a singular example of process psychotherapy, although other therapies in the tradition of depth psychology exemplify elements of process thought. For example, significant materials in the annals of the Center for Process Studies, based in Claremont, California, treat depth psychology from a process point of view. Grof's work, however, remains the outstanding locus of process psychotherapy because of (1) how well its practice exemplifies major concepts of Alfred North Whitehead's metaphysics and (2) the commonalities in the development of Grof's and Whitehead's work.

Both Grof and Whitehead have major connections to William James (1916). Both share his concept of experience as the fundamental reality in the nature of the universe. Both share his pluralism. They share his humanistic characterization of psychology as an endeavor of achievement, aimed toward peak experience, rather than toward an analysis of dysfunction. Peak experience is the ultimate goal for both of them, which Grof calls spiritual intelligence and Whitehead calls Peace.

Whitehead and Grof both profoundly critique the Cartesian-Newtonian paradigm and its attendant materialism. Whitehead calls fundamental error of the paradigm "the fallacy of misplaced concreteness," and places in contrast to it what Grof calls the Holotropic perspective, the circumstance that the entirety of the universe is reflected in each of its parts. In this respect their cosmologies are identical.

Practically speaking, of course, Grof's emphasis is psychological while Whitehead's is philosophical. In the end result, however, this means that as complementary their systems extend each other and ultimately furnish an understanding of the universe that covers the spectrum from particular human experience to cosmology.

The *first section* of this paper describes the HB process in some detail to give the reader an understanding of what it involves practically and to provide a context for matters discussed in the next two sections.

The *second section* sets out some basic aspects of Whitehead's metaphysics. It begins by criticizing the materialist model of reality, whose problems became pointed for Grof in the course of his clinical encounters with patients' non-ordinary experiences (Grof, 1985). Whitehead's model is offered as an alternative to mechanical materialism with its picture of inert elementary particles as the basic realities of the universe.

Instead of inert elementary particles, Whitehead stipulates events, conceived as "drops of experience," as the basic realities. Events, unlike inert particles that are only externally related, actively reach out to past events and bring aspects of the past events' reality into themselves. Whitehead calls instances of reaching out by an event "prehensions" (from apprehend).Whitehead's events are also self-creating. The fundamental difference between Whitehead's events and the elementary particles of materialism is this process of self-creation that reaches out to past events and selects aspects of them to be ingredients in the event's self-creative process.

Whitehead's terminology of events, occasions, and prehensions speaks to the activity inherent in becoming, rather than the inert being of atoms in mechanistic science. Because the terminology is diverse from the materialistic categories that Cartesian-Newtonian mechanism has insinuated into our cultural perspective, it requires some study to master. A glossary by John Cobb, Jr., is a helpful reference for Whitehead's terminology (Cobb, 2008). Cobb has also used Whitehead's metaphysical perspective for developing "Process Theology," which brings avails some ideas as radical for religious thinking as Grof's are for psychology.

Topics that Grof addresses in his Holotropic theory can be illuminated by Whitehead's alternative to the Cartesian-Newtonian paradigm. Three of these major topics are (1) self-identity, (2) past lives and other non-ordinary experiences, and (3) spiritual emergencies. The alternative to Cartesian-Newtonian thinking offers a means to understand as realities phenomena that mainstream science dismisses as aberrations, such as mystical experiences, experiences of quasi-identification with animals and people who lived previously, and certain spiritual experiences that mainstream psychology dismisses as psychotic.

In the *third section* of this paper Grof's theory of perinatal matrices and Whitehead's metaphysics are considered together. That consideration supports a discussion of (1) the conjunction of mental and physical aspects of experience in HB bodywork, (2) the trajectory of the HB therapeutic process, and (3) transformation and spirituality.

Whitehead stipulates that events have both a mental and a physical pole. That conception eliminates the mind/body dichotomy that dogs cognitive science, and it provides a framework to understand the conjunction of bodily and psychic experience that often presents in the phenomena that manifest in the 'bodywork' phase of HB.

Whitehead holds that purpose, in Aristotle's sense of final cause, is fundamental to the trajectory in the process of becoming of events, which comprises the basic reality of the world. Holotropic theory sees purposive trajectory across human experience from the birth process to the process of effective therapy to the process of spiritual transformation. These two understandings complement and support each other, culminating in the purification of emotions that Grof calls healing transformation, and Whitehead calls *Peace*.

Part I—Introduction to Holotropic Breathwork

Grof developed HB as an alternative to psychedelic therapy, which he had practiced extensively first at the Psychiatric Research Institute in Prague, Czechoslovakia, and later at the Maryland Psychiatric Research Center. In Prague Grof worked with normal experimental populations and mentally ill populations; in Maryland he worked with terminally ill cancer patients, alcoholics, drug addicts, neurotics and normal populations (Grof & Halifax, 1977). Subsequently, as Scholar-in-Residence at Esalen Institute in California, Grof turned to writing that has yielded extensive publication. Later at Esalen, Grof returned to therapeutic practice, deploying his research with the help of his wife Christina to design HB. HB avails numerous aspects of techniques they had observed at Esalen, which had become a proving ground of the human potential movement.

HB has five aspects: group process, intensified breathing, evocative music, focused bodywork, and expressive drawing. A group process of support and sharing provides the basic context of the work. A workshop begins with an informal lecture that sets forth some of the theoretical background and the practical aspects of HB. The process opens into an opportunity for the participants to speak to personal concerns, which fosters group rapport.

After participants have achieved some familiarity with each other, they are paired for "breathing" sessions. In the first session one person "breathes," and the other "sits." (In a second session the roles reverse). The "breather" lies on a mat under the attention of the "sitter." The session begins with a brief relaxation exercise, after which the breathers are instructed to intensify their breathing, making it gradually deeper and faster until they are moving as large a volume of air they possibly can. Recorded music plays and continues for the entire session. The music is non-specific, but evocative. It follows a trajectory that begins with activating music that especially emphasizes percussive rhythm. The trajectory moves through successive phases such as a movie sound track might, supporting the session but not leading it. The breathers keep their eyes closed or covered during the session.

By twenty to forty minutes into the session most breathers begin to experience non-specific magnification of their psychic processes. Breathers' experiences are varied and idiosyncratic. They may range from simply an intensified aesthetic sense to floods of imagery to visions. According to Grof, experiences may include enhanced ideation, vivid recall of events from personal history, mystical transport, descent into underworlds, boredom, or trapped 'no exit' feelings (Grof, 1988). Breathers may experience bodily feelings of unknown provenance, ranging from indistinct to vivid. The workshop facilitators (leaders) may offer the breathers opportunities to express their bodily feelings in harmless physical ways, such as pushing against resistance that the facilitators provide. Facilitators may also offer supportive physical contact as appropriate. After two to three hours of non-ordinary experience the breathers gradually return to more ordinary experience. Often facilitators' work with a breather's body assists the return.

During the breathing session the other of each pair "sits" for the one who breathes. Sitters are charged primarily with focusing whole attention on their breather. Sitters also serve mundane needs such as providing the breather with drinking water and tissue, or guiding the breather toward a restroom. All of this is done non-verbally. Sitters may help with bodywork.

Breathers conclude their sessions at varying times, according to their own inclination. A facilitator inquires to ascertain that issues and bodily concerns that arose during the session are reasonably resolved. The sitter then ushers the breather to a secluded area furnished with art paper and pencils, markers, chalk, paints, etc., and provided with drinks and snacks. The breather draws and/or writes according to whatever motivation obtains.

The entire session transpires with a bare minimum of talk, although breathers' vocalizations, even screams and shouts are expressly allowed. External

sensation is also minimized by darkening the room, in addition to the breathers' keeping their eyes closed or covered with eyeshades. The drawing is done in a lighted area, but even there talking is discouraged.

After all the breathers have concluded their session, and perhaps after a meal, the group convenes for a "sharing" session. The breathers are encouraged to share thoughts and descriptions about their experiences and their drawings. Sitters also are encouraged to share their own thoughts and observations. The facilitators may offer some observations on what participants share or on some features of the breathing session, but they refrain from interpretive comments on the sessions or drawings. The participants are urged to put their drawings up at home, so they can reflect on them and on their experience in the Breathwork session.

Part II—Holotropic Theory: Self and Non-ordinary Experience

The mainstream science picture of reality as material bodies moving through time and space is only a mental abstraction from actual experience. This section of this paper presents an alternative scientific portrait of reality as processes of experiential events, necklaces stringing themselves from moments of experience. Whitehead calls these moments "actual occasions" or "events" (Whitehead, 1925, p. 93). He compares them to what William James calls "drops of perception"(James, 1916, p. 155). As fundamentally different from the atoms of materialistic science, these occasions are self-creative, not inert particles. Unlike material particles that interact only externally, a Whiteheadian occasion reaches out to past occasions and selects aspects of them that become ingredients in the becoming of the occasion. The selection that is ingredient may include a vivid recollection from a previous real life which, on the level of human psychological experience, is then felt as a past life experience.

The following discussion must necessarily omit major considerations of Whitehead's philosophy of organism, and it must also stop short of developing detailed accounts of how Whitehead accommodates Holotropic phenomena, which would require far more space than is available in this paper. The reader is directed to study of Whitehead's work in the volumes listed in the reference section at the end of this paper in order to develop the familiarity with Whitehead's philosophy necessary for engaging fully detailed accounts.

Reports of past life experiences, mystical experiences, and other Holotropic phenomena such as ESP and telepathy are dismissed by mainstream science because they do not fit its specification of data, which presumes that material entities are the fundamental real things. Mainstream science's concept of fundamental entities has changed since nineteenth century physics from arguably material things, like atoms, to abstract mathematical things, like wave functions or multidimensional strings, but the materialist prejudice persists. It clings to the philosopher David Hume's pronouncement that only quantitative or experimental data has scientific value (Hume, 1748).Ironically, Hume began his acclaimed work, *An Inquiry Concerning Human Understanding*, by saying that knowledge comes from experiences having "force and vivacity"(Hume, 1748, Section II). As his work progressed, however, Hume beguiled himself with the *hylotropic* spell of materialist science and proclaimed quantity and number to reign supreme.

The Materialist Model

The materialist model of reality derives from visual sensory experience, which seems to show separate objects ranged against a continuous background. As modern science developed, the objects were deconstructed first into atoms, then nuclear particles, and finally mathematical abstractions. These mathematical abstractions bear little resemblance to the things of our ordinary experience. Even so, mainstream science has given these little bits of abstraction a peculiarly superior reality and regards them as determining what human experience is considered "real." The brain and its physiological processes have come to be regarded as more real than mind.

Many philosophical problems attend the mainstream science model of reality, but they all have been swept aside by a flood of material technological prosperity. Also swept aside are the spiritual problems spawned by industrial culture. Nor does this model of reality offer any understanding of past life experience or holotropic phenomena generally. It dismisses any idea that our personal past can extend before the time we were born, because in this scenario we only exist while we are material objects in time and space. It maintains that all communication requires a material medium, so that even our personal past in this lifetime is real only as a kind of recording on the physical medium of our brains.

Whitehead's Alternative Model: Events

Though dominant, the materialist model is not the only one available for science. An alternative metaphysical model focuses on events, rather than material objects, as the fundamental realities. Like the materialist model, it originates in ancient Greek philosophy.

But instead of little atoms of material, it characterizes the process of becoming and perishing, which lies at the heart of individual experiential events, as the fundamental reality. Leibniz, who invented calculus independently and at the same time as Newton, spoke to aspects of it. In the twentieth century, Alfred North Whitehead's cosmology presents it comprehensively (Whitehead, 1929).

Abner Shimony is a physicist especially known for his investigation of *entanglement*, the critical phenomenon in quantum physics whereby 'particles' separated by distances that, according to relativity theory, are too great for communication nonetheless communicate. Shimony applauds Whitehead for offering a model that derives the notion of energy in physics from the complex emotional and purposeful energy of living creatures, instead of the materialist explanation that complex human energy can be reduced to the simple kind of energy that powers machines. Whitehead's model, Shimony says, offers "the possibility of integrating the mind into a scientific picture of the world" and makes "the unification of physics and psychology somewhat less remote" than does the materialistic model (Shimony, 1993, pp. 320-1).

Mae-Wan Ho further develops the phenomenon of entanglement to make a comprehensive statement about the integration of physics into biology as a means to understand the unification of the two disciplines with the psyche, conceived in terms of reality manifest as:

> (…) a truly participatory, creative universe. Just as the organism is ever-present to itself during its entire life history, and all other individualities are ever-present to it, the universe is ever-present to itself in the universal duration where creation never ceases by the convocation of individual acts, now surfacing from the energy substrate, now condensing to new patterns, now submerging to re-emerge in another guise.
>
> Reality is thus a shimmering presence of infinite planes, a luminous labyrinth of the active now connecting 'past' and 'future,' 'real' and 'ideal,' where potential unfolds into actual and actual enfolds to further potential through the free action and intention of the organism. It is a sea awash with significations, dreams and desires. This reality we carry with us, an ever-present straining towards the future. The act is the cause; it is none other than the creation of meaning, the realization of the ideal and the consummation of desire. (Ho, 2008, pp. 334-5).

A Motion Picture Analogy

The analogy of a moving picture will illustrate Whitehead's concept of events. Consider that events are like frames in a film. In a film the illusion of movement arises from a succession of "still" frames. To deploy the model a little further, reorient from the film in the projector to the flashes on the screen. Each flash is an independent burst of light, but threads of continuity run through the flashes of frames. Those threads of continuity depend materially on the film, but the film's continuity and coherence ultimately depend on the director's creativity.

A singular difference between the film and the director is that the film is organized by the director, but the director is self-organizing. Self-organization is one of the most important scientific understandings to emerge in the latter twentieth century. Ilya Prigogine (Prigogine & Stengers, 1984) won a Nobel Prize in 1977 for work in thermodynamics that led Erich Jantsch to call him "catalyst of the self-organization paradigm"(Jantsch, 1980, p. v).

Deploying the model further, consider the director as a series of flashes. Next, think of the thread of continuity that runs through the series of flashes that comprise the psycho-mental aspect of the director as the *self* of the director. Then, take the analogy one step further and consider yourself as a self-organizing series of occasions exhibiting the thread of continuity that lies at the core of your feeling of *self*. Finally, consider yourself as a self-produced movie, playing along and interweaving with myriad other self-produced movies, all together comprising the entire happening of the universe. Contrast this with the materialist science model of the universe as an enormous molded salad made from fruit pieces that are so dried out they are only mathematical descriptions of themselves and which slither about in a spatial-temporal gelatin that is purely conceptual. The little particles of materialist reality are opaque. They interact only by sliding against each other. Whiteheadian events are transparent. Looking into any one of them reveals all the other events that have ever taken place in the history of the universe.

Some Aspects of an Event

For Whitehead, an event begins as a desire to become that is a *creatio ex nihilo*—creation from nothing. Classical Christian theology endorses *creatio ex nihilo*, but sees it as a Divine capacity only. Whitehead's use of the concept favors Buddhism, in that self-creation is suggested as the defining capacity of every event. A classic Zen Buddhist question addresses the

metaphysical point by asking, "Who were you before you were born?" The only feasible response is that one becomes by virtue of one's own thirst (Suzuki, 1962, p. 94 ff) to be, not as a consequence of something other than oneself. And then Zen undertakes to appreciate that the self is nothing.

By establishing self-organizational desire to become as the fundamental actuality of an event, Whitehead's metaphysic supports the preeminent role of the self in HB. Neither expert therapist nor psychological theory can discover the crux of a person's difficulties as surely as the person experiencing them. A good therapist can support and facilitate healing, but the capacity for self-healing is ultimately the capacity for self-creation.

An event begins as a desire to become, but becoming can only be realized by becoming *something*. There are many aspects of the process of becoming, but central to the process are the objects Plato called "ideas."Ideas range from the simple things thought of as sense perceptions (such as 'red') to very complex things like justice. They are the things desire reaches for to make itself with. Desire's reaching is a sort of feeling. Whitehead calls the reaching out a 'prehension.' The desire to become reaches out to all ideas in all the ways and in every combination of ways that they have ever happened in the history of the universe. Simultaneously, the desire reaches out to all the ideas that might ever happen in all the ways that they might happen. (This capacity to prehend possibilities is the source of genuine novelty. Without it future events could do nothing more than reshuffle the past).

While doing all this in an interval too small to have yet become time, the desire to be arranges this myriad of ideas in a way that pleases it most, by bringing some closer in feeling, some further, or even ruling some out. (This may seem like a lot to do in an interval shorter even than fleeting, since even the capacity of computers for executing billions upon billions of actions per second is a very small fraction of what we're expecting of an event. The discoveries of quantum physics, however, assure us that activity on this scale happens all the time, so any fuss over it can be saved for metaphysical nit-picking). When the arrangement is finally satisfying, the desire to be instantly becomes that satisfaction, making it a felt reality, instead of just a collection of ideas. Having done this, the desire to become immediately perishes, but in perishing the something desire made itself into persists as a reality that offers itself to all subsequent events. It becomes, as Whitehead says, "objectively immortal."

The concept of objective immortality provides a metaphysical support for a scientific perspective that can comprehend the vivid reality of past life experiences, according to the following explanation: A life is a series of events, where each successive event brings into its own identity the previous, objectively immortal, events in the series in a way that reinforces a defining thread of personal identity for the series. I live in the one event that is the present moment in the series of myself. All the previous moments of myself, like earlier frames in a movie, have become and perished into objective immortality, but my sense of personal self depends on 'prehending' those moments preferentially over all the other moments that have happened in the universe. Otherwise, I wouldn't know who I was when I woke in the morning. This strength of this preferential prehension is what gives vivacity to my sense of being a person.

Self-identity and Inheritance

Just as I prehend the series of event-moments that make up my own past, I can prehend series of past event-moments of other lives, because all the events in the history are available to the prehension of a present event. As events that have become objectively immortal, the event-moments of any previous life in the universe are as real as my own. Thus, they can be felt with a degree of force and vivacity approximating the way I feel myself. A question of psychological interest is why I should feel a particular past life with a force comparing to the way I feel my own. That, however, is not a question to be answered theoretically. It is a question to be answered by personal exploration, which is one of the things HB is all about. My involvement with a past life could be compared to my immersion in an old movie. The old movie is not me now, but my emotional involvement brings it into my life, and all its drama, suspense, or travail becomes mine to work through: it lives in me. Why am I involved with a particular past life? Why do I choose to watch a particular old movie, especially one that I have watched before?

Whitehead uses the term "inheritance" to describe the particular selection an event makes from past events. It is critical to personal coherence that the series of events comprising a particular person exhibits a focused chain of inheritance. Psychologically, self-identity depends on this focus. Self-identity can be flexible enough to support feelings of deep involvement with other person's lives, even to the extent that other person's lives can become as important to us as our own, even to the point that we may be willing to sacrifice ourselves for others. Those other lives may be the lives of persons in the present or lives in the past that embody important ideals.

If self-identity loosens too much, however, a pathology of codependence may arise, or multiple personality, or even psychosis. Sanity and psychopathology might be understood in terms of this model by anal-

ogy to the difference between a well-crafted movie and one that is a haphazard assemblage of frames.

Whitehead's model provides credibility for Grof's concept of spiritual emergency (Grof & Grof, 1989) by affirming the reality of things prehended. A perception, for example, of a demon that is labeled clinically as a hallucination is not an illusion. It is a reality a person simply cannot integrate appropriately into present experience, but it is felt as a reality because it is a reality. The clinician who dismisses the reality is pulling the rug out from under someone who is already off balance. Helpful and effective therapeutic approaches accept and facilitate exploration of reality as it is perceived.

Whitehead's insistence that all a person's experiences are real in a fundamentally important way, regardless of whether the person can understand and explain them conventionally, affords the means to put the great varieties of non-ordinary experiences on firm epistemological footing. Whitehead's metaphysic provides a basis for validating the felt reality of past life experiences, as well as felt realities such as experiences of animal life, or of any series of events that strings a thread of identity in the universe, short or long, vermin or vertebrate, plant or planetary.

Part III—Holotropic Breathwork and the Birth Process

Stanislav Grof's major contribution to the development of depth psychology is his theory of Basic Perinatal Matrices (BPM) (Grof, 1985, pp. 102 ff.) HB as a therapeutic process reflects Grof's theory in a number of important ways that yield additional useful comparisons with Whitehead's thinking.

Grof's BPM theory characterizes four phases of the normal physiological birth process. The first phase is the period of a baby's *in utero* existence from late gestation to the beginning of labor. This phase is by far the longest temporally. The second phase is the period from the beginning of labor (contractions) until the cervix opens sufficiently to permit the baby's passage. The third phase is the baby's passage through the birth canal. The final BPM phase is the baby's emergence.

Grof associates a matrix of possibilities with each phase. Each matrix includes a range of phenomena, including the potential mechanical and medical exigencies of the phase, varieties of both normal and abnormal emotional experience, and archetypal themes. Interactions between the possibilities potentially influence (as ingredients in Whitehead's terminology), but do not determine, developments later in life.

Space permits only one example here, in this case regarding the second phase, BPM II. This phase finds the baby in a very tight situation: the musculature of the uterus is contracting, pressing in, and the way out is not passable, because the cervix is not yet open. The relative normality or abnormality of this experience depends partly on its duration, but a variety of non-normal medical and physiological factors also come into play. Emotionally the baby might experience feelings of being trapped or stuck. Classic literary examples of relevant archetypes include Sartre's *No Exit* (Sartre, 1958) or Poe's *The Pit and the Pendulum* (Poe, 2012). Grof suggests that trauma concerning BPM feelings of no exit may subsequently play a role in respect to what is clinically described as endogenous depression (Grof 1985, p. 103).

Three considerations about the therapeutic process of Breathwork in comparison to Whitehead's thought bear discussion here:

(1) The conjunction of mental and physical aspects in HB bodywork.
(2) The trajectory of the HB therapeutic process.
(3) Transformation and spirituality.

Bodywork

Whitehead's conception of mental and physical as polarities avoids dilemmas that arise from failing to see that that mind and body are abstractions, rather than concrete actualities. Whitehead calls this failure *the fallacy of misplaced concreteness* (Whitehead, 1925, p. 51). Grof recognizes a variety of this fallacy in psychotherapy that operates exclusively in the realm of verbal abstractions and believes that only the mind of the patient is the concern of therapy. In some psychotherapeutic situations the therapist is even explicitly forbidden to touch the body of the client under penalties of ethical transgression.

In a HB session a person may sometimes feel stuck emotionally. Inquiry will often reveal that these feelings are accompanied by bodily discomfort. Finding this, a facilitator will hold against that place in the body or buttress it. The facilitator will then ask the person to take a few concerted breaths and then push as long and forcefully as possible against the facilitator's resistance. According to Grof, the results of this simple procedure can be remarkable, as can supportive bodywork (Grof & Grof, 2010, pp. 37-45). A breather, upon exhausting the stamina of pushing and letting go mechanically, may experience a profound sense of emotional release and be flooded with memories of past trauma.

HB understands the witness of the body in emotion and trauma to be as important as the witness of the body in perception that Whitehead recognizes (Whitehead, 1927, pp. 50-1). Therapeutically HB can break open a conventional course of psychotherapy that is stuck, providing a bounty of new material and ideas and insights to work with. Bodywork complements other aspects of HB (such as music and inner focus) that enhance perception deeper than normal sensory perception, which is vitally important to the working of sacred rituals like the Sun Dance of the American Plains Indians.

Trajectory

The significance of trajectory in HB compares to Whitehead's emphasis of process. An entire HB workshop has a trajectory. A Breathwork session within a workshop has a trajectory. Even a bodywork instance within a session has a trajectory. In each case these trajectories reflect the birth process, which seems to exemplify the *process of becoming* that Whitehead describes (Whitehead, 1929, p. 35). The process of becoming, in its most basic description, begins with a compass of all that has come before and all that might be, succeeds to forge a unique individual, and then perishes into an immortal possibility for all that can henceforth become. The trajectory of a workshop constantly appeals to perception of a less distinct character than ordinary sensation.

A workshop's trajectory begins with the participants to some extent unconsciously becoming a group. The process elicits the perceptual mode underlying social behaviors, which engenders feelings of comfort and community. Communal coherence helps participants feel support that assures them of safety, so they can let themselves go as deeply into their inner reaches as they will.

In the Breathwork session itself the music describes a trajectory that supports inner journeying. Played at quite high volume, the music also provides a sonic density that envelops random noises and spontaneous vocalizations participants sometimes make. It works to minimize distraction due to these sounds. The music is chosen to be evocative, but not evocative of any particular feeling. The music also is only instrumental or without recognizable words.

The music begins with activating pieces that heighten and intensify experience through drumming, pronounced rhythm, and the like. After the first phase of music has energized the session, the music takes a turn further out, to some strangeness, the slightly unusual, etc. Following this phase the music becomes energetic, emotionally open, and invigorating. Finally the opening continues and broadens to beauty, relaxation, and resolution.

The trajectory of the music reflects aspects of the birth process: Developing intensity, a time of tensioning uncertainty, then opening and resolution. Individual episodes of bodywork also exhibit this trajectory: Building, pushing, then letting go and relaxing. The trajectory mimics the peristaltic contractions of labor and also the movement of the overall birth process from quickening to tightening, squirming and pushing, and then finally opening.

With respect to the Breathwork session's process music functions in two ways: (i) as a vehicle of beauty, seeking to promote "the internal conformation of the various items of experience with each other, for the maximum production of effectiveness," (Whitehead, 1933, p. 341) and (ii) as a means of emphasizing perception deeper than ordinary, which plays an important role in procuring the internal conformation Whitehead speaks to.

The process of becoming of the actual occasion from an external point of view is temporally finite and objective, but internally it is timeless. We can describe the trajectory of process objectively as we have done here, but it is interesting that one of the common reports people make when they are approached at the end of a Breathwork session that may have lasted three or four hours is that they thought perhaps an hour at most had elapsed.

Transformation and spirituality

To describe the process of an actual occasion as only a process of becoming is elliptical. Fully spoken to, the process is a combination of becoming and perishing. On the scale of human life the process is birth and death. But within the macro process of human life the micro process of human birth is an analogous process of becoming and perishing. To be born into the common human world is simultaneously to die to the womb. One of the fundamental spiritual events is rebirth—to be born again: The old self perishes and the new self is reborn. The idea that rebirth echoes birth provides one of the basic underpinnings of Grof's perinatal (BPM) model, namely that a person later in life can again have an experience comparable in force to the original impact of birth.

HB aims at self-transformation through self-discovery. The most important aspect of self-discovery is uncovering the experiences or traumas in one's history that constrain one's life. Post-traumatic stress syndrome (PTSD) is a classic instance. Self-discovery can be aided by intellect, but the crux of self-discovery is re-experiencing the emotional nature of past experiences.

HB theory does not propound any dogma about particular places one must traverse on the path of self-discovery. The theory maintains that the singular expertise regarding the traumas that constrain a person is the person's own expertise (Grof, 2000, p. 182). Analogously, an *actual occasion* could be said to be the unique expert in its own becoming.

HB theory suggests that a person's present behavior and feelings could not be affected by past trauma unless the person was in touch with that trauma in some causally important way. The person's contact with past trauma may be called unconscious, but that term must not be taken to imply that the trauma is not really availed in each repetition of the person's process of becoming.

Whitehead stipulates that each actual occasion is not passive in its process of becoming, but it actively derives itself from its history:

> The individual, real facts of the past lie at the base of our immediate experience in the present. They are the reality from which the occasion springs, the reality from which it derives its source of emotion, from which it inherits its purposes, to which it directs its passions. (Whitehead, 1933, p. 361).

The basic therapeutic strategy of HB is simply to facilitate a person's turning inward. Turning inward, one can experientially uncover one's entire history, and even the entire experiential history of the universe. From the ordinary point of view this is an extraordinary claim, but it parallels the claim Whitehead makes for the process of every actual occasion.

HB is said to facilitate revisiting trauma, among other aspects of one's history, but there is an important difference between suffering the original trauma and revisiting it in the context of HB. In the original traumatic situation the person experienced real danger. In the therapeutic setting of HB revisiting trauma takes place in context of profound emotional and physical safety (Grof & Grof, 2010, p. 47 ff.): This is the essence of catharsis and the fundamental tool of transformation.

The transformation HB aims to facilitate ultimately leads to the kind of experience Whitehead calls *Peace*,

> (…) a positive feeling which crowns the 'life and motion' of the soul. It is hard to define and difficult to speak of. It is not a hope for the future nor is it an interest in present details. It is a broadening of feeling due to the emergence of some deep metaphysical insight, unverbalized and yet momentous in its coordination of values. Its first effect is the removal of the stress of acquisitive feeling arising from the soul's preoccupation with itself. Thus Peace carries with it a surpassing of personality…Its emotional effect is the subsidence of turbulence which inhibits. More accurately, it preserves the springs of energy, and at the same time masters them for the avoidance of paralyzing distractions. (Whitehead, 1933, p. 367).

Conclusion

Stanislav Grof and Alfred North Whitehead share a legacy in the work of William James (1916). While Grof is considered a founder of Transpersonal Psychology, its roots extend back through Abraham Maslow's Humanistic Psychology (Maslow, 1968) to James's work (Hartelius, Rothe, & Roy, 2013, pp. 7-8). James was the first psychologist to investigate the effect of a psychedelic substance (nitrous oxide gas) and its facilitation of mystical experience. He also established the psychological importance of group process, specifically the support group. It was Maslow who nominated Grof's coinage of "Transpersonal Psychology" to designate the fourth force in psychology. Depth psychology was first and behaviorism second. The third force brought human values to the development of psychology, thus the term "humanistic." The fourth force brought spiritual values and yielded Transpersonal Psychology.

The thread from James and his successors to Maslow and Grof is the idea of psychology as a means to self-understanding for achievement and excellence, not just a means of addressing deficiency or dysfunction. Ultimately the thread of self-understanding and excellence traces back through Aristotle and Plato to Socrates's concern for *arête* (excellence).

Whitehead's notable inheritance from James is the stipulation that our experience grows "by buds or drops of perception" (Whitehead, 1929, p. 105). Whitehead drew on this idea from James to characterize the events that are the fundamental actualities in his metaphysical scheme. James's focus on self-development echoes in Whitehead's designation of self-creation as the crux of the process of becoming.

Research on the effectiveness of psychotherapy is notoriously difficult, because of the myriad of factors involved. No research has ever shown that any particular theoretical type of psychotherapy is more effective generally than any other. What is most important is the quality of the patient-therapist relationship, a conclusion replicated repeatedly since the classic study of Garfield & Bergin (Garfield & Bergin, 1978, p. 15). Significant regard for the patient, client, or participant

seems very important in this respect. Grof's work emphasizes this.

Whitehead's importance for characterizing a process psychotherapy is twofold. First, he incorporates the discoveries of modern science into a metaphysic that comprehends the entire development of Western philosophy and correspondences with Eastern philosophy. Second, he brings physics, and by implication its sister sciences, under the rubric of a generalized psychology (Shimony, 1993, p. 320).

Empirical research remains mainly only a prospect for Holotropic Breathwork. Empirical psychedelic research that can continue Grof's original work now proceeds with some momentum. In the meantime, the classical value of theoretical research is an important contribution to understanding. This paper's comparison of Grof's theories with Whitehead's process philosophy has attempted to make some small contribution to the endeavor of theoretical corroboration.

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*__Roland (Lenny) Gibson, Ph.D.__, graduated from Williams College, earned doctorates from Claremont Graduate School in philosophy and The University of Texas at Austin in psychology. Lenny has over thirty-five years of experience exploring and working with non-ordinary states of consciousness. He has taught at The University of Tulsa, Oklahoma, and Lesley College in Cambridge, Massachusetts. He served his clinical psychology internship at the Veterans Administration Hospital, Boston Massachusetts. Lenny teaches transpersonal psychology at Burlington College. He is a cancer survivor.
Web: http://www.lennygibson.com/
Email: gib@vermontel.net

Effects of Holotropic Breathwork in Personal Orientation, Levels of Distress, Meaning of Life and Death Anxiety in the Context of a Weeklong Workshop: A Pilot Study

Efectos de la Respiración Holotrópica en la Orientación Personal, Nivel de Malestar, Sentido en la Vida y Ansiedad Ante la Muerte en el Contexto de un Taller Residencial Semanal: un Estudio Piloto

Iker Puente*
Universidad Autónoma de Barcelona
Barcelona, Spain

Abstract

The purpose of the present study was to explore the effects of Holotropic Breathwork (HB), on levels of distress, meaning of life, death anxiety and personal orientation in a young adult sample in the context of a weeklong workshop, and also the subjective effects and persistent effects of HB. A single group, Pre-Post test design, with three follow-ups (1, 6 months and 12 months after the workshop) was used. A total of 29 subjects, aged 18-35 years, participated in the study. The tests used were the *Brief Symptom Inventory* (BSI), the *Purpose in Life Test* (PIL), the *Death Anxiety Scale* (DAS), the *Personal Orientation Inventory* (POI), the *States of Consciousness Questionnaire* (SCQ) and the *Brief Persisting Effects Questionnaire* (BPEQ). Measures were taken before and after the workshop (four weeks, and 6 months later, for the BSI, PLT, POI and DAS, and 12 months after, for the BPEQ) and during the workshop (for the SCQ). No significant differences were found one month after the workshop. Significant increases of Temporal Competency scale, and in 5 subscales of the PEQ were found six months after the weeklong workshop. HB also occasioned mystical-type or peak experiences in 6 participants. At 12 months, volunteers rated the HB experience as having substantial personal meaning and spiritual significance, and attributed to the experience an increase of personal wellbeing and life satisfaction.

Keywords: Holotropic Breathwork, meaning of life, death anxiety, personal orientation, mystical experience, persistent effects

Abstract

El presente estudio tiene como objetivo principal explorar los efectos de la respiración holotrópica (RH), en el nivel de malestar subjetivo, percepción del sentido de la vida, ansiedad ante la muerte y la orientación personal en una muestra de adultos jóvenes en el contexto de un taller residencial de una semana de duración, así como los efectos subjetivos y los efectos persistentes de la RH. Se utilizó un diseño Pre-Post de medidas repetidas (realizadas 1 6 y 12 meses después del taller de RH) y de grupo único. Un total de 29 sujetos, de entre 18-35 años, participó en el estudio. Las pruebas utilizadas fueron el Inventario Breve de Síntomas (IBS), el Purpose in Life Test (PLT), la Escala de Ansiedad Ante la Muerte (EAAM), el Inventario de Orientación Personal (IOP), el Cuestionario de Estados de Conciencia (CEC) y Cuestionario Breve de Efectos Persistentes (CBEP). Las medidas fueron tomadas antes y después del taller (cuatro semanas y 6 meses más tarde, para la IBS, PLT, IOP y el EAAM, y 12 meses después, para el CBEP) y durante el taller (para el CEC). No se encontraron diferencias significativas un mes después del taller. Se encontraron aumentos significativos en la escala Competencia Temporal, y en 5 subescalas del IOP seis meses después del taller. La RH también ocasionó experiencias cumbre y/o de carácter místico en 6 participantes. A los 12 meses, la experiencia de la RH es frecuentemente valorada por los voluntarios como personal y espiritualmente significativa, y se le atribuye un aumento del bienestar personal y la satisfacción vital.

Palabras clave: Respiración Holotrópica, sentido de la vida, ansiedad ante la muerte, orientación personal, experiencia mística, efectos persistentes

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Introduction

A wide range of breathing techniques has been used for centuries in different cultures for religious, ritual and healing purposes. It also has been known for a long time that it is possible to induce changes in consciousness by techniques that involve modifications in the breathing rate, accelerating, retaining and controlling it in different ways (Grof and Grof, 2010). Different specific techniques of breathing can be found, in the *Pranayama* yogic breath techniques (Vishnudevananda, 1974), in *Kundalin*i Yoga, Sufi practices, Zen meditation, and in *Vipassana*. Techniques that involve accelerated breathing or hyperventilation can be found in the Inuit's, Sufis, in some Native American groups and in the Pranayama (Desikachar, 1985).

In the modern Western culture, however, these types of breathing methods have not been accessible to most. Western medicine has in fact reduced breathing to a physiological process, and physical and psychological signs that appear when the breathing rate is accelerated (which include hypocapnia, palpitations, dizziness and carpopedal spasm) have been considered a pathological condition know as the "hyperventilation syndrome" (Morgan, 1983). This term has been controversial since it was introduced, most of the disagreement being centered on the difficulties in establishing a diagnosis (Bass, 1997).

In the second half of the XX century, different techniques which involve breath and accelerated breathing have been developed in some psychotherapeutic approaches (Grof and Grof, 2010; Lowen, 1976; Orr and Ray, 1983) and a wide range of Eastern breath techniques were introduced and started to be practiced in Western culture. Furthermore, during the last decades, voluntary hyperventilation has been used in psychiatry and clinical psychology as part of some desensitization therapies for the treatment of anxiety disorders (Meuret, Ritz, Wilhelm and Roth, 2005). Voluntary hyperventilation has been demonstrated over different studies to be a helpful tool for diagnosis and desensibilization in the treatment of anxiety and has been found to be safe after medical screening for some contraindicated conditions (Meuret et all, 2005; Zvolensky and Eifert, 2001). Thus, hyperventilation is now part of the tools for the treatment of anxiety disorders.

In the mid 1970´s, Stanislav and Christina Grof developed the Holotropic Breathwork technique (Grof, 1988, 2000; Grof and Grof, 2010), after two decades working with LSD and other psychedelic substances in psychotherapy (Grof, 1972, 1973, 1975, 1980). This method was conceived as a non-drug way of accessing non-ordinary states of consciousness or "holotropic states", a neologism proposed by S. Grof (2000). Holotropic Breathwork (HB) is an experientially oriented psychotherapeutic technique that involves diverse elements, including evocative music, elective bodywork and accelerated breathing. Individual and group sessions are possible, but the group therapy context is the most commonly used. The most characteristic element of this procedure, compared with other psychotherapeutic methods, is the prolonged, voluntary hyperventilation or overbreathing (Rhinewine and Williams, 2007). To date, few studies have empirically examined the therapeutic potential of this hyperventilation procedure. However, there is some preliminary evidence of the clinical utility of HB (Binarova, 2003; Brewerton, Eyerman, Cappetta and Mithoefer, 2012; Eyerman, 2013; Hanratty, 2002; Holmes, 1993; Holmes, Morris, Clancey and Putney 1996; Pressman, 1993; Puente, 2014).

Hanratty (2002) in a single group, pretest-posttest study (N=44), showed that one week after participating in a weeklong HB workshop, participants showed significant reductions in psychiatric symptoms and negative affect. 30% of the English-speaking workshop participants volunteered for the study. Participants were mostly female (73%), highly educated and the mean age was 48.7 years. At 6 months follow up (N=22) reductions in overall psychiatric symptoms were maintained, although reductions in negative affect were no longer significant, and the positive affect showed a significant increase. The author suggests that HB may induce a global reduction in the level of arousal to explain these results. Participants also showed higher scores in the number of Positive Symptoms compared with the established norms of the Brief Symptom Inventory at all time-points, suggesting that these group represent a mildly psychologically distressed population. Participants also score higher on the Marlone-Crown Social Desirability Scale and the Tellegen Absorption Scale compared with the norms for the general population, indicating high trait absorption and social desirability.

Holmes, Morris, Clancey and Putney (1996) conduced a controlled, non-randomized study, using a pretest-posttest design. The study compared a talk-based experientially oriented therapy (EOT) group with a similar group that received a combination of EOT and six monthly sessions of HB. The two groups (N=24 each) were well matched on demographic variables and the extent of prior psychotherapy treatment. The HB group showed significant reductions in death anxiety and increases in self-esteem compared with the EOT group. The authors concluded that experientially oriented psychotherapies might be a useful therapeutic modality, and suggest that may be particularly useful with long term psychotherapy patients. Similarly, Pressman (1993) conduced a

pretest-posttest controlled study (N=40), examining the effects of HB on psychiatric symptomatology and mood state, comparing a group that received six sessions of HB with a control group that receive six sessions of music therapy. Participants were recruited by advertisement at a counseling center, and were matched by age, gender and ethnicity. The two groups were assessed before and after the six sessions of treatment. After the treatment, the HB group showed a higher reduction in psychiatric symptomatology, and a significant difference in all the scales of the Profile of Mood States.

Recently Puente (2007, 2013, 2014) examined the effects of HrnB in a controlled, non-randomized study, using a pretest-posttest design. The study compared a group of subjects, aged 18-35, who participated for the first time in a weekend workshop where HrnB was used, with a control group that did not receive any alternative treatment. Both groups (N=31) were matched by age, gender and level of studies. The HrnB group showed a significant reduction in the Global Severity Index of the SCL-R-90, and a significant increase in the meaning of life (measured with the Purpose in Life Test) and in the self-directedness, cooperativeness and self-transcendence dimensions of Cloninger´s Temperament and Character Inventory (TCI-R), one-week, one month and six months after participating in the HrnB workshop.

The aim of the present pilot study was to explore the short term, intermediate term and persistent effects of HB, and the subjective effects of HB in the context of a weeklong experiential workshop in a young adult sample. The study analysed, specifically, the relationship between the use of HB and the possible changes on levels of distress, meaning of life, death anxiety and personal orientation with different psychometric test, and also the subjective effects and persistent effects of HB. Based on previous research (Binarova, 2003; Hanratty, 2002; Holmes, Morris, Clancey and Putney, 1996; Puente, 2007) it was hypothesized that participants in the HB weeklong workshop would report a reduction in levels of distress and death anxiety, and an increase in meaning of life, time competency and self-direction. Based on anecdotic observations (Grof, 2000; Grof and Grof, 2010) and previous research with psychedelics (Griffiths, Richards, McCann and Jesse, 2006; Griffiths, Richards, Johnson and Jesse, 2008; Grof, 1972, 1980; Pahnke, 1969; Pahnke, Kurland, Unger, Savage and Grof, 1970), it was also hypothesized that participants would report mystical-type or peak experiences occasioned by the HB, and also persistent effects attributed to the HB experience, 12 months after the workshop.

Method

Participants

In this pilot study, a convenient sample was used. Eligible participants were individuals enrolled in a weeklong Holotropic Breathwork (HB) and Vipassana meditation program at a wellness and personal growth center. Eligibility criteria were as follows: aged 18 to 35, English speaking and able to provide informed consent. Both "first breathers" (participants who were exposed to HB for the first time in their life) and those who have previous experience with HB were allowed to take part in the research. No control group was used in the present study.

All the participants of the retreat who completed the inclusion criteria (N=49) were approached about participating in the study. From all the participants of the retreat (N=140), 91 were ineligible and 15 declined to participate, leaving 34 individuals who were interested in participating. The 34 individuals gave consent and completed study assessments prior to the HB sessions. 29 individuals filled out the States of Consciousness Questionnaire (SCQ after their first HB session. At posttest, we were successful in obtaining complete data in 16 individuals (36.7 % of the eligible subjects) for the BSI, PIL, DAS and POI, one month and six months after the workshop. Baseline data from the participants who did not complete the posttest measure were excluded from the analyses. At 12 month follow-up, 10 of the volunteers filled-out the BPEQ.

Participant who completed all the questionnaires at post-test (N=16) ranged between 19 and 74 years (M=43.6, S.D. = 13.6). Fifty six percent of the participants were female. Participants in the study (N=34) age ranged between 19 and 35 years (Mean=26.6, S.D. =3.7). Nineteen of the participants

Table1.Age, gender, and previous experience with HB for the study volunteers.

		Pre measure (N=34)	***Post1 and Post2 measures (N=16)***
Age		26.6 (3.7)	26.0 (4.3)
Gender	Man	15 (44.1%)	9 (56.2%)
	Woman	19 (55,9%)	7 (43,8%)
HB experience	HB Yes	17 (50%)	9 (56,2%)
	HB No	17 (50%)	7 (43,8%)

Table 2. Study design

	Pre-workshop	During the workshop	Post1 (one month after)	Post2 (six months after)	Post3 follow-up (12 months after)
BSI	X		X	X	
PLT	X		X	X	
DAS	X		X	X	
POI	X		X	X	
SCQ		X			
BPEQ					X

were female (55.9%) and fifteen were male (44.1%). 17 participants were "first breathers", and another 17 had previous experience with HB. Participants who completed all the questionnaires at post-test (N=16) ranged in age from 19 and 34 years (M=26,0; SD= 4,3). Seven of them were female (43.8%) and nine were male (56.2%). 7 of them were "first breathers", and 9 had previous experience with HB (see Table 1).

Study design

In the present study a single group Pre-post design was used. The variables examined were measured with five psychometric measures: the *Brief Symptom Inventory* (BSI), the *Purpose in Life Test* (PLT), the *Death Anxiety Scale* (DAS), the *Personal Orientation Inventory* (POI) and the *States of Consciousness Questionnaire* (SCQ), and a *Brief Persisting Effects Questionnaire* (BPEQ) in five different moments (Pre measure, after HB, Post1, Post2 and Post3-follow up measures).

Four psychometric measures (BSI, PLT, DAS y POI) were used in three different moments. The first was taken at the beginning of the workshop (Pre measure). The other two measures were taken one month and six months after the workshop (Post1 and Post2 measures). The instruments include measures of levels of distress (BSI), meaning of life (PLT), death anxiety (DAS) and personal orientation (POI).

The fifth psychometric measure, the *States of Consciousness Questionnaire* (SCQ), was used to explore the subjective effects of the participants during their first HB session, focusing specifically to assess mystical or peak experiences. This measure was assessed 1 to 5 hours after the first HB session of the volunteers. The second HB session was not assessed due to time limitations and schedule conflicts with the programed activities of the workshop. Finally, the *Brief Persisting Effects Questionnaire* was used to assess the persisting effects of the HB experience 12 months after the workshop.

The five assessments were distributed in the following way (see Table 2):

Measure 1*: Pre Workshop*. The first assessment was taken the first day of the workshop, before the first HB session took place. Four psychometric instruments were used: BSI, PLT, DAS and POI.

Measures 2: *Subjective effects* of the HB. This assessment was taken during the workshop, 1 to 5 hours after the first HB session. This measure was taken using the *States of Consciousness Questionnaire* (SCQ).

Measures 3 and 4: *Post Workshop*. These assessments were taken one month (Post1) and six months (Post2) after the workshop, using four psychometric instruments: BSI, PLT, DAS and POI.

- **Measure 3**: *Post1*: assessed one month after the workshop.
- **Measure 4**: *Post2*: assessed six month after the workshop.

Measure 5: *Follow-up or Post3*: This measure was taken 12 months after the workshop, using the *Brief Persisting Effects Questionnaire* (BPEQ).

Psychometric measures/materials

The variables examined were measured with six different instruments:

Brief Symptom Inventory (BSI). The BSI (Derogatis, 1987, 1993) is a shorter version of the *Symptom Checklist-90-Revised* (SCL-90-R). The BSI is a self-report symptom inventory which measures aspects of psychiatric and psychological distress, and it contains 53 Likert-type items that are scored from 0 to 4. The test provides a measure of 9 primary dimensions of symptoms: Somatization (SOM), Obsessive-Compulsive (O-C), Interpersonal Sensitivity (I-S), Depression (DEP), Anxiety (ANX), Hostility (HOS), Phobic Anxiety (PHOB), Paranoid Ideation (PAR) and Psychoticism (PSY). The scale also provides three additional global indices of distress: Global Severity Index (GSI), Positive Symptoms Distress Index (PSDI), and Positive Symptoms Total (PST). The GSI

reflects the total score of the test, and provides a measure of the global level of distress. Higher scores indicate higher levels of distress and symptomatology. The BSI and the SCL-90-R measure the same symptom constructs as shown by the high correlations between them, ranging from .92 to .99 (Derogatis, 1993). Internal consistency reliability alpha coefficients for all nine dimensions of the BSI were robust, ranging from .71 to .85. Test-retest reliability was reported to be high, ranging from .68 to .91.

Purpose in Life Test (PLT). This questionnaire provides a measure of the extent to which an individual perceives life to be meaningful, based on the theory and concepts of V. Frankl (Crumbaugh, 1968; Crumbaugh and Maholick, 1969; Frankl, 1973). This 20-item questionnaire is rated in a seven point Likert scale, scoring within the range of 20-140. Scores under 90 indicate lack of a meaningful life. Scores within the range of 90-105 are described as an "indifferentiation area". Scores up to 105 indicate a meaningful life, with goals and a purpose in life.

Death Anxiety Scale (DAS). The DAS (Templer, 1970) is a self assessed True-False choice questionnaire consistent of 15 items, and it reflects beliefs, attitudes and concerns about death. The DAS has a range of scores from 0 to 15, and higher sores indicate higher levels of death anxiety. Means of participants generally range from 4.5 to 7.0 (Shell and Zinger, 1984). Several studies have indicated that the DAS has acceptable levels of reliability (Lucas, 1974; McMordie, 1982; Templer, 1970).

Personal Orientation Inventory (POI). The POI consists of 150 forced choice pairs of statement requiring comparative value and behavior judgments. This questionnaire is based on Abraham Maslow´s conception of the self-actualizing person, giving information about the positive mental health of individuals (Shostrom, 1964). The POI provides a measure of two basic scales of personal orientation: Inner Directed Support (IDS) and Time Competence (TC). It also provides ten subscales, each measuring a conceptually important element of self-actualizing: Self-Actualizing Value (SAV), Existentiality (EX), Feeling Reactivity (FR), Spontaneity (S), Self-Regard (SR), Self-Acceptance (SA), Nature of Man (NC), Synergy (SY), Acceptance of Aggression (A) and Capacity for Intimate Contact (C). Time Competence (TC) measures the degree to which the test taker is present-oriented, or is oriented towards the past or future. Inner Directed Support (IDS) measures the degree to which actions originate within the self or as a reaction to others (being more independent and self-supportive or more dependent).

States of Consciousness Questionnaire (SCQ). The SCQ is a self-assessed 100-item questionnaire which was designed to assess mystical experiences based on the classic descriptive work on mystical experiences and the psychology of religion by Stace (1960). It provides scale scores for each of seven domains of mystical experiences: internal unity (pure awareness; a merging with ultimate reality); external unity (unity of all things; all things are alive; all is one); transcendence of time and space; ineffability and paradoxicality (claim of difficulty in describing the experience in words); sense of sacredness (awe); noetic quality (claim of intuitive knowledge of ultimate reality); and deeply felt positive mood (joy, peace, and love). The data on each scale were expressed as a proportion of the maximum possible score, fixed in 1. Based on prior research (Pahnke, 1969), the criteria for considering a volunteer as having had a "complete" mystical experience were that the scores on each of the following scales had to be at least 0.6: unity (either internal or external, whichever was greater), transcendence of time and space, ineffability and paradoxicality, sense of sacredness, noetic quality, and deeply felt positive mood. Forty-three items on this questionnaire comprised the Pahnke–Richards Mystical Experience Questionnaire (Pahnke, 1969; Richards, 1975).

Brief Persisting Effects Questionnaire (BPEQ). The BPEQ was designed based on the *Persisting Effects Questionnaire* (PEQ), developed by Griffiths et al to collect information about changes in attitudes, moods, behavior, and spiritual experience, measuring also the personal meaning and spiritual significance attributed to the psilocybin experience, and the effects of the experience in the levels of personal wellbeing and life satisfaction (Griffiths, Richards, McCann and Jesse, 2006; Griffiths, Richards, Johnson and Jesse, 2008). The BPEQ included three questions extracted from the PEQ: (1) How personally meaningful was the experience (rated 1= no more than routine, everyday experiences; 2= similar to meaningful experiences that occur on average once or more a week; 3=similar to meaningful experiences that occur on average once a month; 4=similar to meaningful experiences that occur on average once a year; 5=similar to meaningful experiences that occur on average once every 5 years; 6=among the 10 most meaningful experiences of my life; 7=among the 5 most meaningful experiences of my life; and 8=the single most meaningful experience of my life)? (2) Indicate the degree to which the experience was spiritually significant to you (rated 1=not at all, 2=slightly, 3=moderately, 4=very much, 5=among the 5 most spiritually significant experiences

of my life, and 6=the single most spiritually significant experience of my life). (3) Do you believe that the experience and your contemplation of that experience have led to change in your current sense of personal well- being or life satisfaction (rated +3=increased very much, +2=increased moderately, +1=increased slightly, 0=no change, −1=decreased slightly, −2=decreased moderately, and −3=decreased very much)?

Procedure

The pre-test data were collected the first day of the weeklong workshop. The workshop was held at a human development centre near New York in October 2007, and the researcher stayed at the centre all week to collect the data. Permission to conduct the study was requested from and granted by the organizer and the directors of the workshop. After the introductory talk of the workshop, all the participants aged between 18-35 were invited to participate in the research and to fill out a consent form, a sociodemographic survey and the questionnaires. Participants were told that the study was part of the researcher's PhD thesis in Psychology. Participation in the study was completely voluntary. Written informed consent was obtained prior to the baseline assessments. The questionnaire and survey took around 60-70 minutes to fill out. No compensation was offered for participation in the study. For the post-test assessment, the volunteers were contacted via email, and the questionnaires were sent by mail to the researcher.

Results

Data analyses

The data were statistically analysed for the 16 volunteers who completed all the assessments of the BSI, DAS, PLT and POI using the 17.0 version of SPSS.

Measures assessed four weeks after exposure to the HB workshop.

The post1 measure data were analysed using the paired t test comparison of pre test and post1 test data for the four questionnaires assessed by the volunteers: BSI, PLT, DAS and POI.

Measures assessed six months after exposure to the HB workshop.

The post2 measure data were analysed using the paired t test comparison of pre test and post1 test data for the four questionnaires assessed by the volunteers: BSI, PLT, DAS and POI.

Measure of the *Subjective effects* of the HB assessed during the workshop.

The mean and standard deviation for each of the seven sub dimensions of the SCQ, and the number and percentage of "complete" mystical experiences were calculated.

Baseline measure

At baseline, the workshop volunteers (N=16) showed a moderately high score in the Global Severity Index (GSI) of the BSI (M= 39.4; SD= 27.2), compared with the adult nonpatient norms of the BSI manual (Derogatis, 1993) (Table 3). The DAS total score (M=4.94; SD= 2.32) was within the average range found by Shell & Zinger (1984) in a review of previous studies. The PLT total score (M=106.8; SD=13.7) indicated that the volunteers had an "uncertain purpose and meaning in life", according to the interpretation criteria of Crumbaugh & Maholick (1969) (Table 4). For the POI, Inner-Directed Support (X=82,87; S.D.=14,9) dimension score was slightly lower than the 50 T score of the American norms of the test, and the Time Competency dimension score (X=14,53; S.D.=3,56) was slightly lower than the 40 T score, indicating a low time competency, and a temporal orientation towards the past and/or the future (Table 5).

Table 3. BSI subscales mean and standard deviations at Pre, Post1 and Post2 measures (N=16)

BSI subscales	*Pre-test*	*Post1*	*Post2*
GSI	39.4 (27,2)	36.0 (25,3)	37.9 (23,1)
SOM	3.9 (4.2)	3.3 (4.0)	4.4 (3.8)
O-C	7.7 (5.6)	8.0 (5.0)	7.9 (5.0)
I-S	4.3 (2.7)	3.6 (2.7)	4.2 (3.3)
DEP	4.8 (4.0)	5.0 (3.9)	5.2 (4.0)
ANX	5.4 (4.1)	3.6 (3.3)	4.8 (3.4)
HOS	2.1 (2.0)	3.1 (3.0)	3.3 (2.3)
PHOB	2.1 (2.0)	1.3 (1.9)	2.1 (2.8)
PAR	3.2 (3.0)	3.4 (3.3)	2.2 (2.4)
PSY	2.9 (2.7)	2.1 (2.7)	2.7 (2.4)

BSI: Brief Symptom Inventory. GSI: Global Severity Index; SOM: Somatization; O-C: Obsessive-Compulsive; I–S: Interpersonal-Sensitivity; DEP: Depression, ANX: Anxiety; HOS: Hostility; PHOB: Phobic Anxiety; PAR: Paranoid Ideation; PSY: Psychoticism.

Table 4. PLT and DAS mean and standard deviations of the at Pre, Post1 and Post2 measures (N=16)

Questionnaire	*Scale*	*Pre-test*	*Post1*	*Post2*
PLT	Total score	106.8 (13,65)	106.6 (10,94)	108.0 (12.98)
DAS	Total score	4.94 (2,32)	4.88 (2,19)	4.94 (2.41)

PLT: Purpose in Life Test; DAS: Death Anxiety Scale.

Table 5. POI basic scales and subscales mean and standard deviations at Pre, Post1 and Post2 measures (N=16)

POI subscales	*Pre-test*	*Post1*	*Post2*
TC	14.53 (3.56)	15.3 (3.5)	15.8 (3.6)
IDS	82.87 (14.95)	85.4 (10.3)	87.7 (7.3)
SAV	20.1 (2.4)	20,1 (2.4)	2,1 (2.3)
EX	20.9 (4.6)	21.4 (4.5)	23.5 (3.4)
FR	14,3 (3.7)	15.1 (3.0)	15.5 2.2)
S	12.6 (3.1)	12.5 (2.7)	12.7 (2.6)
SR	12.0 (3.2)	12.1 (3.0)	12.5 (2.6)
SA	13.6 (4.2)	14.4 (3.8)	14.3 (3.3)
NC	11.3 (1.7)	12.7 (1.7)	13.0 (2.0)
SY	7.3 (1.2)	7.2 (1.5)	8.0 (0.8)

IDS: Inner Directed Support; TC: Time Competence: SAV: Self-Actualizing Value; EX: Existentiality; FR: Feeling Reactivity; S: Spontaneity; SR: Self-Regard; SA: Self-Acceptance; NC: Nature of Man; SY: Synergy; A: Acceptance of Aggression; C: Capacity for Intimate Contact

Table 6. Comparison of pre-test and post1-test mean scores and t-test p value, using raw scores for each measure.

Questionnaire	*Scale*	*Pre-test*	*Post1*	*P*
BSI	GSI	39.4 (27,2)	36,0 (25,3)	ns
PLT	Total score	106.8 (13,65)	106.6 (10,94)	ns
DAS	Total score	4.94 (2,32)	4.88 (2,19)	ns
POI	TC	14.53 (3,56)	15.27 (3,47)	ns
	IDS	82.87 (14,95)	85.94 (10,33)	ns
	NC	11.3 (1.7)	12.7 (1.7)	**<0.01**

BSI: Brief Symptom Inventory; GSI: Global Severity Index; PLT: Purpose in Life Test; POI: Personal Orientation Inventory; IDS: Inner Directed Support; TC: Time Competence; EX: Existentiality; ns: non-significant.

Table 7. Comparison of pre-test and post1-test mean scores and t-test p value, using raw scores for each measure.

Questionnaire	*Scale*	*Pre-test*	*Post2*	*P*
BSI	GSI	39.4 (27,2)	37.9 (23.1)	ns
PLT	Total score	106.8 (13,65)	108.0 (12.98)	ns
DAS	Total score	4.94 (2,32)	4.94 (4.1)	ns
POI	TC	14.53 (3,56)	15.80 (3.57)	**<0.05**
	IDS	82.87 (14,95)	87.67 (7.27)	ns
	EX	20.9 (4.6)	23.5 (3.4)	**<0.05**
	NC	11.3 (1.7)	13.0 (2.0)	**<0.01**
	SY	7.3 (1.2)	8.0 (0.8)	**<0.05**
	AA	14.3 (3.3)	15.3 (2.6)	**<0.05**

BSI: Brief Symptom Inventory; GSI: Global Severity Index; PLT: Purpose in Life Test; POI: Personal Orientation Inventory; IDS: Inner Directed Support; TC: Time Competence; EX: Existentiality; NC: Nature of Man; SY: Synergy; AA: Acceptance of Aggression; ns: non-significant.

Post-test measure assessed four weeks after the HB workshop (Post1)

The mean, standard deviation and p values for the Pre-test and Post1 are presented in Table 6. In the Post1 measure (N=16), the participants showed a slight reduction in the GSI of the BSI, compared with the Pre-test scores. The scores of anxiety and phobic anxiety subscales of the BSI also decreased, and the hostility subscale increased. These differences were not statistically significant. The total score of the DAS, and the PLT did not change between the Pre and Post1 measures. The scores of Temporal Competency and Inner Directed Support dimensions of the POI showed an increase between the Pre-test and Post1-test measures. These differences were not statistically significant. The scores of feeling reactivity, self-acceptance, nature of man and capacity for intimate contact subscales of the POI also showed an increase.

The difference in nature of man was statistically significant.

Post-test measure assessed six months after the HB workshop (post2)

The mean, standard deviation and p values for the Pre-test and the Post2 are presented in Table 7. In the Post2 measure (N=16), the score of the GSI of the BSI showed a reduction compared with baseline scores, and was slightly higher compared with Post1. The scores of the paranoid ideation subscale of the BSI decreased, and the hostility subscale increased. The total score of the DAS, and the PLT did not change between the Pre and Post2 measures. The scores of Time Competence and Inner Directed Support dimensions of the POI showed an increase between the Pre-test and Post2-test measures. Compared with Post1, the score of Self-direction was slightly lower. The increase in Temporal Competency between Pre and Post2 was statistically significant. The subscales Existentiality, "Nature of Man", "Synergy" and "Acceptance of Aggression" showed statistically significant increases, and Self-Actualizing Value, Feeling Reactivity and Capacity for Intimate Contact subscales scores also increased.

Measure of the *Subjective effects* of the HB assessed during the workshop.

Twenty nine of the participants in the study filled out the SCQ after their first HB session during the workshop: twelve man and seventeen women, aged between 19 and 34 years (M=26.7; S.D.=3.94). Fifteen of the volunteers had previous experience with HB, and fourteen of them were "first breathers". Based on prior criteria, 6 of the total group of 29 volunteers had

a "complete" mystical experience during their first HB session during the workshop. Three of the volunteers who had a "complete" mystical experience were "first breathers", and the other three had previous experience with the HB. The higher scores were found in the ineffability (0.58), intuitive knowledge (0.5) and deeply felt positive mood (0.46) subscales (see Table 8).

Table 8. Volunteers ratings (N=29) on the States of Consciousness Questionnaire (SCQ) completed 1 to 5 hours after the first HB session.

Sub-dimension	First HB session (N=29)
Internal Unity	0.41 (0.26)
External Unity	0.33 (0.23)
Transcendence of time and space	0.43 (0.21)
Ineffability	0.58 (0.26)
Sacredness	0.45 (0.27)
Intuitive knowledge	0.5 (0.24)
Deeply felt positive mood	0.46 (0.26)
"Complete" mystical experience	N=6 (20.7%)
"Almost complete" mystical experience	N=1 (3.45%)

For the 7 subdimensions of the SCQ, data are expressed as a proportion of the maximum possible score, fixed in 1.

Follow-up measure of the *Persistent Effects* of the HB assessed 12 months after the HB workshop

Ten of the participants in the study filled out the follow up brief questionnaire 12 months after the HB workshop. Eight of the volunteers had previous experience with RH, and fourteen of them were "first breathers". Only two of the volunteers who had a "complete" mystical experience during their first HB session of the workshop filled out the brief questionnaire. It is remarkable that 5 of the volunteers rated the experience during their first HB session to be either among the top five or the top ten most personally meaningful experiences of his or her life. Four of the volunteers rated the HB experience as being among the top five most spiritually significant experiences of his or her life, and another four rated it to be very significant spiritually. Five volunteers rated that the HB experience increased their current sense of personal wellbeing or life satisfaction "very much", and three of them considered that it was increased "moderately". No volunteer rated the HB experience as having decreased their sense of wellbeing or life satisfaction.

The Figures 1, 2 and 3 show the number of volunteers who endorsed each of the possible answers to the three questions of the persistent effects brief questionnaire: (1) "how **personally meaningful** was the HB experience?" (2) "Indicate the degree to which the HB experience was **spiritually significant** to you", and (3) "Do you believe that the HB experience and your contemplation of that experience have led to change in your current sense of **personal wellbeing** or **life satisfaction?**"

Figure 1. Number of volunteers who endorsed each of the eight possible answers to the question "how **personally meaningful** was the HB experience?" on a questionnaire completed 12 months after the HB workshop.

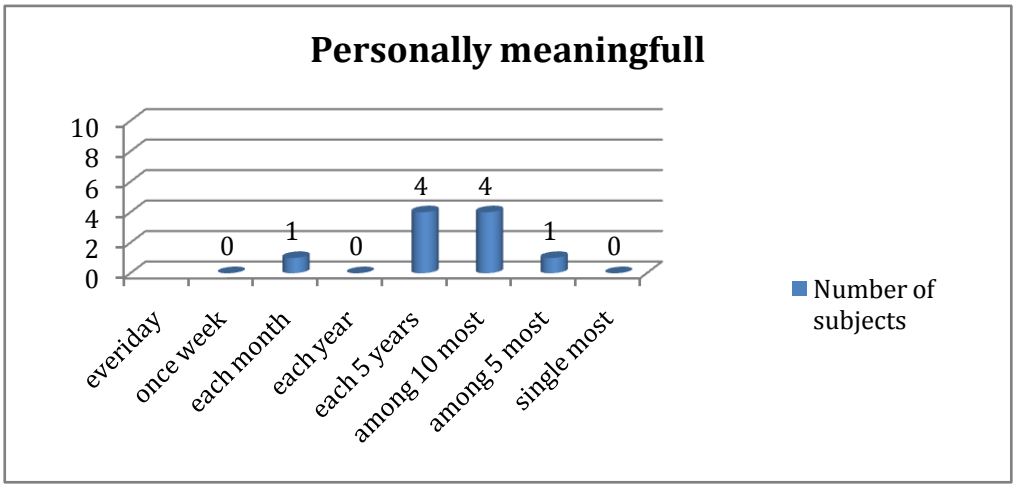


Figure 2. Number of volunteers who endorsed each of the six possible answers to the question "Indicate the degree to which the HB experience was **spiritually significant** to you", on a questionnaire completed 12 months after the HB workshop.

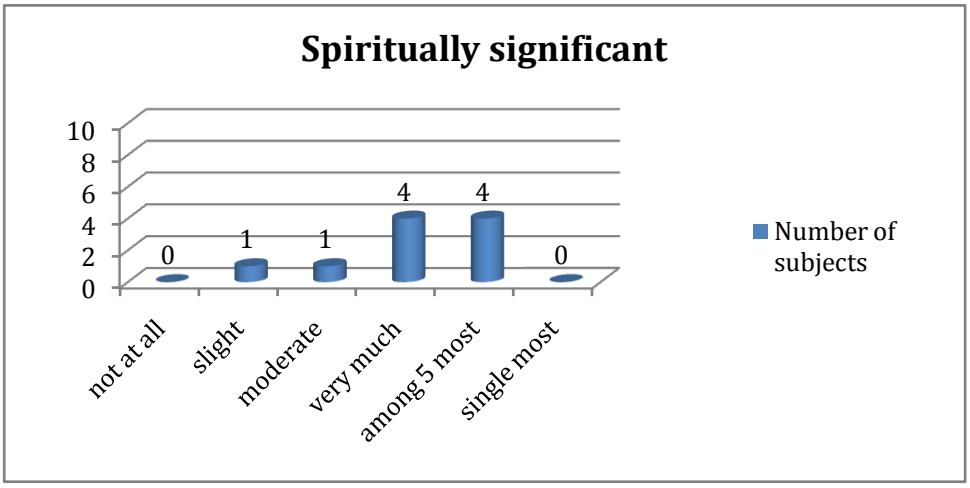
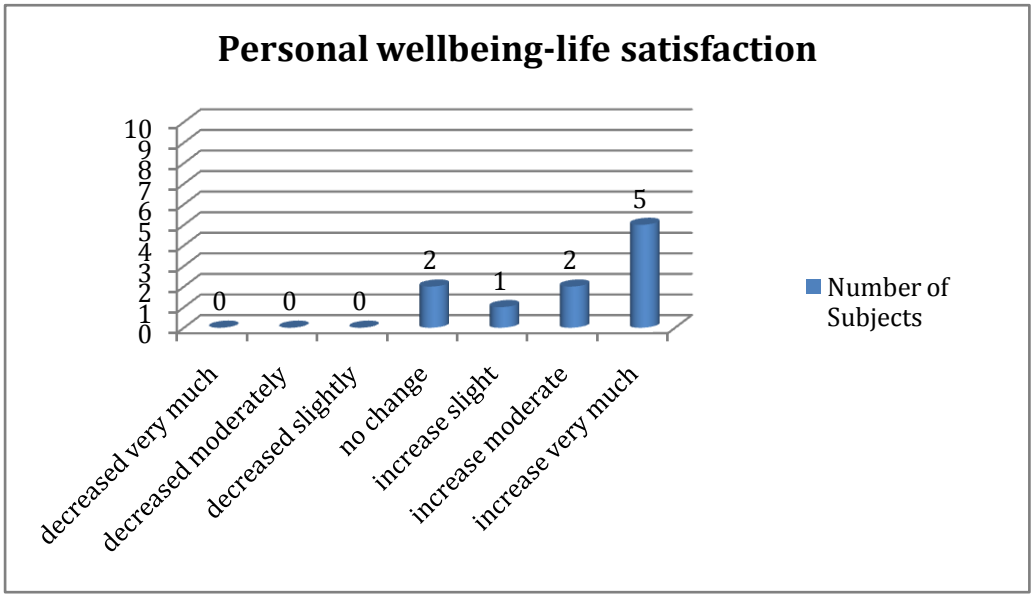


Figure 3. Number of volunteers who endorsed each of the seven possible answers to the question "Do you believe that the HB experience and your contemplation of that experience have led to change in your current sense of **personal wellbeing** or **life satisfaction?**" on a questionnaire completed 12 months after the HB workshop.



Discussion

The purpose of the present study was to explore the effects of HB on levels of distress, meaning of life, death anxiety and personality in a young adult sample in the context of a weeklong workshop; and also to explore the subjective effects of a HB session, and the possible persistent effects of HB on the sense of personal wellbeing and life satisfaction, and the volunteers attribution of personal and spiritual significance to the HB experience. The overall results of this study provide some initial positive findings regarding the possible therapeutic usefulness of this technique in the context of a weeklong workshop. In the present study, the volunteers showed some significant changes on dependent measures when the baseline and the Post workshop measures are compared, including a significant increase on Time Competence, among other measures of self-actualization. However, significant changes across time

were not found in all the psychometric measures used for the study, including levels of distress, death anxiety, and meaning in life. We also found that HB can occasionally produce mystical-type or peak experiences. 12 months after the workshop, the HB experience is frequently considered as having substantial personal and spiritual significance, and an increase of personal wellbeing and life satisfaction is attributed to it.

Before the workshop, volunteers in the study show moderately high scores on the GSI of the BSI, compared with the adult nonpatient norms of the BSI manual, moderately low scores on the PLT, indicating that the volunteers had a "somewhat uncertain purpose and meaning in life", according to the interpretation criteria established by Crumbaugh and Maholick (1969), and low scores in Temporal Competency dimension, and self-acceptance, nature of man and acceptance of aggression subscales of the POI. These results indicate that the volunteers in the study had a higher level of distress than the general population, a lack of clear goals and meaning in life, a temporal competency not oriented to the present, a lower self-acceptance and a negative view of the nature of men.

In the Post1 measure, four weeks after the HB workshop, an increase of Temporal Competency and Inner Directed Support was found, and the GSI score decreased slightly. The total score of the DAS, and the PLT did not change. In the Post2 measure, an increase on Temporal Competency and Inner Directed Support scales of the POI was found, and also in scores of feeling reactivity, existentiality, nature of man, acceptance of aggression, and capacity for intimate contact subscales. The GSI score decreased slightly compared with the baseline, and the total score of the DAS, and the PIL did not change.

The progressive increase of the POI scores from the baseline to Post1 and Post2 measures might be suggesting that the effects of the HB workshop manifest gradually over the months following the workshop. However, there may be other reasons to explain this fact.

With regard to levels of distress, a slight reduction of the GSI was found four weeks and six months after the HB workshop. This finding is partially consistent with the research on the topic. Hanratty (2002) also found a significant reduction of the GSI of the BSI test one week and six months after a weeklong HB workshop. The results of Puente's study (2007, 2013, 2014) showed also a significant reduction in the rating of the GSI one week, one month and six months after an HrcB weekend workshop. However, the reduction found in the present study was slight and not significant.

With regard to meaning of life, we did not find a significant increase of the PLT score four weeks and six months after the workshop, unlike other studies. In previous research, Binarova (2002) found a significant improvement in the purpose in life (measured by the PLT) in a group of subjects who participated for the first time in a HB session ($N=11$; $p<0.05$). Puente (2007, 2013, 2014) also found a significant increase in the PLT scores one week, one month and six months after a weekend HrcB workshop in a young adult sample without previous experience with the technique. With regard to death anxiety, we did not find a significant reduction of the DAS score four weeks and six months after the workshop. Previous research on the topic had shown inconsistent findings. Holmes et al (1996) found a significantly greater reduction in the death anxiety (measured by the DAS) in a group who received a six months treatment period, including HB, compared with a therapy only group. But Hanratty (2002) did not find differences between the pre and post measures of the DAS in his study.

With regard to Temporal Competency and Inner Directed Support dimensions of the POI, the scores of both dimensions increased gradually from the baseline to Post1 and Post2, four weeks and six months after the workshop. These results indicate an increase in the degree in which the volunteers shown a personal orientation toward the present, and in the degree of autonomy and self-direction. Puente (2007, 2013, 2014), similar to this study, also found a significant increase in the score of the self-directedness dimension of the TCI-R one week, one month and six months after a HrcB weekend workshop. Holmes et. al (1996) found an increase in self-esteem using the Personality Research Form-E. The increase in self-esteem can be related to the increase in Inner Directed Support found in the present study.

Regarding the subjective effects of volunteers during their first HB session during the workshop, six of the 29 volunteers that filled out the SCQ fulfilled the criteria for having a "complete" mystical experience, the 20.7% of the volunteers that filled out the questionnaire. However, the 29 volunteers only represents 20.7% of the total number of participants of the workshop, and the 59.2% of the participants aged 18 to 35. Thus, these results cannot be generalized to all the participants in the workshop. Nevertheless, it is remarkable that HB occasioned mystical-type or peak experiences in some participants during the workshop, because the present study is the first to measure this kind of experiences using the SCQ during a HB session. It is also remarkable that one of each five volunteers who filled out the SCQ had a complete mystical experience, considering the relative low frequency of this kind of experience in other contexts. Similar outcomes have been found in human research with psychedelic compounds like LSD and psilocybin (Grof, 2001; Griffiths, Richards, McCann and Jesse,

2006; Griffiths, Richards, Johnson and Jesse, 2008; MacLean, Leoutsakos, Johnson and Griffiths 2011; Pahnke, 1963, 1967). These experiences have been related to improvements in several mental health measures (Grof, 2001; Griffiths, Richards, McCann and Jesse, 2006; Griffiths, Richards, Johnson and Jesse, 2008). Another interesting finding is the relative high score in the "deeply felt positive mood" subscale (0.46), which might indicate that the subjective experience during the HB session is remembered and assessed as having an overall positive tone, more than a negative one.

Finally, despite the relative small number of volunteers who filled out the BPEQ 12 months after the workshop (N=10), the answers to the three questions of this questionnaire deserve further comment. Five of the ten volunteers considered the experience during their first HB session in the workshop among the top ten most personally meaningful experiences of his or her life, and four of them considered it among the 5 more spiritually significant experiences of his or her life. Regarding the degree in which the volunteer's current sense of personal well-being or life satisfaction was affected, five volunteers considered that the HB experience increased it very much. It is also remarkable that none of them considered that the HB experience decrease their current sense of personal well-being or life satisfaction. Similar outcomes have been found recently in a series of studies with the psychedelic compound psilocybin (Griffiths, Richards, McCann and Jesse, 2006; Griffiths, Richards, Johnson and Jesse, 2008).

Despite some initial positive findings suggesting that the use of HB in the context of a weeklong workshop might present therapeutic value for young adults, some limitations can also be pointed out in the present study.

The first limitation of the present research is related with the type of design. A convenience sample was used for the present study, and there was no comparison group. As the study was quasi-experimental, we cannot draw cause-effect statements from it. The second limitation is the small sample size, decreasing the statistical power and increasing the probability of false positive results. Third, the weeklong workshop included different elements besides HB, including daily *Vipassana* meditation and formal talks. Thus, we cannot point out if the effects were specific to the exposure to HB or if they were caused by other factors. Thus, the results cannot be generalized to other contexts or to all the participants of this weeklong workshop, but they do support the idea that HB may contribute to improve psychological health and self-actualization in these specific samples, including an increase in Time Competence, the flexibility in the application of values ("Existentiality"), the perception of the nature of man as good and constructive ("Nature of Man"), the ability to transcend dichotomies ("Synergy") and the acceptance of natural aggressivity ("Acceptance of Aggression").

Conclusion and future projects

Further research into short and long term effects of HB is needed. There are a number of areas of potential interest that might be examined in future research, including the assessment of physiological and neurophysiologic variables, and the use of qualitative methodology. We also believe that the setting, the context surrounding the experience, is very important in relation to the effects produced by this non-drug way of accessing non-ordinary states of consciousness. Thus, future research examining the degree to which these results are specific to the context is needed. The development of similar studies in other contexts where HB and other similar hyperventilation procedures are used could be very fruitful. Finally, in order to investigate the usefulness of HB, beyond what appears to be some initial positive results found in the present study, we consider it is important to replicate these results in a larger, well-controlled study. A placebo-controlled, randomized study assessing the efficacy of HB in patient populations, for the treatment of a particular condition, could be designed and carried out as the next step.

Despite its limitations, and recognizing the exploratory nature of this pilot study, our results suggest that the use of HB in the therapeutic context of a weeklong workshop may contribute to improve psychological health and self-actualization. Additionally, the present study showed that HB occasioned mystical-type or peak experiences in some of the volunteers in the context of a weeklong workshop, and that the HB experience was evaluated by volunteers as having substantial and sustained personal meaning and spiritual significance, which also attributed to the experience an increase of personal wellbeing and life satisfaction. These preliminary results give support for further research on the possible therapeutic use of HB, as well as to the study of the subjective effects and persisting effects occasioned by the HB experience.

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***Iker Puente** is a psychologist and researcher from the Autonomous University of Barcelona (UAB). He holds a degree in Psychology from the University of Deusto and a degree in Anthropology from the UAB. He recently obtained his PhD degree in Psychology at the UAB with his dissertation "Complexity and Transpersonal Psychology: chaos, self-organization and peak experiences in psychotherapy", exploring the short and medium term effects of two breathwork techniques, Holotropic Breathwork (HB) and Holorenic Breathwork (HrnB), and the subjective effects of HB. He is assistant editor of the Journal of Transpersonal Research. He has been trained in Gestalt Therapy at the Institut Gestalt in Barcelona, in Altered States of Consciousness at the Society of Etnopsychology and Cognitive Studies, and in Holotropic Breathwork and Transpersonal Psychology at the Grof Transpersonal Training. He has been visiting scholar at the California Institute of Integral Studies (CIIS), coordinator of the psychedelic emergency service at BOOM festival, and has teaching experience in the field of transpersonal psychology.
Email: ikerpuente@hotmail.com

Holotropic Breathwork: Models of Mechanism of Action

Respiración Holotrópica: Modelos de los Mecanismos de Acción

James Eyerman*
University of California San Francisco
San Francisco, USA

Abstract

Objectives: critical review of etiological theories of phenomena reported in Holotropic Breathwork [HB]. Method: literature on Holotropic Breathwork, hyperventilation syndrome, polyvagal theory, SARs theory, classical mytho-poetic traditions, the role of music, anomalous experiences and healing, and classical psycho-spiritual explanatory models are reviewed. Discussion: physiological and neurophysiological models, transpersonal, and cognitive psychological models, ethno-epistemological problems and methodological concerns are reviewed. Narrative logic versus stochastic models is examined. Conclusions: voluntary over-breathing and music provide access to non-ordinary states through the putative effects of vagal toning and sonic integration. Cognitive processes may play a role in permitting the anomalous internal narrative experiences.

Keywords: Holotropic Breathwork, voluntary over-breathing, autonomic nervous system, polyvagal theory, music

Resumen

Objetivos: revisión crítica de las teorías etiológicas de los fenómenos reportados en la respiración holotrópica (RH). Método: revisión de la literatura sobre la respiración holotrópica, el síndrome de hiperventilación, la teoría polivagal, la teoría SARs, las teorías mitopoiéticas clásicas, las experiencias anómalas y de sanación, y de los modelos explicativos psicoespirituales clásicos. Discusión: el presente articulo se revisan modelos fisiológicos y neurofisiológicos, modelos transpersonales y modelos psicológicos cognitivos, problemas etno-epistemológicos y cuestiones metodológicas. Finalmente, se examina la lógica narrativa frente a los modelos estocásticos. Conclusión: la hiperventilación voluntaria y la música permiten el acceso estados no ordinarios de consciencia a través de los supuestos efectos de la tonificación vagál y de la integración a través del sonido. Los procesos cognitivos pueden jugar un papel en el proceso permitiendo que se produzcan las experiencias narrativas internas anómalas.

Palabras clave: Respiración Holotrópica, hiperventilación voluntaria, sistema nervioso autonómico, teoría polivagal, música

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Introduction

The model of a mechanism of action comes from concepts of mechanics and process, which are based on logic. These models have relevance in the *hylotropic* world, a concept developed by Stanislav Grof MD referring to the world of infinite differences experienced in our ordinary, culturally conditioned, consciousness (Grof, 1985).

Mechanism of action models may help us understand and elucidate the generation of *holotropic* [unity/non-difference] experiences by Holotropic Breathwork [HB]. Dr. Grof asserts that Holotropic Breathwork allows access to a transpersonal boundlessness, unitive experiences of ecstasy, and mythopoetic archetypes of the collective unconscious (Grof, 1988).

Holotropic Breathwork (HB) has two major components, which appear to provide access to anomalous, transpersonal experiences in non-ordinary states of awareness. These two are 1] *voluntary over-breathing* or hyperventilation [colloquially called 'breathwork'], and 2] *thematic evocative, music*. The neurophysiology of these two elements is currently understood to provide a loosening of emotional control, integrative states, and bonding experiences (Harner, 2013; Rhinewine and Williams, 2007; Thaut, 2013). Anomalous transpersonal experiences are a horse of a different color (Cardena, Lynn and Krippner, 2013)

How are they generated neurophysiologically? This is not well understood. The term 'generated' is based on a biomechanical materialistic worldview; and it is this view, which is called into question by the anomalous transpersonal experience (Grof, 1985; Cardena, Lynn and Krippner, 2013). The anomalous experiences reported by subjects during HB are not conventional; they are non-ordinary (Grof, 1985). A materialistic view might dismiss them as impossible (Grof, 2006). Release from the conditioning of consensus reality is not commonly reported in Western scientific literature (Cardena, Lynn and Krippner, 2013).

Holotropic Breathwork

HB was developed by Stanislav and Christina Grof as a simple set of therapeutic techniques that appear to produce profound transpersonal and cathartic emotional experiences with regularity. HB subjects report anomalous experiences similar to phenomenological descriptions of the various levels and types of experience manifested in psychedelic sessions (Grof, 1988). These experiences were reported by 82% of psychiatric inpatients, who experienced HB in a study conducted by Eyerman. Remarkably, these patients did not report either familiarity with spiritual disciplines or prior psychedelic experiences (Eyerman, 2013). HB allows psychedelic-like experiences, similar to the phenomenology reported in the "cartography of inner space" ascribed to psychedelic sessions with LSD-25, on a regular basis. (Grof, 1988; Eyerman, 2013) Current understanding of the physiology associated with hyperventilation does not indicate a significant difference from normal respiration (Gerbarg and Brown, 2005; Hornsveld et al, 1996).

Voluntary over-breathing

Over-breathing is utilized in medicine to stimulate seizures, and to reduce brain swelling. It is also found to be a symptom of panic and anxiety states as well as of sexual arousal (Alexopoulos, Christodoulou and Toulgaridis, 1996; Lewis and Howell, 1986). The symptoms of the *hyperventilation syndrome* are often ascribed to panic disorder. These include breathlessness, dyspnea, light-headedness, paraesthesiae, numbness, and a variety of pains, especially chest pains, palpitations, and sweating. These may be associated with a feeling of impending, loss of consciousness and fear of imminent death. General symptoms of anxiety and depression, as well as those of any organic disease, may coexist in the absence of organic disease (Alexopoulos, Christodoulou and Toulgaridis, 1996; Lewis and Howell, 1986). The results from provoking these symptoms remain controversial. Induction of respiratory alkalosis in the neurosurgical recovery suites by use of a respirator, and the pharmacologically induced paralysis of voluntary and involuntary respiratory musculature is employed in an attempt to reduce the swelling of the brain after craniotomy. So respiratory alkalosis and reduction in cerebral brain flow have been hypothesized to occur during voluntary over-breathing. Hornsveld and Garssen (1997) have demonstrated that it does not occur in voluntary hyperventilation or over-breathing. *Hyperventilation syndrome* has since been considered an elegant but scientifically untenable concept, to echo Hornsveld's follow-up discussion. Respiratory alkalosis had previously been thought to reduce ionized calcium in the blood, and thereby give rise to tetany, tingling sensations, induction of epileptic seizures, and induction of interictal epileptogenic activities seen on the electroencephalogram.

Significant alkalosis does not appear to occur with voluntary hyperventilation at a rate that differs significantly from controls in healthy subjects. Hypocarbia may occur with alveolar and arterial carbon dioxide tensions dropping below 35 mm Hg or an induction of central apnea through both rostral and caudal

ventrolateral nuclei of the medulla oblongata, which modulate sympatho-parasympathetic tone and, notably, vagal tone (Kerr and Julu, 1999).

Observations of blood pH during voluntary over-breathing in normals do not support the respiratory alkalosis hypothesis (Gerbarg and Brown, 2005). The pivotal studies of Hornsveld demonstrated no significant differences in PH and blood chemistry with hyperventilation and have been reproduced numerous times in the intervening 2 decades, although the theory is still reproduced without critical comment in a number of venues (Alexopoulos, Christodoulou and Toulgaridis, 1996; Kerr and Julu, 1999; Rhinewine. and Williams, 2007)

Decreased cerebral blood flow has also been hypothesized to cause hyperventilation's effects of on the brain, and psychedelics have been hypothesized to work similarly (Carthart-Harris, et al, 2012; Kerr and Julu, 1999). Theoretically, the resulting reduction in cerebral blood flow was thought to allow subcortical [limbic and brain stem] activity, to be released from the inhibitory influences associated of the neocortex (Rhinewine. and Williams, 2007). Then, subconscious or unconscious processes were presumed to emerge into consciousness (Grof, 1988; Rhinewine. and Williams, 2007). Whether or not cerebral blood flow changes due to the influence of psychedelic drugs, this mechanism of action may not consistently contribute to the psychedelic-like experiences induced by over breathing in HB (Grof and Grof, 1975, 1988). It is possible that the vagal-autonomic influences on the nuclei in the medulla oblongata may influence brain blood flow to certain regions or may drive a slowed brain wave. This may indeed mimic psychedelics effects on the brain, but controlled trials would need to be done to prove this hypothesis (Kerr and Julu, 1999). Minimal respiratory alkalosis during hyperventilation may indeed occur briefly during over-breathing, but it is transient and brief; it appears to be swiftly eliminated by buffers in the blood and compensating renal function within less than 20 minutes. Often, the anomalous transpersonal experiences and carpal-pedal spasm appear after the initial twenty minutes. Since the initial Hornsveld articles in 1996 and 1997, papers continue to appear describing hyperventilation induced respiratory alkalosis, but these results are for individuals with medical illness, not normal subjects.

Hyperventilation syndrome was held responsible for much of the symptomatology of panic disorder from its initial delineation in 1937 to the 1980's. This notion has been replaced by the view that other factors such as autonomic instability underlie both hyperventilation and panic disorder. Although there is a clear association between panic and hyperventilation, "the neurologic basis for this is still unresolved" (Kerr and Julu, 1999).

Are there other candidates for a mechanism of action of Holotropic Breathwork´s psychedelic-like experiences? Two alternative explanations are proposed in this paper: the autonomic nervous system and SARs theory, and the polyvagal theory.

Autonomic nervous system and SARs

Alternative explanations may include the parasympathetic autonomic nervous system changes induced by over-breathing as occur during yogic voluntary breathing exercises, called *pranayama*. Pranayama breath exercises change the autonomic tone of the upper thorax and neck at the level of fibroblasts by affecting the *slowly adapting stretch receptors* [SARs]. This leads to a change in chemical regulation of the peripheral nervous system, as well as effecting reflex synchronization of brain electrical activity (Jerath et al, 2006) There is not a lot of data on SARS physiology. However, the regulation of breathing has been noted to induce an emotional calming effect in many studies. Stress and anxiety reduction does occur in HB, but often it is only one of many diverse affects produced.

Polyvagal theory

Another candidate for generating psychedelic-like states of consciousness in yoga and shamanism is *polyvagal theory*, which plays a part in the SARs theory in the reflex brain synchronization. The 10th cranial nerve, the vagus, "wanders" through the trunk of the body, enervating multiple areas such as the larynx, respiratory, gastrointestinal, and cardiac physiology. Some yogic traditions have proposed that over-breathing drives the rhythmic afferent vagal impulses from the pelvic diaphragm to the brain, altering the neurophysiology. The vagal nerve distributes feedback to multiple areas of the brain, releasing substances as oxytocin, dopamine, serotonin, and norepinephrine (Gerbarg and Brown, 2005). Oxytocin is currently considered to be involved in the neurophysiology of the mother-infant bonding, as well as the boundarylessness of states of serenity and the romantic bonding and empathy. Multiple other neurotransmitters are released by the afferent impulses of the vagal nerve, including endorphins and encephalins. There are reports that stress-reduction programs involving over-breathing relieve PTSD/trauma symptoms. It has been proposed that these benefits occur by stimulating the vagus nerve (Gerbarg and Brown, 2005). The afferent vagal nerve input to the brain is widely distributed to multiple regions, and releases various neurotransmitters, both cortically and subcortically. These alterations in neurochemistry may promote mystical and/or trance states of

consciousness reported in yoga and shamanism (Sivananda, 1935).

Neurophysiology may support the yogic claim that toning the vagal nerve gives the experience of "therapeutic" expanded states of consciousness (Eliade, 1951, 1958; Gerbarg and Brown, 2005; Harner, 1990; Patanjali, 1912; Sivananda, 1935). This theory is compromised by negative emotional states of distress and alienation, which are associated with over-breathing and perhaps vagal toning (Eliade, 1951, 1958; Grof, 1988; Harner, 1990). Such challenging, difficult states occur in yogic, shamanic, psychedelic, various mystical states, as well as in HB sessions (Cardena, Lynn and Krippner, 2013; Eliade, 1951, 1958; Grof, 1988; Harner, 1990, 2013; Sivananda, 1935, 1999). These negative states are usually viewed as transitional stages on the way to more integrative, inner harmony. (Cardena, Lynn and Krippner, 2013; Eliade, 1951, 1958; Grof, 1988; Harner, 1990, 2013; Sivananda, 1935, 1999). These difficult states include journeys to underworlds, experiences of cosmic dissolution and disintegration, hell states, and other themes of intense suffering. (Cardena, Lynn and Krippner, 2013; Eliade, 1951, 1958; Grof, 1975; 1988; Harner, 1990, 2013; Huxley, 1954; Sivananda, 1935, 1999). Vagal toning would need to be able to generate predictable sequences of positive and negative anomalous transpersonal experiences; these highly complex narratives might be considered to lie beyond the information capacity of a small nerve bundle, even with the rich neurophysiological distribution of the 10th cranial nerve [vagus]. The fullness of mythopoetic imagery as experienced in HB, shamanism, psychedelics, and meditative disciplines has also been classically described in the works of Homer, Virgil, Dante and different shamanic tribal cultures; it requires an enormous narrative capacity (Cardena, Lynn and Krippner, 2013; Eliade, 1951, 1958; Grof, 1975; 1988; Harner, 1990, 2013; Homer, 2009; Huxley, 1954; Ovid, 2009; Sivananda, 1935, 1999). The vagus nerve may be able to act as a trigger for anomalous neural nets that might then facilitate narrative [as in classical tales], integrative [and mysterious] experiences that are not generally allowed by culturally conditioned neural networks (Cardena, Lynn and Krippner, 2013; Grof, 1985; 2006). Anomalous transpersonal experiences probably require the support by highly complex neural network involving cortical and sub cortical regions. Vagal toning might disinhibit vast neurophysiological resources. However, this is purely conjecture without empirical evidence, to date. Vagal toning may, therefore, be tentatively proposed as a contender for a mechanism of action for HB. Psychedelic like experiences may be routinely induced by voluntary over breathing, pranayama breath control techniques, and other forms of breath regulation, such as chanting and physical methods of autonomic regulation. Perhaps this vagal toning hypothesis deserves further neurophysiological research.

Classical Western culture

The mythopoetic tradition found in the Western Classical tradition has been significantly discounted by the sensory/objective approach of modern materialism. *Mythopoetic* refers to the making of a myth or myths, according to the OED. Mythopoetic archetypal experiences are reported by artists and poets such as Blake and Wordsworth, whose experiences apparently occurred without the use of mind altering substances (Fay, 1995; Weir, 2003). This debasement has been abetted by materialistic science's, often disenchanting and reductionist perspective (Tarnas, 2006). The classical literature of the West displays intimate familiarity with deep mythopoetic, 'psychedelic-like' experiences. Ancient classical literature narrates the myths of gods and goddesses, titans, journeys to Heaven and Hades, the worship of the planets as deities, the mystery schools of Eleusis, Orpheus, Dionysius, Pythagoras, Egypt, Mithras from the Greco-Roman era and the Celtic Druid Priest craft, Judeo/Christian Cabbalism, Essene mysticism, Islamic Zikr, and the rituals of the tribes neighboring the Roman Empire. These were effectively viewed as poetic conceits until the discovery of LSD and other psychedelics (DeKorne, 1994; Tarnas, 2006).

After WW II, botanical entheogens, LSD-25, other psychedelics, and modern psychopharmacology have reintroduced the three realms [heavens, hells, and a not so ordinary world in-between] of the mythopoetic and shamanic traditions to Western culture. Unfortunately, for centuries these realms had been 'off the map' of customary, rationalistic Western experience. (DeKorne, 1994; Leary, Metzner and Alpern, 1964; Tarnas, 2006). When they were re-introduced in the mid twentieth century by psychedelics and entheogens, there were many adverse reactions from the uninformed medical management of the more difficult aspects of inner journeying. (DeKorne, 1994; Leary, Metzner and Alpern, 1964). These appear to have described in ancient Greek, Latin, and Indian classical myths as well as the shamanic traditions. (Eliade, 1951, 1958; Harner, 1990, 2013; Homer, 2009; Huxley, 1954; Ovid, 2009; Sivananda, 1935, 1999; DeKorne, 1994; Leary, Metzner and Alpern, 1964). Linguistic roots continue to display the classical period's understanding of consciousness and the psyche of contemporary Western languages, and they continue to be reflected in ordinary speech. *Psyche* is a Greek term and denotes breath, consciousness, or soul. In Ancient Greece, altering the breath may be conjectured to have

meant altering the *psyche*, that is, consciousness. A similar understanding may apply to the Latin word *spiritus*. The end of life and consciousness is still often called breathing one's last breath, or expiring.

The mythopoetic worldviews of the classical world and shamanism have continued in many of the cultures of the non-Western world. The late Basque anthropologist Angeles Arrien has noted that 80% of the 500 cultures studied by anthropology are still utilizing anomalous transpersonal experiences in their healing rituals and rites of transition. In classical yoga, the Sanskrit word for breath is *prana*, which is the connection of the mind to the soul and universal consciousness, *Atman-Brahmin*. Altered breath control in yoga, *pranayama*, is considered a powerful technique for achieving expanded consciousness in various yogic traditions in Asia. *Bhastrika*, or bellows breathing [a form of voluntary over-breathing], is a *kundalini* yoga tradition technique employed to produce anomalous transpersonal states including the boundaryless experience of *Atman-Brahman* in the practitioner. (Eliade, 1951, 1958; Harner, 1990, 2013; Huxley, 1954; Sivananda, 1935, 1999; Weir, 2003).

Music

The music-breath combination format similar to HB has been facilitating anomalous transpersonal experiences in a great many human cultures for at least 70 to 120 thousand years or more. (Clottes, Lewis-Williams and Hawkes, 1998; Eyerman, 2013; Lewis-Williams and Pearce, 2004). Some music formats were developed for psychotherapy during the mid-twentieth century by Helen Bonny and others (Bonny, 2002; Pickett, 2002). Grof employed a music format for LSD-25 research sessions at the Maryland Psychiatric Institute, when the psycholytic model of 30 to 60 psychoanalytically oriented sessions was curtailed by legal research restrictions on psychedelics. The political atmosphere of the time restricted the legal use of psychedelics such as LSD, and the research format was limited to 3 sessions. Music was found to help facilitate access to deep emotional, psychologically integrative states in individuals suffering from thought, mood, anxiety and substance disorders- the exception was obsessive-compulsive disorder, which did not appear to respond (Grof, 1970; 1988). Similar results to 30 to 60 sessions of psycholytic therapy (using low doses of LSD or other psychedelics) were observed in 3 sessions of music assisted LSD psychedelic therapy sessions (using high doses of LSD or other psychedelics).

Gentle music opened LSD-assisted psychedelic therapy sessions. In HB, soothing, gentle music was moved to the end of the session to assist re-entry with grounding back into ordinary states or externally oriented reality. Sonic driving music is employed in the beginning of HB sessions as it helps activate the effort involved in voluntary "over" breathing". More emotionally challenging music is placed in the middle. A similar format may be found in many classical music compositions with allegro, forte/ mezzo forte, and adagio [crescendo/ climax/ decrescendo] (Caplan, 1998).

Music helps facilitates inner self-reflection and emotional access. It appears to have an integrative effect on the neurophysiology and engage the entire brain: cortical, subcortical, brainstem, and autonomic (Harner, 2013). Rhythmic drumming, singing and chanting is used in many cultures to induce non-ordinary, trance, mystical, and shamanic states, for both religious/spiritual and healing purposes (Eliade, 1951; Harner, 1990, 2013, 2014). The musical rhythm and rhyming of poetry, and certain cadences in spoken language and theatrical productions appear to allow access to the cathartic mythopoetic realms, that express realms beyond the surface meaning of the words employed (Eliade, 1951; Grof, 1985, 1988; Yogananda, 1946; Whalley, 1997). This does not occur in analytic discursive narratives, especially those well-reasoned and logical discourses that are the staple and substance of most scientific literature. The mathematical formulae, such as those in physics, have been found to produce a similar integrative state, sometimes described as elegance or beauty by the scientists involved, like LSD assisted therapy, in which the experimental sessions use music "to deepen self-awareness and facilitate emotional processing" according to Dr. Peter Gasser (2014).

Discussion

These two elements, over-breathing and music provide access to anomalous experiences of non-ordinary states. Some of the neurophysiology is already understood to provide emotionally integrative, unitive states. The access to dissonant states is not as well studied in music or polyvagal theory, however these challenging states are observed to be part of the journey in HB (Grof, 1988; Grof and Grof, 1989). They require understanding and support on the part of both the experiencer and the facilitator. Clinical observation and traditional shamanic- mythopoetic wisdom indicates that these states may need to be fully experienced in order not be gripped by them, either consciously or subconsciously (Grof, 1988; Harner, 1990; Grof and Grof, 1989).

Dr. Grof offers etiological theories of the etiology of panic, choking, terror, etc, based on an expanded model of psychodynamic causation (Cheetham, 2012; Grof, 1985, 1988; Grof and Grof, 1989; Harner,

2013; Hillman, 1972). Cognitive models have heuristic value; they may allow a cognitive reframe, a change in perspective, which has the potential to free a person to embrace experiences of deep-rooted trauma or conflicts in a new way. There utility lies in their explanatory power, which may provide the courage to work through highly challenging experiences. The model employed can transcend current understanding of subjective history and experience. Cosmic mythologies, alternate universes, metaphysical realms, and non-duality are models employed as part of the healing narrative. (Cheetham, 2012; Hillman, 1972; Langer, 1958).

These may indeed be a product of a cultural syntax, or some inherent property or language, a function of psycholinguistics of certain languages, and have only a temporary, relative value as an explanation. They are models derived from culturally conditioned linguistic lenses, and the projections inherent in conditioned cognitive habits or sensory perceptions. A deconstruction of a particular language into its root symbols and underlying logic may demonstrate its particular explanatory utility (Cheetham, 2012; Hillman, 1972; Langer, 1958). The appetite for narrative and the emotional logic of stories appears to be inherent in humans.

Narrative and the capacity for storytelling of emotionally cathartic drama appear to be innate in human beings. Symbol making associated with deeply gripping emotional energy may indeed be therapeutic. James Hillman has explored the myth of therapy, the healing act of the narrative in biographical story telling (Hillman, 1972). Personal biography satisfies a certain internal need for emotional growth through the creation of a personal myth. The sharing of intimate, biographical drama may satisfy both shameful- dissonant and nurturing-harmonious contexts. In *The Poetics*, Aristotle ascribes healing power to the release of dissonant feelings, termed catharsis, in the mirroring provided by witnessing tragic drama (Whalley, 1997). HB mobilizes dissonant, cathartic, as well as euphoric and deeply nurturing feelings and internal mythopoetic experiences. Themes of death, loss, defeat and other grievous emotionally dissonant states may give way to struggle, rage, belligerence and then to resolution, peace, ecstasy and transcendence (Grof, 1985, 1988; Rhinewine and Williams, 2007). In HB, the entire cycle may repeat itself, perhaps several times in in one session.

Information theory, as developed by Claude Shannon (1949), posits noise as the basis of signal or information. The formulae require both noise and signal to be infinite. That infinite information is based on a greater infinite noise and that these two infinities give rise to recognizable patterns of meaningful narrative is a form of magic we take for granted daily. The mystery of the creation of meaning compares with the complexity of the formation of matter from the infinite quantum field. Both are *mirabile dictu*. HB, like life itself, is powerfully engaging, cathartic, nurturing, and remains mysterious.

Conclusion and Future Suggestions

HB, developed by Stan and Christina Grof, is a major contribution to the exploration of non-ordinary states of consciousness. It reliably accesses the Jungian collective unconscious without the use of drugs. It remains an open research challenge to determine what physiological and/or psychological factors facilitate non-ordinary states of consciousnes, whether with drugs such as psychedelics and entheogens or without them. Thanks to the persistent efforts of Rick Doblin and the Multidiscipline Association for Psychedelic Studies (MAPS) to promote research in this field, clinical studies are again being pursued and published. Dr David Nutt, chair of the EU's psychopharmacology committee, has published data showing the low risk of harm with these substances. HB appears to be another low risk methodology.

Robert Cloninger has developed the first genetically based, validated, scale of transpersonal experiences in the Temperament and Character Inventory (Cloninger et al, 1994; Cloninger and Svrakic, 1997). This scale has found wide acceptance in developmental biological psychiatry and psychology. That profound psychological transformations change is a normal part of the human development is no longer speculative theorization. Responsible governmental agencies are obligated to fund research into the clinical utility of these approaches, as well as to systematically investigate their putative mechanisms of action. Investment of scientific resources into human developmental psychology and physiology represents an opportunity to change the psychology of humanity. Taking this opportunity may greatly improve humanity's survival potential; failure to do so may cause reduce our survival potential and incur incomprehensible morbidity and mortality. R. Buckminster Fuller's analysis of the resources of the planet indicated that we have more than enough resources to live very prosperously, in peace and harmony, without poisoning the planet. A change in the psychology of human beings is what is necessary to allow the rational use of world resources (Fuller, 1972). The climate change crisis has pushed the issues of human transformation to the fore. Political and scientific leaders must investigate and utilize these psychological tools of transformation. This is a matter of profound global urgency.

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***James Eyerman, M.D.**, 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.
Web: www.jameseyerman.com
Email: jimeye108@gmail.com

El Potencial Integrativo de la Respiración Holotrópica en los Procesos de Cierre de la Adolescencia

The Integrative Potential of Holotropic Breathwork in Adolescence Closing Processes

Cristóbal Contreras[1]
Universidad Católica Pontificia
Santiago, Chile

Francisco Zenteno[2]
Instituto Psicológico de Estudios
de la Consciencia (IPEC)
Santiago, Chile

Resumen

El presente estudio indaga en la influencia que tiene la Respiración Holotrópica en los procesos de cierre de la adolescencia. Esta investigación se sustenta en los aportes teóricos de Erikson acerca del desarrollo del ciclo vital, y en el marco teórico conceptual propuesto por Grof, acerca de los estados no ordinarios de conciencia y su naturaleza integrativa. La muestra fue compuesta por 20 personas de entre 19 y 24 años, los cuales participaron en una sesión de Respiración Holotrópica, tras la cual se aplicó entrevistas semí-estructuradas. Los resultados sugieren que la Respiración Holotrópica proporciona contenidos y material psicológico relevante para la resignificación de experiencias pasadas en el marco de la consolidación de la identidad, y facilita un espacio de concientización acerca de aspectos inconscientes que otorgan una comprensión más amplia acerca de la totalidad de la psique. Ambos procesos de integración facilitan y son necesarios para realizar un tránsito armónico y adecuado hacia la siguiente etapa de la vida, la adultez joven. A partir de lo anterior, se ofrece una analogía entre la Respiración Holotrópica y el concepto de Rito de Paso propuesto por Van Gennep, ya que su práctica facilita un proceso de transformación interna propia de los tránsitos del ciclo vital.

Palabras Clave: cierre adolescencia, Respiración Holotrópica, estados no ordinarios de consciencia, identidad, ritos de paso

Abstract

This study explores the influence of Holotropic Breathwork (HB) in the closing processes of adolescence. This research is based on the theoretical contributions of Erikson on the development of the life cycle, and in the conceptual framework proposed by S. Grof about non-ordinary states of consciousness and their integrative nature. The sample consists of 20 people, aged between 19 and 24 years, who participated in a HB session, after which semi-structured interviews took place. The results suggest that HB provides relevant content and psychological material for the reinterpretation of past experiences in the context of the consolidation of identity, and provides an opportunity for awareness of unconscious aspects that give a broader understanding of the totality of the psyche. Both processes of integration facilitate and are necessary for a harmonious and smooth transition to the next stage of life, young adulthood. Based on these findings, an analogy between HB and Van Gennep´s Rite of Passage concept is proposed, as the practice of HB facilitates a process of inner transformation, which is characteristic of the lifecycle transits.

Keywords: adolescence closing process, Holotropic Breathwork, non-ordinary states of consciousness, identity, rite of passage

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Introducción

La adolescencia es definida como una etapa o fase del desarrollo humano que se extiende entre la infancia y la adultez, la cual está caracterizada por fuertes cambios a nivel fisiológico, psicológico y social(Pérez-Díaz and Rodríguez, 2007). Una de las principales tareas y metas asociadas a la adolescencia es la constitución de la identidad. En este sentido, Erikson (1974) sostuvo que aquellos jóvenes que se encuentran afectados por la revolución fisiológica de la maduración genital y la incertidumbre acerca de los roles adultos que deberán asumir en el futuro próximo, resultan estar abocados de manera espontánea a la formación final de una identidad. El adolescente, entonces, se encuentra en un proceso de rearticulación constante, en el que construye una serie de identificaciones nuevas, aunque sin renunciar por completo a las primeras identificaciones infantiles. En este transcurso, el sujeto se ve impulsado a resolver el problema de cómo conectar los roles y habilidades del pasado, con los prototipos ideales del presente, asociados ahora a valores del mundo adulto.

Este proceso de adquisición o consolidación de la identidad no se configura como la única finalidad de esta fase, sino que además y, en conjunto, coexisten otras necesidades de logro tales como la construcción del espacio subjetivo, la construcción del proceso de emancipación (Efron, 1998) y de un proyecto de vida. El final de este periodo se denomina *adolescencia tardía*, y comprende aproximadamente las edades entre 18 y 28 años (Quiroga, 1999). Este momento se caracteriza por la resolución de las problemáticas atingentes a la adolescencia, las cuales conducirán a quien las atraviese hacia el estado de la adultez. En cierta medida, se refiere a aquel espacio en el cual se terminan de arraigar en el sujeto los aspectos psicológicos principales que normalizan la etapa de la adolescencia.

Una de las particularidades que caracteriza la *adolescencia tardía* reside en que es una transición especifica dentro de la vida de una persona, en la cual se re-significan y se reestructuran muchos contenidos y aspectos de la vida psíquica del sujeto. Es un periodo en el cual se integran aquellas identidades infantiles y púberes, al ideal de las identificaciones actuales más cercanas a la adultez, para generar y otorgar un sentido de mismidad y continuidad al sujeto (Erikson, 1974). Se trata, entonces, de un punto clave en la historia del desarrollo maduracional, debido a que se ponen en juego las capacidades para generar una integración y articulación coherente de las experiencias, en una estructura sólida y perdurable que conocemos como personalidad.

Como vemos, se trata de un proceso sumamente complejo sin comparación en la vida del sujeto y que, sin embargo, se encuentra desprovisto de prácticas y referencias sociales significativas que ayuden a encuadrar y significar dicha transición de manera íntegra y coherente con las problemáticas del hombre moderno.

Hoy en día, las sociedades modernas de occidente disponen de ciertos ritos que pretenden simbolizar dicha transición; sin embargo distan bastante de su propósito, debido a la insistencia de situar el énfasis del ritual desde el exterior del sujeto, y no desde su interior. Un rito usual en la adolescencia son las fiestas de quince o las graduaciones escolares, en las cuales los adolescentes se visten como adultos, consumen alcohol y participan de la vida social de los adultos. La posibilidad de participar como votante en el mundo político y cívico, así como la responsabilidad jurídica y la obtención de la licencia de conducir, se instalan como prácticas de tránsito. No obstante, su relevancia como rito es bastante relativo desde el punto de vista psicológico (Alegret, 2005). De la misma manera, el tránsito mediado desde la adolescencia a la adultez está marcado por el fin de la formación profesional y el inminente ingreso al mundo del trabajo, a su vez entendido como una búsqueda aún no satisfecha de autorrealización personal, ahora asociada a una presunta autorrealización laboral (Postman, 1999).

Se trata de ritos alejados de la experiencia interna de cambio y trasformación que caracteriza a los adolescentes en su tránsito hacia a la adultez, donde la connotación social de los momentos de cambio parece cobrar mayor relevancia que las expectativas, miedos y fantasías que tienen los sujetos frente al nuevo futuro posterior al cambio. De este modo, pareciera que los ritos ofrecidos por nuestras sociedades para acompañar, simbolizar o canalizar los procesos de la adolescencia, no ofrecen el espacio adecuado para que dicho proceso se lleve a cabo de manera íntegra y significativa.

En este sentido, la falta o carencia de espacios de transición coherentes con las transformaciones psicológicas internas de los adolescentes puede resultar ser causante de muchas de las conductas disruptivas que se presentan en esta etapa, tales como el abuso de alcohol y drogas, prácticas sexuales irresponsables, conductas antisociales u oposicionistas, etc. Precisamente es debido a la tendencia occidental de ritualizar las transiciones desde la referencia externa y no interna, que aquellos sujetos insatisfechos por la superficialidad de los ritos convencionales terminan por buscar en estas conductas disruptivas, prácticas y rituales que resulten más significativos para ellos mismos.

No obstante, consideramos que en el marco de la psicología transpersonal existen prácticas y técnicas psicoterapéuticas que eventualmente podrían acompañar y facilitar un tránsito significativo para el sujeto, en tanto parecen suscitar procesos de profunda integración

psicológica, tales como la Respiración Holotrópica (Grof y Grof, 2011).

La Respiración Holotrópica (RH) es una herramienta psicoterapéutica desarrollada por el Dr. Stanislav Grof y su esposa Christina en la década de 1970, y orientada hacia la auto exploración y sanación profunda. Se trata de un proceso continuo de hiperventilación provocado por la práctica de un ritmo respiratorio más intenso y profundo del habitual, acompañado por trabajo corporal específico y música evocativa. Su eficacia como técnica psicoterapéutica se sustenta en el poder heurístico y sanador de los estados no ordinarios de consciencia, el cual en este caso se reproduce en intensos procesos de psicosomatización, visualizaciones y otros fenómenos de naturaleza psicoide (Jung, 1960), provocados por el ejercicio mencionado (Grof, 1994).

A diferencia de los estados alterados de consciencia conocidos por la psiquiatría y psicopatología tradicional, en los que las funciones cognitivas (neurológicas, mentales) que se encuentran a la base del funcionamiento consciente se ven afectadas y mermadas (Dusek y Girdano, en Méndez 2007), en los estados no ordinarios de conciencia u holotrópicos "no perdemos completamente nuestra percepción de la realidad diaria mientras que, por otro lado, nuestro campo perceptivo se ve desbordado por el contenido procedente de otras dimensiones de la existencia y del psiquismo. En tales casos, estamos experimentando de forma simultánea dos realidades muy distintas" (Grof, 2002; pp. 23).

Según Grof (2002), los estados holotrópicos son acompañados muchas veces de una profunda experiencia de transformación psicoespiritual que ayuda a generar una mayor amplitud en nuestra visión del mundo, una importante comprensión de los aspectos más relevantes de nuestra identidad, y también de las dimensiones numinosas de la existencia. Fundamentalmente, la RH tiene como objetivo proporcionar una integración del material psíquico inconsciente que no ha sido acomodado por el organismo tanto en su dimensión psíquica como somática (Grof, 1994). Otro principio fundamental subyacente a esta herramienta son los procesos de amplificación y simplificación de los procesos psicológicos, los cuales facilitan que la persona desarrolle los procesos de elaboración e integración de material psicológico profundo. (Grof, 2005). Este mecanismo de simplificación y amplificación psíquica es, según Grof, una cualidad específica de los estados holotrópicos de consciencia, y facilita el trabajo con material inconsciente no elaborado. La elaboración e integración de dicho material se traduce en una liberación energética y emocional muy significativa para la persona, permitiendo la sanación o curación (Grof, 1998).

Con el uso de la RH en el contexto terapéutico proporcionado por la psicología transpersonal, los sujetos pueden vivenciar diversas sensaciones, imágenes y experiencias, las cuales se relacionan directamente, según Grof y Grof (2011), con aspectos inconscientes tales como traumas psicológicos y psicofísicos, experiencias ligadas a la vida intrauterina, encuentros arquetípicos, y experiencias transpersonales y numinosas, entre otras.

Más allá de la diversidad de experiencias posibles que otorga el uso del trabajo holotrópico, resalta la estrecha relación que guardan estas experiencias con la resolución de conflictos de la vida personal de lo sujetos. Según las observaciones de Grof en su trabajo con terapia psiquedélica (2005), el hecho de experimentar diversos contenidos psíquicos en un estado holotrópico genera una sensación de alivio, cura o sanación en los sujetos que los experimentan: precisamente una de las cualidades principales de los estados holotrópicos parece ser la desinhibición del complejo sistema defensivo del que dispone el aparato psíquico.

De tal modo, se ha sugerido que la aplicación de la RH resulta muy pertinente y útil en el contexto psicoterapéutico, ya que representa una rica fuente de información relevante respecto de la vida y la identidad del sujeto. (Grof, 1998).Dadas las relevancias epistémicas que conllevan el uso de la RH, y el potencial terapéutico que la subyace, así como también, debido a la falta de ritos significativos para las transiciones en el ciclo vital humano, se hace relevante estudiar cómo se relaciona la RH con las crisis que constituyen el cierre de un proceso humano tan complejo como es la adolescencia, indagando en el valor y la contribución que puede tener esta técnica sobre dicho proceso.

Método

Diseño

El presente estudio es de carácter *cualitativo*. Por tanto, los hallazgos han sido realizados mediante análisis interpretativo, y no por procesos de cuantificación. En el presente estudio se busca profundizar e indagar en la cualidad de la relación entre las variables propuestas (Procesos de Cierre de la Adolescencia y Respiración Holotrópica) por sobre la cuantificación.

El tipo de estudio desarrollado es *exploratorio*, ya que se indaga en la relación de variables novedosas y poco estudiadas en nuestra disciplina, y es también un estudio *descriptivo*, ya que se intenta describir las principales características, propiedades y aspectos más relevantes en la manifestación de ciertos fenómenos que afectan a una persona o un grupo social (Hernández, et al, 2003).

El diseño de estudio propuesto es *no experimental*, ya que no se intervinieron o manipularon deliberadamente las variables, sino que más bien se observó los fenómenos tal y como se dieron en su contexto natural. Además se propuso un *diseño transaccional*, ya que se describió y analizó la incidencias de las variables en un momento determinado y tiempo especifico (Hernández, et al., 2003).

La estrategia utilizada fue el *estudio de casos*, dado que posibilitó una comprensión integral de los procesos en cuanto su naturaleza, sus circunstancias y sus principales características, incluyendo el contexto en el cual se desarrollan (Hernández, et al., 2003).

Muestra

La población que constituyó este estudio es de adolescentes que se encuentren en la fase definida como *adolescencia tardía*. La muestra estuvo compuesta por 20 sujetos de entre 19 y 24 años, todos estudiantes de diversas carreras y universidades. Los sujetos fueron invitados a una sesión de RH a cargo del facilitador Javier Charme, se les administró una ficha médica con contraindicaciones, y se les proporcionó un consentimiento informado acerca de las características del presente estudio. Ninguno de los sujetos había tenido una sesión de RH con anterioridad.

El tipo de muestra fue *intencional* o *no probabilística*, y la modalidad del muestreo fue de tipo teórico, ya que el criterio de elección corresponde con levantar información relevante en relación al marco teórico establecido (Ruiz, 1999). Se trató, a su vez, de una muestra con sujetos tipos, debido a que nuestro objetivo fue analizar los valores y significados de un determinado grupo social, a saber, sujetos en la adolescencia tardía.

Para la fase de recolección de los datos se utilizó una *entrevista semi-estructurada*, ya que genera una dinámica en la cual el entrevistado, por iniciativa propia, puede revelar las problemáticas respecto a su realidad interna tal y como la percibe desde su propia subjetividad e interpretación. Esta modalidad de entrevistas se caracteriza por seguir una pauta en la cual ni el texto ni las preguntas están fijadas de forma rígida, priorizando el trabajo sobre ciertos esquemas o ejes temáticos en los cuales interesa indagar, de manera de otorgar al entrevistado un espacio flexible y abierto para su propio desenvolvimiento (Fernández,1993). Además, este tipo de entrevista permite al entrevistador generar distintos tipos de preguntas en el transcurso de la entrevista con la finalidad de profundizar allí donde le interesa indagar (Hernández, et al, 2003).

Los ejes temáticos desde los cuales se generó la entrevista se relacionan con los aspectos conceptuales provistos por los diferentes autores que se han referido a características y propiedades tanto de la adolescencia tardía como sobre la RH.

En este sentido, se destacan los siguientes ejes:

1- Articulación de Identidades infantiles con los ideales de la juventud (Erikson,1974) .

2- Resignificación de las experiencias pasadas con un sentido de continuidad en el presente. (Erikson,1974).

3- Diferenciación de las figuras paternas y su relación con procesos identitarios. (Erikson,1974).

4- Expresión de manifestaciones corporales y procesos psicosomáticos; reactivación de viejos síntomas y traumas psicofísicos (Grof,2005)- Tensiones musculares, dolores (Reich, 1986).

5- Estimulación y canalización a través del cuerpo de contenidos inconscientes emergentes en la RH: Experiencias Biográficas, Perinatales y Transpersonales (Grof, 2005).

6- Logro de la totalidad de la personalidad: capacidad humana para acceder a un grado creciente de integración de los distintos componentes del psiquismo (Jung,1984).

7- Expansión de la consciencia (Wilber,1977) y nueva información a cerca de la naturaleza de la realidad (Grof,2002).

Procedimiento

El procedimiento consistió en una sesión de RH a la que asistieron todos los sujetos de la muestra. La RH consta de tres etapas; a) Charla teórica en la cual se explica el origen y la naturaleza del trabajo holotrópico, b) la sesión de RH, c) integración del trabajo, realizado a través de un dibujo y de un circulo de cierre donde cada participante comparte lo que el estime acerca de su experiencia.

La RH se realiza en parejas y por turnos. Existen dos roles posibles: el respirador, es decir, el sujeto que practica la RH; y el cuidador, quien está a cargo de satisfacer las necesidades de su respirador, como por ejemplo darle agua, llevarlo al baño, quitarle la ropa si se acalora, taparlo con frazadas, o llamar a un facilitador en caso de que el sujeto que respira necesite un trabajo especifico corporal o psicológico. Las sesiones duraron aproximadamente entre 2 y 3 horas por cada turno.

Luego de que los participantes participaran de sus respectivas sesiones, se les solicitó que intentasen expresar, reflejar o describir su experiencia en algún

dibujo o *mandala*, con el fin de plasmar y condensar la experiencia en algún elemento, con el objetivo de facilitar el proceso e integración. Posterior a eso se llevo a cabo el circulo de cierre o *sharing*, en el que poder compartir la experiencia.

Luego se realizaron las entrevistas pertinentes después de transcurridos seis días desde la experiencia. Los investigadores consideramos este intervalo de tiempo pertinente para que el sujeto logre hacer un acercamiento y una integración adecuados de lo vivido.

Plan de Análisis

Para el análisis de los datos recogidos se utilizó el esquema o modelo propuesto por Miles y Huberman descrito en Rodríguez Gómez (1996), en el cual se desglosa el proceso de análisis en tres principales etapas; *Reducción de Datos, Descripción y Transformación de Datos*, y *Obtención de Resultados y Conclusiones*.

La *Reducción de Datos*, consiste en generar una selección de la información más relevante con los fines de la investigación. De esta manera, se produce un filtro de aquello que resulta útil al análisis, como forma de reducir la cantidad de información y de generar un proceso más eficaz.

La etapa de *Disposición y Transformación de Datos* consiste en separar y organizar la información en unidades organizadas según los ejes temáticos establecidos, de manera tal que se pueda generar una categorización que permita clasificar los contenidos y datos recogidos según la temática que abordan.

Por último, la *Obtención de Resultados y Conclusiones* es la etapa en la cual se establecen las principales relaciones e interpretaciones, ya sea entre los diversos contenidos con sus categorías, así como también entre las diversas las categorías, con el fin de articular los contenidos recolectados en diferentes ideas, resultados o conclusiones. Es un proceso de integración constante, que busca generar relaciones entre los datos recogidos a la luz del marco interpretativo que otorga el sustento teórico propuesto para la investigación.

Resultados

En relación a los datos recolectados, podemos identificar experiencias relacionadas con sucesos correspondientes al pasado de la vida de los sujetos, respecto de las cuales éstos realizan una determinada interpretación y re-significación, según el caso. Por otro lado, existen experiencias que apuntan hacia una comprensión actual de la personalidad de los sujetos, orientada a integrar aspectos que tal vez se desconocían o permanecían ocultos sin desarrollarse, y que son percibidos como elementos constitutivos de ellos mismos.

Con respecto a las experiencias centradas en la re-significación de eventos pasados, los tres ejes temáticos, que provienen principalmente de los aportes teóricos de Erik Erikson: 1) articulación de Identidades infantiles con los ideales de la juventud, 2) re-significación de las experiencias pasadas con un sentido de continuidad en el presente, y 3) diferenciación de las figuras paternas y su relación con procesos identitarios, se ven representados en los contenidos suscitados por la RH en los sujetos de la muestra.

Con respecto a lo anterior, son relevantes las experiencias en que los sujetos se han identificado con quienes fueron en épocas previas, es decir, con identidades infantiles que hoy en día generan o aportan una comprensión particular acerca de la manera de interpretar el ser y estar en el mundo. Desde la perspectiva de los Procesos de Cierre, la importancia de estas experiencias para el sujeto reside en que, al rescatar mediante la vivencia holotrópica aspectos internos que se ubican antes del inicio de la adolescencia, se puede construir un sentido de continuidad y autenticidad entre dichas experiencias y las percepciones y construcciones que lo constituyen en el presente y que, tal como lo plantea Erikson (1974), son propias del paso hacia la juventud.

En este sentido, un sujeto afirma:

"*Me dejé llevar e inundar por esta emoción que me hizo conectar con diferentes cosas más existenciales mías, como dónde están mis apoyos, cuáles son mis objetivos, mis expectativas del proceso en el que estoy sumergido desde el colegio, como algo mucho más largo, un proceso largo. Me empezaron a aparecer imágenes del pasado y cosas que no las tenía muy presentes y que me doy cuenta ahora de que las había perdido en algún momento de mi vida y que en el fondo son esenciales para definir quien soy*".

En este mismo ámbito, son significativos los procesos de re-significación y diferenciación de las figuras paternas. Los padres, hasta antes del inicio de la adolescencia, constituían las principales fuentes proveedoras de identidad. Por lo tanto, la consolidación de ésta alude necesariamente a procesos que integren y cierren de cierta manera las diversas significaciones que se ha tenido sobre las figuras paternas a lo largo de la adolescencia.

En este aspecto, uno de los sujetos afirma lo siguiente:

"*Años a atrás me di cuenta que teníamos muchas diferencias con mi familia, yo me distancié porque creí que nuestra diferencias eran irreconciliables. Me di cuenta que yo no los podía cambiar y me había*

resignado, entonces después de esta experiencia, al conversar con ellos, yo les dije que ahora tenía una necesidad de reparar eso y de reencontrarme con ellos, y que yo realmente quería cambiar la relación con ellos, porque me di cuenta que mi familia son las personas más importantes de mi vida. Así que dije no quiero seguir así en mi vida, en un farsa relacionarme con ellos, y ahora es mi momento para cambiar la relación y sanarla".

Ahora bien, las experiencias de los participantes no solo dieron cuenta de procesos de resignificación y reconciliación, sino que además hubo experiencias de algunos respiradores que aportaron luces acerca de la relevancia que tienen las figuras paternales en la forma en que los sujetos se perciben a sí mismos y, al mismo tiempo, en cómo quieren ser percibidos por los otros significativos. La posibilidad de desarrollar este proceso tiene implicaciones sobre la capacidad que tiene el adolescente de desarrollar su propia individualidad, permitiendo al sujeto desidentificarse de las proyecciones o expectativas de sus figuras paternas.

Como menciona otro sujeto de la muestra:

"*Me di cuenta de que todavía quería valorarme más a mí misma, y con el tiempo, yo quería manifestar esto a mis papas, entonces yo justamente una de las coas que yo les hable con respecto a nuestra relación, les dije que sentía que estaba recibiendo muchas críticas de parte de ellos y muchas cosas que tenía que corregir y no cosas positivas. Quería sentirme valorada como persona y que me dijeran como ellos me ven, como persona y en cuanto a eso es que pedí que ciertas cosas cambiaran, que por favor tuvieran más cuidado en bajar un poco el nivel de críticas y comenzar a valorarme más como persona*".

Se trata, entonces, de un espacio y un lugar para la renegociación de las relaciones parentales desde la intimidad del mundo interno, las cuales, según los sujetos, resultan significativas para la definición de ellos mismos.

Por otro lado, podemos identificar otro tipo de experiencias que ayudan a que la experiencia holotrópica sea más completa y abarcativa.

Muchos de los sujetos describen experiencias significativas relacionadas con la reedición de experiencias dolorosas, traumáticas, recuerdos olvidados de la infancia, perdidas, omisiones afectivas, etc., que en conjunto representan, en el contexto de la RH, la posibilidad de generar una integración heuristica de aspectos remitidos a una dimensión inconsciente. Estas experiencias no sólo facilitan una comprensión más amplia acerca de la historia vital del sujeto, sino que además, en este caso, permite que el tránsito hacia la adultez se vea fortalecido por la integración de estos nuevos aspectos.

Lo anterior se ve reflejado en el relato que comparte uno de los sujetos de la muestra:

"*Siento que la nostalgia que sentí de mi infancia estaba también muy ligada a los recuerdos que escarbé, la niñez que tuve con mi abuelo, porque yo viví gran parte de mi vida con mi mamá y mis dos abuelos… la extrañeza de mi abuelo, que fue como un padre. Murió cuando yo tenía 12 años o 13 años. No me lo esperé. Fue una neumonía fulminante. . Yo no quise ir al funeral…. Pienso que tiene que ver un poco con la resignación, con la nostalgia que siento de esa niñez con mis abuelos. Un poco con su muerte también, y la resignación a su muerte, que cuando chico no la procesé nada. Después ya mas grande pude aceptar un poco más, cuando finalmente fui al cementerio a verlo… No había ido nunca. Yo me resistía a ir a verlo. Creo que tiene que ver con la sorpresa de que haya muerto, quizás la rabia que tengo también tiene que ver con eso…*".

En gran medida, estas experiencias no elaboradas, no acomodadas o integradas, tienen un correlato en lo somático. Unos de los principales canales mediante los cuales se expresa la energía contenida en el inconsciente es a través del cuerpo (Grof,2002).En el caso de la RH, se genera un movimiento de energía que muchas veces encuentra en lo psicosomático su mejor manera de expresión. Ahora bien, lo relevante de las experiencias observadas al respecto es que dichos procesos adquirieron una significación particular según los propios aspectos psicológicos de los sujetos. Muchas de las tensiones y dolores musculares ubicados en puntos específicos del cuerpo como el abdomen, las piernas y la garganta, contenían un correlato psicológico específico que trascendía la experiencia y que los sujetos podían identificar en sus propias vidas a través de temáticas irresueltas.

En este sentido, uno de los sujeto aporta lo siguiente:

"*Vi imágenes de como la energía fluía en mi cuerpo, vi mis células de dolor, vi donde la energía en mi cuerpo estaba estancada… por ejemplo, me di cuenta de que tenía mucha energía estancada en mi garganta y me di cuenta que era porque tenía muchas cosas que tenía que decir y no podía decirlas. Y necesitaba gritar, sacarlas y luego de eso me concienticé para decir esas cosas que para mí era muy importante decir, porque si no me estaba enfrentando y afectando*".

Lo que se intenta rescatar de estas experiencias, es en qué medida los sujetos lograron dar cuenta

de la relación que estas manifestaciones corporales tenían con la expresión de contenidos y energías inconscientes. Los sujetos comentan que este tipo de experiencias resultó proporcionar información valiosa acerca de las dinámicas defensivas del inconsciente, específicamente con la represión y tensión corporal de material afectivo. La cualidad abreactiva y catártica de la experiencia tuvo como resultado la identificación de material psicológico significativo, su elaboración y la posterior liberación de la carga energética y psicosomática que estaba detrás de dichas temáticas.

Otro aspecto relevante de lo observado fueron todas aquellas experiencias que aluden a las dimensiones perinatales del inconsciente. Con respecto a esta dimensión, pudimos observar una gran cantidad de experiencias que hacen alusión a energías inconscientes, principalmente relacionadas con la ansiedad y el temor que tenían la cualidad intrauterina de las experiencias perinatales.

Desde la teoría de Grof, muchas de estas experiencias tienen su origen en el profundo estrés suscitado por la experiencia del nacimiento y parto. De alguna manera, estas energías no elaboradas permanecen remanentes en las profundidades del inconsciente y están a la base de las principales dinámicas psicológicas del sujeto.

En distintos relatos pudimos identificar cómo los sujetos hablan de experiencias en las cuales se encuentran encerrados, sin aire, con dificultades para respirar, y en las cuales a la base encontramos ansiedad, y que los sujetos logran trasladar e identificar en otros aspectos de su vida, e incluso como elementos constitutivos de la personalidad.

Lo anterior lo podemos ver reflejado en el relato del siguiente sujeto:

"*Empecé a ver como había sido mi experiencia, y fue muy similar a como fue mi nacimiento(….) yo nací muy rápido, nací muy agitada, mi mama llego al hospital a punto de tenerme y yo venía naciendo, fue muy rápido y yo reconocí esa energía en mi vida, como yo soy como nací, mi mama llego súper apurada*".

Lo interesante en este caso no es la presencia de la ansiedad en sí misma, si no el particular modo de vivenciarla, muy similar a las matrices perinatales propuestas por Grof, y en el significado que le atribuyen los sujetos:

"*Comencé a notar en un principio la dificultad de poder respirar, y luego, la necesidad por tener dicha dificultad. En ese punto comencé a respirar como si estuviese ahogándome, como si mi garganta estuviera apretada y no dejara entrar ni salir aire. Era un acto voluntario pero a su vez inconsciente, no respondía a ni una lógica formal pero si a una necesidad interna por experimentar una situación de lucha y sobrevivencia*".

Por otra parte, también se observaron experiencias que aluden a una integración de aquellas fortalezas y recursos que permanecían latentes en la psique de los sujetos, y que emergieron como parte de un movimiento espontáneo del organismo hacia un estado de mayor totalidad e integración. Se trata de experiencias en las cuales las personas manifestaron una sensación de movilizarse hacia una integración, maduración y cristalización de la personalidad a través de una identificación con la totalidad de la psique, en la que aparecen sentimientos y afectos omitidos. En este sentido destacaron los procesos de re-significación de aspectos evaluados por los sujetos como negativos, disruptivos o amenazantes, y la identificación con aspectos positivos de la personalidad tales como cualidades, recursos, herramientas y potenciales. En síntesis, son experiencias que apuntan a una reevaluación del auto concepto, en el sentido que se integran nuevos aspectos y dimensiones omitidas que influencian en la imagen que los sujetos tienen de ellos mimos. Ahora bien, la particularidad observada de estos procesos integrativos es que los sujetos espontáneamente se identifican con ellos como una especie de tendencia propia hacia la totalidad de la personalidad. En la mayoría de los casos, este movimiento acercó a los sujetos a la dimensión espiritual de ellos mismos y los niveles transpersonales del inconsciente, despertando el interés por las fuentes divinas de la existencia y los dominios numinosos de la realidad. Este aspecto nos parece sumamente relevante para nuestra investigación, ya que da cuenta del carácter heurístico de las experiencias suscitadas por la RH:

"*Me di cuenta de al querer tratarme con mas sutilezas, cambio el ritmo de mi vida, sentí que venía muy acelerada, y me dije: quiero estar conmigo misma, cambio la manera de relacionarme conmigo misma. Y sentí mucha fortaleza porque me sentí plena, sentí como que había llegado a un espacio de calma mental, sentí como que vacié mi cabeza y todo se calmó, entonces me sentí poderosa, con mucha voluntad me di cuenta que yo tenía mucha fortaleza, y que ya estaba, no tenia que luchar para tenerla y ser dura conmigo misma. Solo estando tranquila conmigo mismo resultaba tener mucha fortaleza….entonces cambié la energía en mi y cambio la manera en que yo soy en el mundo, en cómo me manifiesto en el mundo*".

Otro sujeto menciona:

"*Siento que yo voy evolucionando cada vez más hacia una integridad. Voy conociendo aspectos nuevos e inconscientes y al hacerla estas cosas cons-*

cientes y darles un sentido me voy integrado, siento que me voy fusionando, creciendo".

Finalmente, el aspecto mas significativo fueron las experiencias que aluden a la identificación de aspectos que van más allá del propio ego (transpersonales), que otorgan nuevas comprensiones acerca de la naturaleza de la realidad y que, en síntesis, suponen una ampliación del autoconcepto gracias a la identificación con fuentes tanto internas como externas de sabiduría e inteligencia superior:

"*Sentí una conexión con una fuente suprema tuve con ese punto oscuro desde el cual salía colores verde azulado con morado, ese punto era como el centro del mándala que yo soy, como que el verme, el ver esa unidad, ese centro interno me conectaba con una fuente suprema que habita en mi….. Esa unidad me conectaba con… realmente con la eternidad, pero desde el punto más cercana de mi mismo. Realmente dentro de mi estaba ese centro organizado de mi ser*."

Discusión y Conclusiones

La re-significación de experiencias pasadas y la integración de aspectos inconscientes (Freud, 1984;Grof, 2005; Jung 1984; Rank, 1972), parecen ser dos procesos que aportan bastante en lo que se define como cierre de la adolescencia. El primer caso supone un proceso de evaluación y re-significación importante, esencial para generar un movimiento de transición segura hacia la adultez, con la confianza que produce atravesar por espacios de integración y re-significación profunda acerca de la propia identidad. Dicho transito se ve respaldado y fortalecido por la concientización de todos aquellos aspectos inconscientes de la personalidad que le otorgan al sujeto una perspectiva más amplia, ya no solo de su identidad, sino de la totalidad de la psique. En este, sentido podemos sugerir que las experiencias suscitadas por la RH en adolescentes tardíos no solo genera un espacio importante de re-significación y consolidación, sino que además proporciona información valiosa acerca de si mismos, con lo cual se facilitan los procesos de cierre con la confianza que produce rescatar los aspectos omitidos de la personalidad.

En este sentido, consideramos que el modo en que se han asociado las variables propuestas en este estudio, a saber, Respiración Holotrópica y Procesos de Cierre de la Adolescencia, ha proporcionado elementos y datos significativos que sugieren que la RH genera una importante incidencia positiva en los procesos de cierre, facilitando su desarrollo. Temas como lutos no resueltos, experiencias pasadas inconclusas, e integración de aspectos inconscientes en general, resultaron tener un valor inusitado para aquellos que decidieron participar de la experiencia.

Los autores consideran que la RH puede ayudar a resolver algunas de sus múltiples aristas de cara a una nueva etapa en el desarrollo como lo es la adultez desde la perspectiva del adolescente. La relación que se establece entre estas variables se sustenta en la similitud que observamos en las dinámicas de integración y reestructuración de contenidos psicológicos y procesos inacabados en ambos asuntos. Dado lo anterior, se considera la posibilidad de que la RH pueda constituir un aporte en la etapa del desarrollo vital que aquí nos interesa.

Por otro lado, proponemos que la serie de conductas disruptivas asociadas a la adolescencia, como lo son el tabaquismo y alcoholismo precoz, o las conductas anti sociales, sostienen una relación directa con la imposibilidad de manifestar en actividades óptimas o adecuadas los contenidos psicológicos propios del proceso de cambio desde la adolescencia a la adultez.

En el contexto de la antropología cultural, se han identificado una serie de rituales en distintas culturas que están diseñados para favorecer los procesos de maduración de los integrantes de una tribu o comunidad. Estos rituales fueron descritos por el antropólogo francés Arnold van Gennep (1960) como *ritos de paso*, y corresponden a prácticas ceremoniales arcaicas que se han desarrollado durante miles de años en diversas partes del mundo, con el propósito de redefinir y trasformar a uno o más sujetos dentro de un colectivo local cultural. De acuerdo con Gennep, los ritos de paso se celebran en momentos críticos en la vida de los miembros de un grupo, y cumplen la función de orientar al sujeto a resolver la problemática subyacente a la transformación.

Los *ritos de paso* poseen, según Grof, una relevante connotación psicoespiritual, que se evidencia en la serie de técnicas desarrolladas por diferentes colectivos culturales con el fin de alterar la consciencia y generar estados holotrópicos asociados a experiencias de muerte y renacimiento, que implican el surgir de una nueva condición en la personalidad de la persona involucrada en dicha práctica (Grof, 2006).

Se ha sugerido que la persona que regresa del viaje propuesto como *rito de paso* no es la misma que se inició en el proceso. El hecho de ser sometido a esta intensa experiencia de transformación psicoespiritual hace que la persona construya una conexión vivencial y experiencial con los motivos que convocaron al rito (cambios en el cuerpo etc.) y, a su vez, con dimensiones de la existencia que aquí hemos definido como transpersonales, y que son multiculturales (Grof, 1994).

Ahora bien, consideramos que en las sociedades actuales industriales no tenemos algo similar a un

rito de paso que dé cuenta de los tránsitos entre ciclo y ciclo en el desarrollo vital. Sin embargo, es probable que "rituales o costumbres, bien seleccionados, entrañen para los chicos vivencias satisfactorias" (Alegret, 2005: 45).

Considerando esto último, y teniendo en cuenta la relación que algunos autores han establecido entre los ritos de paso y los estados holotrópicos implicados en muchos de éstos(Grof, 2006), además de las experiencias que se analizaron en este estudio, los autores sugerimos situar a la RH como una posibilidad de ritualizar el tránsito desde la adolescencia hacia la adultez, en una práctica que involucre de forma innata los contenidos psíquicos implicados en el proceso maduracional.

Desde la perspectiva de la salud psicológica, un proceso adecuado de cierre de la adolescencia debería asumir, orgánica y holísticamente, la solución de las más importantes problemáticas que atañen a la adolescencia, con la intención fundamental de asegurar un tránsito seguro y completo hacia la adultez.

Las similitudes entre estos procesos de cierre y la Respiración Holotrópica propiamente tal y como han sido descritas. No obstante, estas similitudes son las que permiten perfilar a la RH como mecanismo de integración positivo y eficiente a la hora de afrontar el proceso de tránsito en términos de Rito de Paso.

Los autores sugerimos que los alcances de ésta técnica pueden ser altamente gratificantes, tanto para los usuarios como para el desarrollo positivo de un proceso psicoterapéutico. Sin duda, también es posible realizar la RH sin el acompañamiento de un proceso psicoterapéutico. Sin embargo, pensamos que lo óptimo es que se acompañe por éste, sobre todo en aquellas personas que tiene dificultades en sus procesos de cierre.

Basándonos en nuestros datos, consideramos que temas como los ya planteados correspondientes a la diferenciación y re-significación de las figuras paternales y figuras de autoridad, la consolidación de la identidad y la reivindicación de la plenitud de ésta, e incluso la expansión de la consciencia y la integración de material psíquico inconsciente, son ejes importantes frente a los cuales la RH puede ser entendida como herramienta de facilitación del cierre de la adolescencia de forma óptima y adecuada, lo que alude principalmente a su cercanía con el ideal de salud entendido para éste momento del ciclo vital.

Por último, en el marco de las consideraciones para futuras investigaciones, no cabe duda de que la posibilidad de realizar un seguimiento a través del tiempo y de varias sesiones de RH en un mismo sujeto, puede tener implicancias teóricas muy importantes al considerar la eficacia de ésta herramienta en la salud. Un estudio longitudinal parece ser la forma más adecuada para evaluar el potencial transformador de los estados holotrópicos en la vida de una persona, ya que permite dar cuenta de un proceso de forma más completa y profunda. La experiencia de varias sesiones se articula como una fuente segura y valiosa de información, de autodescubrimiento profundo y de trasformación real. Es por ello que en este estudio se implicó la noción de Potencial Integrativo, ya que en el curso de una sola sesión sólo es posible dar cuenta de la integración de algunos aspectos de la personalidad de los participantes a partir de sus propios relatos, mientras que en un estudio longitudinal podría evaluarse el Potencial Transformador de la RH en el contexto del ciclo vital.

Desde el punto de vista epistemológico, este estudio resalta la necesidad de sostener el modelo comprensivo acerca de los estados holotrópicos propuesto por Stanislav Grof, en tanto parece ser el único marco conceptual capaz de explicar y dar sentido a las experiencias que aquí se han tratado, y de muchas otras que aún resultan inexplicables para la psicología y psiquiatría en general.

La capacidad de Grof para reunir corrientes tan diversas como el psicoanálisis, la psicología transpersonal, la bioenergética y el chamanismo, ha sido decisiva a la hora de construir una reflexión respecto de la utilidad de la RH y su potencial integrativo.

No obstante, el potencial de los estados holotrópicos de consciencia en el contexto terapéutico requiere aún de más indagación y estudios que, por un lado, utilicen un marco explicativo adecuado que movilice a la disciplina a instalar nuevos modelos comprensivos y, a su vez, que demuestren la relevancia de los estados no ordinarios para la salud humana y para la psicología en general.

A la luz de este estudio resultaría especialmente interesante una investigación futura que dé cuenta de la relación entre la RH a y psicopatologías específicas presentes en la adolescencia tales como el abuso de sustancias, conductas anti sociales, depresión adolescente etc. Este estudio representa un precedente significativo para futuras investigaciones en esa línea, dado que los datos recogidos, apoyan el potencial de integración y la cercanía que tienen los resultados de la práctica de la RH con un cierre adecuado de la adolescencia.

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[1]**Cristobal Contreras** es psicólogo clínico con experiencia en la atención pública y en intervenciones psicosociales. Licenciado en psicología por la Universidad Diego Portales, Chile. Diplomado en Psicoanálisis Intersubjetivo y sus implicanciones en la Clínica, por la Universidad Católica Pontificia, Chile. Certificación en Psicología Transpersonal y Respiración Holotrópica por la Grof Transpersonal Training, USA. Su interés se centra en desarrollar herramientas, recursos y competencias ligadas al abordaje psicológico de sujetos, y al manejo de situaciones complejas, ya sea en el marco psicoterapéutico o en el contexto psicosocial. Facilita talleres de Respiración Holotrópica y tiene su consulta privada de atención psicológica en Santiago de Chile.
Email: cristobalcontrerast@gmail.com

[2]**Francisco Zenteno** es psicólogo por la Universidad Diego Portales, con especialización en Respiración Holotrópica. Formado en medicina andina, psicodrama y meditación Vipassana. Psicoterapeuta con experiencia en problemas infantiles y de la adolescencia como el VIH infantil, el TDAH o conflictos familiares, también ha trabajado el manejo del estrés y las habilidades sociales para empresas y organizaciones. Actualmente se desempeña como docente en el Instituto Psicológico de Estudios de la Consciencia (IPEC) en Chile.
Email: franciscozentenopsi@gmail.com

Holotropic Practice and the Promise of Full-Spectrum Transformation

La Práctica Holotrópica y la Promesa de una Transformación de Espectro-Completo

Martin Boroson*
Stanislav and Christina Grof Foundation
Cambridge, MA, U.S.A.

Abstract

Philosopher Ken Wilber has called for a "full spectrum" approach to personal transformation, one that would embrace all levels of consciousness (e.g. body, mind, soul, spirit). This article considers how holotropic practice, devised by Dr. Stanislav and Christina Grof, could fulfil this vision. Although Wilber calls for a variety of practices to be used, one for each level of the spectrum of consciousness, this article shows how holotropic practice could provide a full-spectrum approach in a more efficient way, specifically by: a) diagnosing the most important psycho-spiritual issue to be worked on at the time, b) providing a targeted form of healing or development for that issue; c) offering a prescription or referral for additional help on that issue. Furthermore, this article shows how holotropic practice could help seekers discover levels of the spectrum that were not known to them, and even allow seekers to experience many levels of the spectrum simultaneously, giving them personal experience of and insight into the multi-dimensional nature of being.

Keywords: Ken Wilber, Stanislav Grof, Christina Grof, Holotropic Breathwork, spectrum of consciousness

Resumen

El filósofo Ken Wilber ha propuesto un enfoque de "espectro completo" en el proceso de transformación personal que abarque todos los niveles de conciencia (por ejemplo, cuerpo, mente, alma, espíritu). Este artículo considera cómo la práctica holotrópica, desarrollada por el Dr. Stanislav y Christina Grof, podría cumplir esta visión. Aunque Wilber plantea que se deben utilizar simultáneamente una variedad de prácticas, una para cada nivel del espectro de la conciencia, este artículo muestra cómo la práctica holotrópica podría proporcionar un enfoque de espectro completo de manera más eficiente, en particular: a) proporcionando un diagnóstico del tema psicoespiritual más relevante que ha de ser trabajado en un momento determinado, b) proporcionando una forma específica de curación y/o desarrollo de ese tema; c) ofreciendo una prescripción o referencia para buscar ayuda adicional en relación a ese tema. Además, este artículo muestra cómo la práctica holotrópica podría ayudar a los buscadores a descubrir niveles del espectro de consciencia que no conocían previamente, e incluso permitirles experimentar muchos niveles del espectro simultáneamente, proporcionándoles una experiencia personal y una comprensión de la naturaleza multidimensional del ser.

Keywords: Ken Wilber, Stanislav Grof, Cristina Grof, Respiración Holotrópica, espectro de la consciencia

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Introduction

Since the 1960s, the West has seen a flowering of interest in new forms of therapy and spiritual practice, as well as the unprecedented availability of traditional Eastern spiritual traditions. With so much availability and such diversity, Western seekers[1] face a veritable "supermarket" of transformational practices.

But with so many practices available, how do seekers find the right practice when they need it? It's not clear that an individual who is seeking help—often in a state of distress—is an informed consumer. And many seekers have spent years—and a lot of money—in some form of therapy or spiritual practice that may not have been well tailored to their needs.

Finding the appropriate practice is made even more difficult because various schools of psychotherapy, healing, and spiritual practice differ about technique, goals, and even the nature of reality itself, and these differences may not be at all clear to the seeker at the outset[2].

This article considers the unique value that holotropic practice, developed by Dr. Stanislav and Christina Grof, could play in helping seekers find their way efficiently in this supermarket of transformation. This article will first show how holotropic practice fulfills the challenge set out by philosopher Ken Wilber: that a comprehensive process of transformation should address all levels of the spectrum of consciousness. It will also suggest how the holotropic approach can aid in the efficient diagnosis and healing of psychological and spiritual problems, as well as help individuals find the most appropriate form of practice for their needs.

Finally, the article will identify several ways in which holotropic practice fails to provide full-spectrum approach.

The spectrum of consciousness

One of the key challenges to seekers presented by the availability of diverse therapeutic and spiritual practices is that there can be major differences in method, values, goals and even beliefs from one practice to another.

Philosopher Ken Wilber has developed a theory that gives coherence to the problem of these different claims about consciousness. Marshaling considerable evidence, he suggests that consciousness is arranged as a spectrum, broadly encompassing matter, life, mind, soul, and spirit[3] (Wilber, 1977, 1995).

Typically, each of these levels is the concern of a different branch of knowledge or developmental practice. For example: physicists focus on matter; biologists focus on life (with physicians focusing on the organic causes of illness); psychologists focus on mind; shamans focus on soul, and mystics focus on spirit. Unfortunately, one discipline may ignore, downplay, or disparage the truth claims of other disciplines.

According to Wilber, a truly holistic or integral path would encompass all levels of the spectrum, acknowledging that humans are composed of all of these dimensions, at least in potential[4] (Wilber, 1995).

Wilber thus suggests a "plan" for therapy or self-exploration that would address each level:

> Take a practice (or practices) from each of those levels, and engage whole-heartedly in all of those practices. For the physical level, you might include physical yoga, weight lifting, vitamins, nutrition, jogging, etc. For the emotional/body level, you might try tantric sexuality, therapy that helps you contact the feeling side of your being, bioenergetics, etc. For the mental level, cognitive therapy, narrative therapy, talking therapy, psychodynamic therapy, etc. For the soul level, contemplative meditation, deity yoga, subtle contemplation, centering prayer, and so on. And for the spirit level, the more non-dual practices, such as Zen, Dzogchen, Advaita Vedanta, Kashmir Shaivism, formless Christian mysticism, and so on.
>
> I hesitate to give that list, because, as you know, there are literally thousands of wonderful practices for all of those levels, and I shudder at excluding any of them. But please just focus on the general idea: take one or more practices from each of the levels of your own being — matter to body to mind to soul to spirit — and exercise all of them to the best of your ability, individually and collectively (Wilber, 1999: 198).

This spectrum idea, Wilber suggests, can also be used by physicians and therapists to diagnose patients—to ascertain where on the spectrum the patient's illness originates, and then create an appropriate treatment plan. (Wilber, Engler and Brown, 1986) How a physician or therapist should make that determination is not clear in Wilber's work.

Wilber's suggestion, however, even if considered ideal, may strike many as impossible to implement. Imagine coming home from a difficult day at work after a long commute, then doing the chores and spending quality-time with the kids, and then beginning a full-spectrum regimen of jogging, Tai Chi, psychotherapy, chanting, and meditation. It is interesting in theory, but hard to imagine in practice.

This article proposes that the work of two other

transpersonal theorists, Stanislav and Christina Grof, may provide a more efficient and practical solution. Specifically, the practice they devised, known as "holotropic," may: a) provide a way to diagnose or determine the most important issue for each seeker (or find the level of the spectrum at which a seeker's work will be most efficient, b) offer each seeker the optimal mode of healing for this issue, and then c) provide each seeker with a perfectly customized prescription for additional practice.

Holotropic Practice

Dr. Stanislav Grof, a Czech psychiatrist, was an early researcher into the clinical use of LSD and a key figure, with Abraham Maslow and Anthony Sutich, in the foundation of the discipline of "transpersonal psychology" (Vich, 1988). He was one of the pioneers of clinical consciousness research, and has been cited by Wilber as "arguably the world's greatest living psychologist" (Wilber, 1997b).

Grof's theories were developed initially through his study of the clinical use of the psychoactive drug, LSD. His conclusion was that LSD, when administered in an appropriate set and setting, induces a "non-ordinary state of consciousness" that has inherent healing and transformational value. In this context, LSD is simply the catalyst, or a "non-specific psychic amplifier," for a transformational experience (Grof, 1980).

With Christina Grof, he then developed a technique called Holotropic Breathwork, in which seekers also gain access to similar states of consciousness, but in which the catalyst is not LSD but deep, fast breathing.

Stanislav Grof also coined the term, "holotropic," to describe not just their technique but also certain states of consciousness. According to the Grofs, "this composite word means 'oriented toward wholeness' or 'moving toward wholeness' (from the Greek *holos* = whole and *trepein* = moving toward or in the direction of something) (Grof and Grof, 2010).

The Grofs have used this term to describe a large subset of non-ordinary states of consciousness that move us toward wholeness, no matter what practice occasioned these states. For the purposes of this article, however, it is important to consider only those holotropic states that are occasioned by the set and setting specifically formulated by the Grofs. It is also necessary to use just one term to refer both to Stanislav Grof's LSD-assisted practices and the Grofs' Holotropic Breathwork (HB), as this article addresses what is common to both.

This article therefore uses the term "holotropic practice" to refer to both HB and Stanislav Grof's original LSD research. This article also uses the shorthand, "holotropic session," to refer to any session following these requirements, "holotropic state" to refer to any state of consciousness induced by these methods, and "holotropic approach" or "holotropic practice" to refer to the practice in general.

The set and setting that the Grofs developed is quite specific. Seekers lie on a mattress, keep their eyes closed, and have a person nearby (a "sitter") to keep them physically safe. Whether using deep breathing or LSD, the seeker is advised to have no agenda for the session—simply to trust that their "inner healer" will bring into consciousness the experience that is needed. Supportive and sometimes evocative music is played. The facilitator's role is not to direct or interpret the process but to support whatever is emerging. During the session, seekers are free to move their bodies or to cry, scream, sing, chant, shout, spit up, meditate, etc.- whatever the inner experience demands. The facilitators are available to provide focused energy release work, if requested by the seeker, but this work is always guided by the seeker. Interestingly, there is no definite time limit for the sessions; facilitators make an implied commitment to stay with each person until she achieves reasonable closure from the non-ordinary experience (Grof and Grof, 2010).

According to Grof and Grof, in a holotropic session, clients can remember, discover, explore and abreact a wide variety of experiences. In Stanislav Grof's cartography of the psyche, these experiences fall into four categories (Grof, 1988): 1) *sensory* (relatively insignificant physical, visual, acoustic phenomena), 2) *biographical* (primarily unfinished post-natal trauma, including the psychological effect of physical traumas, such as accidents and medical interventions), 3) *perinatal* (relating to biological birth), and 4) *transpersonal* (relating to spiritual dimensions and experiences that transcend the individual ego or personal history).

The relationship between Stanislav Grof´s and Ken Wilber's maps of consciousness has been the subject of much debate, but that is not the focus of this article. Rather, suffice to say that during a holotropic session, seekers can have experiences that pertain to any level of Wilber's spectrum of consciousness. According to Stanislav Grof, this can also include one level, biological birth, which Wilber did not originally include (Wilber, 1997b).

The Grofs believe that having a holotropic experience itself moves a client toward wholeness. From a therapeutic point-of-view, this can be understood as healing; from a personal development or spiritual point-of-view, it can be understood as evolution or transformation. The important point is that the Grofs believe that each holotropic experience moves the in-

dividual to the next appropriate step on his or her journey toward wholeness (Grof and Grof, 2010).

Holotropic Practice as a Full-Spectrum Practice

This article will now suggest the three primary ways in which holotropic practice can be understood as meeting the challenge of a full-spectrum approach to transformation, enabling seekers to "find their way" efficiently. These can be described as *diagnosis*, *healing*, and *prescription*.

Diagnosis

Holotropic practice selects the precise level of the spectrum at which a seeker's effort will be most effective.

In a holotropic state, the psyche seems to select the unconscious dynamic that is most charged—or psychologically relevant—at that time. Stanislav Grof calls this "the psyche's *inner radar*" (Grof, 2000).

The experience that emerges is not one that could have been predicted or planned, but it invariably turns out to be highly relevant to the seeker's growth, according to Grof and Grof (2010). The assumption is that each session *brings a seeker directly to the cutting-edge of his or her personal evolution*—to the issue or question or blockage that is most ripe or relevant in that moment.

There is no external expert who guides or directs this process of diagnosis or discovery—no guru, no therapist. Even those people trained to assist in holotropic sessions ("facilitators") are trained in *not*-knowing; their primary function is simply to keep each seeker safe and help him trust the wisdom of his own "inner healer" (Grof, 2000; Sparks, 1989).

One could therefore say that holotropic practice determines the level of the spectrum that is most efficient for present growth. More specifically, it reveals the precise experience or learning that will be most useful in that moment.

The holotropic session, through this radar-like feature, is like a highly sophisticated diagnostic tool that instantly pinpoints the problem or potential that is most charged emotionally and most significant. Like a form of internal triage, holotropic practice sorts out what is the most urgent, or the most beneficial, to be dealt with. Often this may be very different from what the conscious mind, or any expert, might have predicted.

Of course, the metaphor of diagnosis is not completely accurate here. In the realm of psychotherapy, and even more so in spiritual practice, there may be no objectively verifiable illnesses or conditions (short of organic diseases). Indeed, much of the Grofs' work argues against the use of diagnostic categories (Grof and Grof, 1990). Given this, the word "diagnosis" may be too strong. Still, the metaphor is valuable for two reasons:

1) It elaborates on the very metaphor that the Grofs themselves have used to make sense of their data (the "radar" function). In other words, the Grofs themselves suggest that holotropic practice functions in a way that resembles diagnosis.

2) In the clinical experience of the author, many seekers who engage in holotropic practice report that it does help them find "the real issue." In other words, there is anecdotal testimony from seekers, as well as from their facilitators, that holotropic practice offers something like a diagnosis.

Here are some examples of these anecdotal reports (adapted from some case studies from the author's clinical experience as a facilitator of HB):

Case 1: Jim is chronically angry with his mother, but feels frozen, barely able to express this to anyone and unable to move beyond it. During his holotropic session, however, he re-experiences a car accident that occurred many years before--the moment of impending impact, the way he froze in terror, and the profound shock—and, I the session, is able to release a scream from within that frozen state. This unlocks his anger.

Case 2: Nancy feels frustrated in her practice of meditation. She is starting to lose hope and may give up her practice altogether. During her holotropic session, however, she re-experiences a moment in her birth when the passage was blocked. In the session, she is able to express her full rage at the situation—an expression that would not have been welcome at a silent meditation retreat. This releases the blockage bioenergetically and emotionally, and she then finds that, subsequently, her ability to concentrate in meditation is vastly improved.

Case 3: Frank has taken recreational drugs many times, and is now being overwhelmed by mystical images and is desperately trying to avoid a psychiatric admission. During his holotropic session, he re-experiences a near-death experience in childhood in which he left his body. Exploring

the existential issues involved in this incident helps him to become more "grounded" in his body and feel less overwhelmed.

Case 4: Cathy has been in therapy for many years, working on issues of sexual abuse, but has been locked in a pattern of blame and feels that she is not making any progress. In her holotropic session, she experiences a direct and powerful angelic presence; this experience profoundly opens her heart, giving her an overwhelming and life-transforming experience of compassion for herself and for her abuser.

In each of the above cases, it could be said that doing intensive work at the wrong level of the spectrum would have been inefficient and costly, if not actually counterproductive and dangerous. Thus, the value of holotropic practice as a diagnostic tool could be, first of all, one of efficiency.

Beyond this, holotropic practice can help circumvent some of the epistemological and normative challenges that exist in a world where people can avail of such a variety of therapeutic and spiritual practices. Given that our multicultural, interconnected society now offers people a wide variety of methods, each with its truth-claims, many of which are contradictory, it is likely that even an informed seeker could get confused as to the appropriate method of healing or transformation. Whose truth claims are correct? Which ones are the most effective?

Even the determination of goals within a therapeutic process can be problematic. For example, someone might enter therapy with a goal to get his "normal life" back, but perhaps that is no longer possible, or perhaps this goal is too limited. Indeed, some therapists would argue that the real potential offered by a crisis is not the resumption of an ordinary life but the discovery of an extraordinary one.

When someone is looking for transformation, she is, almost by definition, dealing with the unknown. She doesn't know what her problem really is, what the solution will be, or what particular spiritual insight is lacking. That makes consumer choice in such situations a challenge—a bit like going into a shopping mall, knowing that you need something, but not knowing what that is or where to find it.

In a holotropic session, however, a seeker does not have to know what level of the spectrum to work on, or where his blockage might be, or what the next best step might be. He can do the holotropic session in order to find out. Using holotropic practice in this way--as a method for diagnosis--could be far more efficient than going to the wrong therapist or choosing the wrong spiritual practice.

There is an important additional value offered by holotropic practice when used diagnostically—its ability to help seekers uncover unusual sources of their symptoms. Many people suffering psychological symptoms actually have two problems; the debilitating effect of the symptoms *as well as* the stigma that results from having symptoms that are not matched by external reality (Grof, 1985). For example, consider the situation of a woman who has panic attacks: in addition to the debilitating effect of the panic itself, she must also carry the stigma of being considered "irrational"—i.e. being someone who exhibits unwarranted reactions to everyday situations. It is this secondary problem that can lead her to doubt herself or even question her sanity.

In such situations, where there are seemingly inexplicable symptoms, holotropic practice may enable seekers to discover a story that matches the symptoms. This is because holotropic practice seems to provide both a powerful catalyst for the unconscious as well as an open space—both conceptually and practically—in which an unknown and forgotten story can emerge (Grof, 1985). To follow the example above, the woman suffering from panic attacks might, in her holotropic session, spontaneously relive a birth memory—an experience in which panic is actually an appropriate reaction. Thus, her initial healing may come simply from the relief at realizing that she isn´t irrational or crazy and that her symptoms are not actually meaningless.

Indeed, from this author's clinical experience, the discovery of an experiential match—i.e. finding an inner experience that makes sense of previously inexplicable symptoms—is a common occurrence in holotropic practice. This gives seekers a profound sense of relief—reassuring them that they are not feeble-minded, lacking in character, or mentally ill. It also gives them the opportunity to make sense of and release the issue in a meaningful way; at long last, they know what they are dealing with.

In summary, holotropic practice is proposed to act like a diagnostic tool, helping seekers find the most efficient and effective level of the spectrum at which to do the next stage of their work.

Healing

Holotropic practice determines the appropriate healing modality or spiritual practice for an individual at a particular time.

Each form of therapy or spiritual practice has its own list of proscribed behaviors and recommended techniques. For example, in Zen meditation, the instruction might be to sit absolutely still, in order to avoid distraction, but in *tantra*, the instruction might be

to follow every desire until one experiences ecstasy. In bioenergetic therapy, one might be encouraged to punch a cushion to give full expression to one's anger, but in kundalini yoga, the instruction might be to keep anger internal and channel this energy toward enlightenment.

Each one of these recommendations is internally consistent—it makes sense within its model. Each may be effective if the seeker is 100% committed to that system, and if that system is a good match for the seeker's individual history and goals. But how often is that the case?

As Abraham Maslow said, "I suppose it is tempting, if the only tool you have is a hammer, to treat everything as if it were a nail." (Maslow, 1966) Known as "the law of the instrument," this limitation can have disastrous consequences for a seeker, who might suffer tremendously at the hands of a therapist or teacher who yields the wrong tool for his particular needs.

Holotropic practice, however, is open-minded as to what instrument to use, and indeed seems to have a very wide range of these[5]. Clients are simply encouraged to allow whatever is emerging to emerge without judgment. Clients are only required to keep their eyes closed, so that the experience is not projected onto others, and to stay on their mattress, so that they can be kept safe. Beyond that, there are no other limitations: no time limit, no noise limit, no rules of posture or diet or dress, no institutional hierarchy, no guru, no sacred text.

Thus, if the inner experience wills it, clients can scream, cry, chant, pray, regress to infancy, speak in tongues, meditate, move into yoga postures, leave their body, enter their body, punch a pillow, shake, sweat, gyrate — the list is endless.

In other words, it seems that in holotropic breathwork it is the individual's unconscious that dictates the actual form of practice or therapy, without imposition of any external person's academic framework, cultural background, or religious belief. In effect, the individual's unconscious chooses the right form of spiritual practice or therapy, moment by moment. Remarkably, in the holotropic state, it is even common for a seeker to experience a healing modality or spiritual practice (one of the "thousands of wonderful practices", as Wilber calls them) about which he had no prior knowledge.

In this way, the holotropic session provides a physical and emotional space in which many different forms of transformation can be deployed. The actual form and method of transformation is chosen by the unconscious, and is targeted to the emerging experience. One could say that the seeker´s "inner healer" chooses the form and method of the seeker´s evolution. The lesson learned by each individual, despite its often universal qualities, remains a unique one.

That the mode of transformation is chosen by the seeker's "inner healer" is important for two reasons:

1) Holotropic practice reduces reliance on external authorities or normative values

Every therapeutic or spiritual practice has a normative component—it is dependent on implicit cultural goals and assumptions. For example, what is the best advice to give someone struggling with chronic anger? Is it better for her to use stress reduction techniques, for her to express her anger, or for her to practice loving-kindness meditation? Another example: If someone is experiencing chronic tension, is it better for him to learn relaxation techniques or to intensify the tension until he reaches "breaking point" and then experiences a breakthrough? Sadly, for most seekers, the answers to such questions depend on who is asked.

Even attempts at objective scientific assessment of the value of therapeutic techniques are normative. For example, conventional researchers might assume that a "good result" for someone with chronic anger would be a rapid reduction in the symptom of anger; but if the goal were defined as empowerment, rather than anger management, then perhaps preserving that anger, at least for a while, could be considered essential to the seeker's growth.

2) Holotropic practice allows the appropriate modality of healing or transformation to vary based on time or stage of development.

It is very difficult to assess the absolute or objective value of a particular form of therapy or spiritual practice. A particular modality might work for someone at one stage of development or at one time in his life, or for one particular issue, but be completely wrong or ineffective for the same person at another stage or time, or for a different issue.

So, for example, a person who suffers from low self-esteem might, at one time, need to collapse in utter despair about his disempowerment; at another time, he might need to roar in defiance. A person recovering from childhood abuse may need to learn, at one time, "It was not my fault," but at another time might need to learn a spiritual lesson such as, "I chose this life in order to further the education of my soul." In each case, there is nothing wrong with teaching, *per se*, but timing is everything. And there is no way for an outsider to know what the right time is; indeed, the seeker's own ego may not even know.

Given the challenges of validating objectively the "rightness" or appropriateness of a practice, the

value of holotropic practice may be that it removes the burden of trying to be "right" from the shoulders of therapists and spiritual teachers. For, in holotropic practice, the offer to each seeker is that she may discover what feels right for her.

In this light, the oft-repeated proverb, "When the student is ready, the teacher appears," has a novel application. In a holotropic context, the "teacher" is not a person but a teaching—the teaching that is appropriate to each seeker in the moment. So, in holotropic practice, with no external teacher, the student and the teaching are in a relationship that is dynamic, adaptive, and synchronous. This changes moment by moment.

Indeed, in holotropic practice, the form of healing is often surprising in its uniqueness and specificity. Healing happens in ways that are impossible to predict and with a creativity that is itself mind-boggling.

Furthermore, the holotropic session enables the unconscious of each seeker to find a custom-made resolution, no matter how eccentric that solution might be. The metaphor of genetic medicine, with its promise of new medicines that are calibrated to each individual's specific genetic makeup, could be helpful here, in that holotropic practice seems to offer healing and transformation that are precisely calibrated to each seeker's unique needs[6].

Prescription

Holotropic sessions "prescribe" an appropriate practice for a seeker to follow when outside of the holotropic session.

A holotropic session can also give a seeker insight and clarity about his spiritual values, preferences, and needs. Indeed, many holotropic sessions suggest practices that would be useful for a seeker use as a "follow-up" to the holotropic session (personal communication from S. Grof, 1990-2).

At a more profound level, holotropic practice can also help seekers find their spiritual practice (personal communication from S. Grof, 1990-2). In other words, if a seeker is confused about what therapy or spiritual practice to pursue, a useful approach might be to do a holotropic session, see what emerges naturally, and make the appropriate conclusions. Some examples:

> Case 5: One person found herself torn between a commitment to *T'ai Chi*, *hatha yoga* and Zen meditation. But after a series of holotropic sessions in which her body spontaneously went into yoga postures, each accompanied by physical healing and spiritual insight, her path was clear. She committed herself to a formal practice of *hatha yoga*.

> Case 6: Another person, who normally followed a mystical practice, found that his holotropic sessions focused on a lonely part of his childhood. This gave him an important "prescription" to do some inner child work outside of the sessions.

Having found a new practice through a holotropic experience, a seeker can use this other practice instead of, or alongside, her holotropic sessions, and can do so until the inner dynamic shifts and a different form of practice is indicated. Because of this function, holotropic practice should not be considered simply one of the "thousands of wonderful paths," but a meta-path. It is a post-modern clearing house for everything from biofeedback and psychoanalysis to Alcoholics Anonymous, past-life regression, Sufi dancing and *kriya yoga*.

This also suggests that, given limited time, it may be better for a seeker to focus on one particular practice-- the one that is most relevant at that time-- r rather than attempting to practice all levels at once.

The value of a holotropic session thus seems to extend well beyond the session itself or any healing or learning experienced therein. For the holotropic session can actually give seekers a strong indication of other forms of healing and personal growth worth pursuing at that time.

An additional benefit: "Finding your way"

Wilber's recommendation that seekers choose one practice for each level of the spectrum assumes that each seeker is already aware of and open to all levels of the spectrum. But this is certainly not generally true. Indeed, much of Wilber's work is based on the opposite assumption. His aim seems to be to convince modern "flatland" consciousness of the reality of the whole spectrum, and particularly of those levels that are farthest from the conventional (Wilber, 1996). Therefore, it would not make sense to assume that a person at an average stage of development would be interested in or open to a full-spectrum regimen of transformational practices.

For example, someone at a firmly rational level of development would probably not be open to the idea that angelic messengers could heal his suffering. Similarly, he might also be unwilling to accept the value of a regressive experience such as past-life regression or rebirthing. In other words, such practices, whether higher or lower on the spectrum, would be so far from his typical understanding of reality that he would not find them easy to approach or easy to integrate into his life; he could easily dismiss them as being "not rational."[7] Thus recommending higher- or lower-level practices to such an individual, as Wilber does, would not

be likely to succeed.

Participation in a holotropic session, however, does not demand belief in all levels of the spectrum. The seeker simply has to trust her experience and see what happens.

Indeed, from this author's clinical experience, it is routine for a seeker in a holotropic session to be profoundly surprised, and not just about his experience, but about the reality of the level of the spectrum that is implied by that experience, whether this experience involves regression or transcendence. This could be considered an additional benefit of holotropic practice: it enables seekers to experience levels of reality that they had not previously thought valid. The key factor here is that the seeker discovers these levels by himself, and becomes convinced of their reality and value through his own personal process of validation.

In this way, holotropic practice can be understood as providing a structure that enables a seeker to consider, and possibly discover, other levels of the spectrum of consciousness. But it does so in a way that respects each person's integrity and autonomy, as well as his need for self-determination[8].

Some limitations of holotropic practice as a full-spectrum path

Despite the enormous range of experiences and modalities available through holotropic practice, as this article has posited, there are nonetheless some recognized modalities that holotropic practice does not support.

Because the focus of a holotropic session is on the interior of the individual, participants are strongly advised to refrain from opening their eyes or engaging in conversation with other people during the holotropic session. This therefore excludes any kind of dialogical or transactional practice from the process. Thus, during a session, while participants can do much to heal issues about relationship, or even engage in a "conversation" internally, they would not have the opportunity to do this directly with the other person involved.

Similarly, a holotropic session cannot incorporate, by definition, those practices such as Cognitive Behavioral Therapy that require instruction and training, those practices that require a seeker to engage, from a conventional state of mind, or those practices that require attunement to an ordinary state of consciousness (what the Grofs' call "hylotropic").

Furthermore, in the opinion of this author, there can be some bias in holotropic practice against any use of "thinking" in favor of "feeling" or "experiencing." This bias can also be found in other therapeutic and spiritual practices, particularly those that consider themselves "experiential": these practices exclude analytic modes of experience and inquiry, whether that means Freudian psychoanalysis, critical thinking, etc.[9]

Given that holotropic practice does not accommodate all modalities, it is worth considering whether some individual seekers, at certain stages of their process, might not be best-served by it. For example, there may be some seekers for whom a practice that focuses only on the interior of the individual could be harmful or at least inadequate; this might be the case if a seeker were lacking certain life skills and needed occupational therapy, or a seeker required a more interpersonal help, such as couples therapy or group therapy.

That said, there is nothing in holotropic theory that prevents or advises against the use of such practices *outside* of a holotropic session. Indeed, the need for such practices as follow-up work might become clear during the session, as proposed above. The point here is simply to note that it is not possible to follow these other practices *during* a holotropic session; in this regard, the thesis of this article falls short.

Finally, it is worth considering whether holotropic practice is actually a practice in the sense of offering repeated exposure or training in a particular discipline. Does holotropic practice actually help people reinforce a new stage of consciousness and form new habits based on it? Or does it simply help seekers uncover, heal, and explore novel points-of-view on an occasional basis? And do intermittent holotropic sessions qualify as a "practice"? This issue, which is related to the examination of states versus stages of consciousness, is one of particular concern for Wilber (Wilber, 1997b).

A big experience of everything

This article would not be complete without touching on another of Stanislav Grof's theories as it relates to Wilber's spectrum model. From extensive clinical observation, Grof noticed that through numerous holotropic sessions, or even in a single session, a seeker might discover a theme that underlies several of her emotional issues, physical problems, birth dynamics, and confrontation with universal spiritual questions. Grof calls these "systems of condensed experience," or COEXs for short (Grof, 1976). Here is the way in which a COEX might emerge in a series of holotropic sessions:

> Case 7: Throughout much of her life, Samantha has suffered from intermittent throat infections (a physical symptom). In general, she also feels inhibited from expressing herself (an emotional

> symptom). During her first HB session, she remembers a music teacher from elementary school who viciously told her that she "couldn't sing a note" (a biographical memory). In another session a childhood incident emerges in which her brother tried to strangle her (a biographical memory). In re-experiencing this, she screams and screams — releasing long-held muscular tension in her throat (bio-energetic healing). As her process deepens in subsequent sessions, she experiences a moment of her birth when the umbilical cord was around her neck (a perinatal memory), and she realizes that at a deep, unconscious level, she had always confused the drive to emerge and be free with a life-threatening, choking sensation (an existential issue). Then she has a "past life" experience, as a man beheaded for his religious convictions (a transpersonal event). And in another session, she experiences herself as a swan, singing as it dies (a symbolic, archetypal experience). For the first time in her life, she has the experience of expressing herself *or* dying. In this session, she feels her voice restored, and her fear of death diminished. Following this series of sessions, having released so much fear and tension in her throat, she rarely gets a throat infection.

The theory of COEXs can provide some reassurance and encouragement to those seekers who have been through a variety of forms of self-help—from magic mushrooms and encounter groups to psychoanalysis and rebirthing--but have found, to their frustration, that the same old problems keep reappearing. To those many weary souls, the Grofs suggest that holotropic practice can offer some unique perspectives (S. Grof, personal communications, 1990-2). For example

> That it might not be a sign of failure when the same issue keeps emerging in different practices or at different levels; this is how the psyche is structured.
>
> That resolution of an issue may occur only when a certain level has been dealt with. Alternatively, resolution may occur only when all levels have been dealt with.

These insights offer weary or discouraged seekers the possibility that holotropic practice might provide new help—enabling them to find the level or modality through which a more significant resolution or transformation can occur.

There is one more interesting feature of some holotropic sessions, explained by the theory of COEXs, worth mentioning here. In holotropic sessions, it is common for seekers to have experiences that touch on several levels of the spectrum at once. This can be discerned from the numerous case studies and session reports provided by Stanislav Grof (Grof, 1985, 1988, 1992). For example, it is common for individuals to have a profound spiritual realization at the same time as they have a major physical release. Seekers can even have some experiences that seem to embrace the entire spectrum at once. (This also can be deduced from Grof's case studies and session reports, as per above).

These powerful experiences can give those who engage in holotropic practice a remarkable insight, one that is beyond a healing or teaching that is specific to just one level of the spectrum. Grof and Grof suggest that, in such experiences, seekers become aware that all levels of Being are deeply and meaningfully interconnected (Grof and Grof, 2010). Long before the end of their journeys, or before any subjective or clinical assessment of healing, something else is experienced: an ever-deepening awareness — in the fibers of the body and the fabric of Being—of the seamlessness of Creation.

Conclusion

For both Wilber and the Grofs, the psyche is inherently evolutionary[10']—moving sometimes swiftly, sometimes slowly, sometimes sideways, sometimes forward, and sometimes, it would seem, backward, but always with a drive toward transformation (Grof, 1998; Wilber, 1996, 1997b).

With the spectrum of consciousness, not to mention the subsequent expansion of his theories, Ken Wilber has created a model that reconciles the claims of a wide variety of disciplines.

Holotropic practice, devised and developed by Stanislav and Christina Grof, offers seekers a powerful catalyst for transformation, but just as importantly, offers seekers the freedom to meander everywhere and anywhere within the spectrum, bringing them directly to the cutting edge of their own evolution.

The holotropic process requires only that seekers lean toward the truth that is emerging now and here, in the deepest experience of the present moment. With considerable openness—in model and method—, holotropic practice embraces a wide array of ancient forms of worship and many of the modern means of personal growth; it even holds space for paths yet to be discovered.

Notes

1. Given that the conclusions of this article pertain to both therapy and spiritual practice, this article uses the term "seeker" to refer to a person who is engaged in either. This means that the article can avoid using the words "client" or "patient" (which refer only to therapeutic settings); "subject" (which is specific to experimental settings); and "student," "disciple," "initiate," or "believer" (which are specific to spiritual or religious contexts).

2. Some forms of spiritual practice would even posit that a seeker is not the best person to determine what he needs, as it is the ego (and its perceived needs and desires) that is the problem. In other words, according to these traditions, even the seeker is not to be trusted. This makes the issue of "consumer choice" even more problematic.

3. Wilber's work has advanced significantly since he first outlined a spectrum of consciousness, in two important ways:

   a) The names and delineation of levels has changed. That said, it is sufficient for this article to sketch them out roughly, particularly as mapping Wilber's levels to Stanislav Grof's cartography is the subject of much debate. The main point for the purposes of this article is simply that there are levels of consciousness, each with its own truth claims and practices.

   b) Wilber now considers the spectrum of consciousness to be just one of four aspects (or "quadrants") that comprise reality. The spectrum of consciousness, as originally defined, pertains just to the interior or subjective life of the individual. As the focus of this article is on psycho-spiritual practices, i.e. those that target the interior of the individual, it is limited to just that aspect of Wilber's work.

4. A truly integral path, Wilber maintains, would also include the inner ("interior") and the outer ("exterior") of everything, as well as the cultural or social aspect of each level. Following his lead in the following citation, this article restricts consideration to the interior of the individual.

5. The main tools that are lacking would be *interpersonal* in that the seeker is encouraged to not interact with others during the session. As the following section suggests, however, this form of work could be indicated by the session and adopted by the seeker afterward.

6. In this section, there is one special case worth mentioning. This is when a technique or practice unintentionally actives a psycho-spiritual crisis but the therapist or spiritual teacher involved is not able to support this process. In effect, the seeker has begun to have an experience that is outside of the bounds of that practice or its model. A common example of this would be a person in a meditation retreat who starts to re-experience traumatic memories and becomes too emotional to keep the quiet required. Another example would be a person in grief counseling who begins to experience overwhelming mystical insights about life and death, only to be labeled "psychotic" by his therapist. Holotropic practice is remarkable for the breadth of experiences—even extreme ones—that it can accommodate. (See Grof and Grof, *The Stormy Search for the Self*).

7. This problem, which could be called "stage bias," is not confined to those people at a rational stage of development. In this author's clinical experience, a similar problem can be found at any level of development. For example, people considered to be advanced yogis might well object to any suggestion that they might gain some insight from exploring their early childhood issues.

8. As these needs emerge only at a rational stage of consciousness, it would be worth exploring whether holotropic practice is could only have been developed at a rational stage of human evolution. Or perhaps, one could argue that, because of its ability to embrace the practices of many different cultures and truth-claims, holotropic practice is distinctively post-modern.

9. That said, it is the experience of this author that a deeper thinking process does happen spontaneously, sometimes, in holotropic sessions, though this process is rarely labeled as "thinking."

10. All would probably argue that the entire Cosmos is evolutionary; but that is not the focus of this article.

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*__Martin Boroson__ studied philosophy at Yale University and earned an MBA from the Yale School of Management. He was certified to facilitate Holotropic Breathwork in 1993 and facilitated monthly workshops with the Transpersonal Group in Ireland until 2000. He is a member of the European Association for Psychotherapy and is the president of the Stanislav and Christina Grof Foundation. He is the author of the mystical creation story, *Becoming Me*, based on his holotropic adventures. His most recent book, *One Moment Meditation: Stillness for People on the Go*, has been published in thirteen languages; he now runs leadership seminars and workplace training sessions in this technique. He lives in England.
Web: http://martinboroson.com/
Email: martin@onemomentmeditation.com

Respiración Holotrópica y Corporalidad: Una Marca Transversal

Holotropic Breathwork and Corporality: A Transversal Mark

Julio Eduardo Mazorco Salas*
Universidad del Bosque,
Bogotá, Colombia

Resumen

Éste es un artículo exploratorio acerca de la práctica de la Respiración Holotrópica como técnica terapéutica. Pretende dar cuenta de algunas de las manifestaciones corporales vivenciadas en el ejercicio de la Respiración Holotrópica (RH). Se orienta desde una metodología cualitativa y un enfoque fenomenológico en sesiones de RH grupal en la Formación en Respiración Terapéutica en la Asociación de Humanismo Transpersonal SASANA Colombia. Las distintas experiencias evidenciadas, vivenciadas, y compartidas desde la significación de cada participante, permitieron dilucidar las siguientes categorías: Mudras, Tetania, Manifestaciones Psicosociales y Otros. Se concluye que la RH es una técnica que actúa en el marco del cuerpo como una ruta de acceso y manifestación de otras capas del ser humano como la emocional, la mental, y las significaciones de lo espiritual, y que a su vez estas experiencias se relacionan con estados pre-personales, personales y transpersonales durante su práctica.

Palabras clave: Respiración Holotrópica, cuerpo, tetania, mudras, experiencia holotrópica, psicología integral y transpersonal

Abstract

This is an exploratory article about the Holotropic Breathwork practice as a therapeutic technique. The article elucidates some of the physical manifestations that are experienced during a Holotropic Breathwork session. Methodology includes a qualitative and phenomenological approach, which were utilized in Holotropic Breathwork group sessions during the Therapeutic Breathing Formation Training in the Transpersonal Humanistic Association (SASANA Colombia). Reviewing observed and shared participant experiences identified the following physical manifestation categories: Mudras, Tetanynia, Psychosocial Manifestations and more. Conclusions discussed include Holotropic Breathwork's ability to act within the body as a path to the emotional, the mental and the spiritual layer of being. As well, conclusions involve the relevance of these experiences to pre-personal, personal and transpersonal states during its practice.

Key words: Holotropic Breathwork, tetany seizure, mudras, holotropic experience, integral and transpersonal psychology

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Introducción

> "es necesario señalar que el cuerpo está entendido como "campo" y "lugar de cruce" de las fuerzas, en este sentido no es nunca el cuerpo individual aislado del resto del mundo, sino que siempre se halla transido por los otros: las relaciones humanas, las fuerzas históricas, las instituciones, las consignas religiosas, morales, etc. En el cuerpo están no sólo las marcas del individuo (siempre entendido como dividuum, es decir, múltiple) sino también las de su generación y las de las generaciones pasadas, las de su sociedad y las de todas las otras fuerzas que lo constituyen en su entrecruzamiento. Por ello la enfermedad, aún cuando pueda ser aludida de manera individual es, como el cuerpo, al mismo tiempo social" (Cragnolini, 1999: 113).

El avance de la psicología en ramas como la psicología transpersonal y la psicología integral (Assagioli, 2004, Goleman, 1997, Grof, 2010; Leary, 2008; Maslow, 1998; Walsh y Vaughan, 1982; Wilber, 2007a), han permitido ampliar los espectros de comprensión de las posibilidades de lo humano como ser vivo, aportando evidencia relevante a las discusiones actuales en torno a temáticas como: las relaciones hombre-naturaleza, los modelos psicopatológicos, la relación entre psicología y salud, modelos de intervención integrales y holistas, la clínica social, estados de conciencia holotrópicos, experiencias Psi, experiencias casi muerte y la naturaleza de la mente, entre otros (Bohm, 2002; Capra, 2000; Grof, 1994, 1998; Grof y Grof, 2006; Wilber, 2007b).

De igual manera, la visión integral de las distintas terapéuticas ha evidenciado diversas rutas, tanto para el abordaje psicopatológico como para el desarrollo de potencialidades de lo humano, el aumento en los niveles de bienestar físico, emocional, mental y energético/espiritual, la búsqueda y el logro de la libertad, o la llamada cura como una condición de posibilidad, luego de transcender el determinismo del *sujeto anormal* del modelo bio-médico instrumental del saber psiquiátrico (Foucault, 1998). Esto en relación con enfoques emergentes como el psicosomático, la bioenergética, psicoterapias basadas u orientadas en el cuerpo y el movimiento, técnicas de liberación e integración emocional, psicodrama, arte-terapia, sanación a través del sonido, el color, entre otras. Estos enfoques y técnicas, trabajadas con rigor y profundidad, se presentan como condición de posibilidad para la fractura epistemológica interna de cada sujeto respecto a los discursos culturales que orientas su forma de percibir y estar en el mundo. Estos avances, tanto teóricos como experienciales, dan luz sobre la totalidad de cada ser, en el sentido de la coexistencia, coherencia y sincronía de espectros como el pre-personal, personal y transpersonal; y las capas del ser burdas y sutiles (Röhricht, 2009; Wilber, 2007a).

De este modo, el presente texto buscará aproximarse, a partir de la concepción de un sujeto bio-psico- socio- noético o espiritual (Frankl. 2005), a la exploración y estudio de algunas de las manifestaciones corporales en estados holotrópicos de conciencia.

Esta exploración se realizará a partir de una meta-reflexión, y a través de un abordaje teórico-fenoménico, en relación con la práctica de la RH como instrumento de integración terapéutica, en el contexto de la Formación en respiración y grupo terapéutico de la Asociación de Humanismo Transpersonal realizada en Sasana, Colombia.

Respiración Holotrópica

La RH como herramienta terapéutica posibilita la exploración profunda de la vida por medio del acceso a estados holotrópicos de conciencia, cuya etimología (holos-trepein) significa "en movimiento hacía la totalidad". Este proceso se da a partir de un ejercicio personal o grupal que conjuga hiperventilación, guía terapéutica, acompañamiento musical, ojos vendados, trabajo corporal, dibujo de mandas y un profundo deseo de autoconocimiento, autoexploración y cuidado de si (Grof y Grof, 2011). La Respiración Terapéutica es sugerida por algunos autores como condición de posibilidad de vivir y rememorar la totalidad desde una óptica de la actualidad. Es decir, es una herramienta que permite, como señala Grof, experimentar vivencias de tipo biográfico, perinatal o transpersonal -prepersonal, personal, transpersonal- en el momento presente. A su vez, permite adelantar procesos de subjetivación, de autodescubrimiento y auto conocimiento en la sincronía física, emocional, mental, espiritual, y social del *aquí y el ahora* (Grof y Grof, 2011).

Este proceso será presentado como un encuentro consigo mismo y la totalidad, una necesidad de habitarse a sí mismo y al mundo de manera distinta, un *ethos* por develarse a sí y desenmascarar el misterio mismo de la vida y las relaciones universales que esta implica en cada ser.

Lo anterior, referido en un sentido práctico, a la vivencia literal de eventos relevantes que alumbran posibilidades para entender, comprender y compadecer la existencia misma, ya sea a nivel de vivencias específicas, por ejemplo de información perinatal, o experiencias de orden histórico o significadas como espiritual (Grof, 1994).

Desde hace más de dos décadas se han venido realizando diversas investigaciones cuantitativas y

cualitativas estudiando los efectos que produce la RH (Eyerman, 2013; Hanratty, 2002; Le Flamme, 1994; Lee, 2009; Pressman, 1993; Robedee, 2008). Sin embargo, son escasas las investigaciones que han prestado atención a la dimensión corporal del trabajo con la RH (Brouillette, 1997).

Durante las sesiones de RH se manifiesta un nivel de trabajo y sincronía corporal fuerte y relevante (Röhricht, 2009). De manera que el cuerpo como ruta, sirve de escenario en el ahora de la experiencia misma, evidenciado esto en elementos como: cambios a nivel térmico, dolores de diversa intensidad y focalización, movimientos repetitivos, danzas, adormecimiento de algunos miembros, tensiones, posturas espirituales y expresiones de contenido simbólico importante, que son parte del repertorio de posibilidades expresivas a nivel corporal durante la RH (Brouillette, 1997).

De acuerdo a Grof y Grof (2011), durante la RH se genera una movilización de contenidos inconscientes que van drenando bloqueos de energía acumulada en síntomas emocionales y psicosomáticos, posibilitando el proceso de hacerlos conscientes. Es así como la respiración amplifica impulsos inconscientes, manifestándolos en diversas tensiones físicas, permitiendo la integración y resolución de material emocional que ha emergido (Brouillette, 1997).

Es allí donde se expresa y evidencia la relación cuerpo-*holos*, las memorias de traumas físicos, de enquistamientos y bloqueos emocionales, mentales y energéticos; lo inconsciente se expresa así como un síntoma, a través del lenguaje del cuerpo.

No obstante, la experiencia por profunda, sutil o transformadora, no se podrá "capturar" por un observador: por su propia naturaleza interna, sólo se verá su expresión en el campo de lo sensorial, en el marco del cuerpo, a través de la emergencia de manifestaciones durante la RH. De allí la importancia de generar un ruta sensible de comunicación que permita reconocer tales manifestaciones corporales.

Método

> "Aquel sujeto aséptico del cartesianismo, aquel sujeto apriorístico del ego trascendental kantiano, está ahora atravesado por dolores, enfermedades, placeres." (Cragnolini, 1999: 116)

La formación en Respiración Terapéutica de SASANA Colombia se orienta desde un enfoque vivencial, brindando herramientas tanto para el trabajo personal interior, como para la facilitación y acompañamiento a procesos terapéuticos. En este marco, se realizó un estudio cualitativo exploratorio con un enfoque fenomenológico, con el fin de dar cuenta y aportar en la comprensión de las manifestaciones corporales en RH, desde la experiencia directa y las relaciones establecidas desde la observación, y la significación narrativa verbal de la misma por los participantes.

Las sesiones de RH que sirven de base para la presente investigación se llevaron a cabo en una distribución de 9 fines de semana, una sesión por mes. Se desarrollaron talleres vivenciales, con el formato de "intensivos", distribuidos en jornadas de 2 días, con 8 horas de trabajo integrativo por día, de 8 am a 12 pm, y de 1 pm a 5 pm, con espacios para compartir, 1 *break* de 15 minutos en cada fracción del día, con descanso en los hogares particulares.

Se trabaja con un tema por sesión, distribuido de la siguiente manera: a- Historia de hitos y dolores; b- herida infantil y el niño/a interior; c- el tipo de útero del que venimos y cómo nos afecta; d- relaciones interpersonales; e- sexo y amor; f- de la sombra personal y del viaje espiritual; g- abundancia y creatividad; h- del dolor a la compasión; i - desapego y libertad.

A lo largo de los 9 fines de semana, se realiza un total de 14 sesiones de RH, con una duración promedio de 2 ½ horas. Los intensivos, además de la RH, se acompañan de ejercicios individuales y grupales de movilización de contenidos y reconocimiento personal y grupal. Con actividades de trabajo corporal, meditación, otras técnicas de respiración e hiperventilación, estudio teórico de la RH, retroalimentación del proceso, participaciones personales, y diversos ejercicios de arte-terapia.

Tabla 1. *Información metodológica – participantes.*

Número de Respiradores por sesión	13 en promedio
Mujeres	8
Hombres	5
Grupo Base	9
Participantes oscilatorios	Entre 3 y 5 por intensivo
Participantes oscilatorios total	36
Rango de edad todos los participantes	Entre 25 y 60 años
Experiencias previas con RH del grupo base	7 no 2 si
Experiencias previas con RH del grupo de participantes oscilatorios	36 no
Duración promedio de las RH	2 ½ horas
Contraindicación médica o psiquiátrica	0
Total de participantes	45

Participantes

Se trabajó con un promedio de 13 respiradores por sesión, con edades entre los 25 y 60 años de edad. Se tuvo una participación mayoritaria de mujeres sobre hombres, es decir, sobre el promedio de 13 participantes, en promedio 8 personas fueron de género femenino y 5 personas de género masculino. Del total, 2 mujeres fueron extranjeras, y los demás hombres y mujeres, colombianos. Ninguno presentó contraindicaciones o afecciones físicas y/o mentales. En su mayoría, los participantes no contaban con experiencia previa en el uso de la técnica (ver tabla 1).

El total de participantes (45) estuvo caracterizado en 2 subgrupos, un subgrupo base de 9 personas fijas que adelantaron la Formación completa en Respiración Terapéutica, y un subgrupo de participantes oscilatorios, distintos en cada intensivo de acuerdo al tema abordado, que asistieron aleatoriamente a una u otra sesión a lo largo del programa, entre 3 y 5 personas, para un total de 36.

Procedimiento

La información fue recolectada en tres momentos durante cada sesión. La contención grupal posibilitó un marco de confianza relevante para el consentimiento, registro y confiabilidad de la información. El *primer momento* de registro se realizó como parte del grupo de acompañantes[1] de los respiradores, en los momentos en que se realizó, con la posibilidad de presenciar visualmente la ocurrencia de las diversas experiencias corporales posibles, realizando registros observacionales. Un *segundo momento*, a través de la observación participante en los espacios del "compartir" verbal grupal, espacio desarrollado minutos después del cierre de la RH, en el cual se registraron tanto participaciones espontáneas en la temática específica, como preguntas aclaratorias respecto a la presencia de manifestaciones corporales (tipo de experiencia y localización), y significados atribuidos desde la vivencia (experiencia subjetiva). Un *tercer momento*, como parte de la experiencia de RH del propio investigador, sobre la cual se tomaron autoregistros al cierre de cada respiración.

Análisis

Los datos recolectados de lo observado, vivenciado y significado, se analizaron desde una postura fenomenológica-interpretativa. Se identificaron categorías emergentes entre los datos que desde la experiencia permitieran establecer relaciones, y se agruparon temas comunes sobre la ocurrencia de manifestaciones corporales durante la RH.

Para esto, se vincularon 2 grupos de información analizados inicialmente por separado. El *primero*, respecto a la información visible captada y registrada durante la observación como acompañante de las manifestaciones corporales en los respiradores, y en relación con la información verbal referida por los respiradores en las charlas de cierre de cada sesión. El *segundo*, sobre la información registrada en la observación como participante respirador, en autoregistros realizados después de terminada cada sesión.

A partir de los datos, se diseñaron matrices, se agrupó la información y se analizó a la luz del objetivo del estudio. En primer lugar se analizó la información correspondiente a lo observado a nivel físico, y se relacionó respecto a las significaciones referidas verbalmente por los participantes, para así vincular los datos de la experiencia directa del investigador y realizar el consolidado del cuerpo interpretativo.

Resultados

Al ser analizados los datos de la investigación, se dilucidan 4 categorías de manifestaciones corporales durante la RH: *tetania*, *mudras*, *manifestaciones psicosociales* y *otras manifestaciones corporales*. A partir de la información recolectada, se puede afirmar que la totalidad de participantes presentó al menos 1 de las 4 manifestaciones corporales durante la RH, pudiendo haber vivenciado las 4 en 1 sola, o lo largo de varias sesiones.

Tetania

La tetania es definida a nivel médico como espasmos o contracciones musculares dolorosas en las extremidades del cuerpo, con posible presencia de confusión, hormigueo, mareo y náuseas producto de una alteración de la homeostasis interna -ácido-base-, en relación con niveles de bicarbonato y dióxido de carbono, en el que el segundo se aumenta debido al proceso de hiperventilación y la oxigenación corporal (Brouillette, 1997). Ante esta alteración, los riñones incrementan la excreción de bicarbonato, produciendo modificaciones decrecientes en los iones de hidrógeno y un aumento del pH.

Esta manifestación suele aparecer desde momentos muy tempranos de la RH -lo que no excluye el funcionamiento dinámico y su aparición y desaparición en distintos momentos de las sesiones-, iniciando con una sensación de "hormigueo" o pequeños estímulos vinculados con el adormecimiento muscular y la re-

ducción o aumento del flujo circulatorio; rápidamente (en algunos casos desde los 2-3 minutos en adelante, con oscilaciones durante la sesión) se configura en torcimientos, tensiones musculares y, en ocasiones, dolorosas posturas en manos, brazos, pies, piernas y/o rostro . Evidenciado en elementos como rigidez, agrupamiento y/o sobreposición de dedos de las manos y pies, torcimiento de muñecas y talones, músculos faciales rígidos y con gesticulaciones en direcciones específicas.

A nivel de la experiencia subjetiva, en primer lugar los participantes resaltaron la función del dolor y la imposibilidad de modificar la postura adoptada por la extremidad, como detonante principal de experiencias emocionales relevantes para el proceso de cada uno. En segundo lugar, partiendo del anterior, en el momento en que de lo físico se hace un puente hacía lo emocional, la relevancia y atención específica del respirador sobre la sensación disminuye y con ésta, la reacción al dolor, posibilitando el olvido e incluso la disolución de la postura. Adicionalmente se refirió, por parte del investigador, la relevancia del vínculo entre el fenómeno y la fase específica de la respiración. Por ejemplo, la asociación entre la emergencia de lo físico y la música evocativa de tambores que invita a conectar con el instinto y lo corporal al inicio de la sesión.

La tetania, se ha significado, por parte de los respiradores, principalmente respecto a símbolos de temas vitales, como: "bloqueos expresivos de la corporalidad y limitación de contacto", "ausencia de espontaneidad", "conflictos entre la necesidad de ser protegido y la asunción de roles protectores en las relaciones", "relaciones de sujeción a las estructuras, normatividad y jerarquías sociales", "dificultades relacionales en torno al miedo social" "algún tipo de negación o desconexión" , así como con simbología y detonantes emocionales en torno a reacciones de miedo, frustración, impotencia, angustia, como de fortaleza, esperanza y anhelo.

Esta manifestación, en el contexto de contención grupal terapéutica de las sesiones, se hace símbolo de procesos de vida y conflictos de cada ser, como se manifestó por parte de la mayoría de experiencias, incluyendo la del investigador. A su vez, es significado de manera favorable por los respiradores, respecto a la relevancia atribuida y sentida en la integración de cada proceso particular.

Adicionalmente, cabe señalar que también se presentaron experiencias desprovistas de contenido simbólico y emocional, a manera de dolor directo sin significación alguna. Por otro lado, al finalizar las sesiones, los participantes señalaron que no permanecía ninguna molestia, y manifestaron tranquilidad y estabilidad. Esta aclaración es válida para las demás manifestaciones, como los cambios de postura, mudras, movimientos repetitivos, alteraciones en la temperatura, hormigueo y otras sensaciones.

Mudras

Los *mudras* son conocidos a lo largo de la filosofía oriental como posiciones de poder expresadas en las manos, en prácticas como la meditación y el yoga. Investigaciones recientes han corroborado el funcionamiento de tales posturas a partir de la lectura de los espectros electromagnéticos producidos por éstas, y que han sido vinculados con algunos beneficios para la salud, beneficios ya atribuidos en diversas tradiciones (Lowen, 2004; Shealy, 1993).

Durante las sesiones de RH se evidenciaron manifestaciones de Mudras, particularmente, en las fases posteriores a los primeros 20 minutos de inicio, con una duración aleatoria, alargandose en algunos casos hasta el final de las sesiones. Estas manifestaciones y fases característicamente se relacionaron con vivencias emocionales y/o espirituales.

Desde la experiencia subjetiva, se manifestó en la totalidad de las ocasiones no conocer previamente la postura realizada. Adicionalmente, se expresaron vínculos con experiencias de tipo transpersonal en diversas manifestaciones, como espectros de luz, sensación de pertenencia, de fluidez, altos niveles de bienestar espiritual, imágenes o símbolos religiosos y espirituales, así como sensaciones físicas y sutiles de apertura y liviandad.

Estas manifestaciones incluyeron posturas con las manos extendidas y diversos tipos de entrecruzamiento de manos y dedos. Algunos de los contenidos evidenciados o relacionados se refieren, por un lado, a mudras de diversas tradiciones y, por el otro, a aspectos de la experiencia, como los siguientes: "la conexión con la totalidad", "sentía como mi ser se expandía", "la energía circula por todo el cuerpo mientras aparecen luces de colores y un sentimiento de amor inmenso", "a través de esa postura estaba sanando a mis antepasados", "sentía como mis manos crecían y flotaban".

Manifestaciones psicosociales

En la presente categoría se puede seguir una delgada línea divisoria entre los mudras y la tetania, que da lugar a lo que se llamarán *manifestaciones corporales psicosociales*. Éstas se caracterizan por tener distintos niveles de rigidez, pareciese incluso una expresión voluntaria: es una postura modificable conscientemente. Es decir, contrario a ciertos niveles de tetania en los cuales la parálisis del miembro es total, en estas posturas los respiradores refieren, por un lado,

no sentir dolor, sino comodidad, y por otro lado, poder modificarla, pese a que no necesiten o quieran hacerlo.

Se trata de una posición con una consistencia sólida, y dotada de contenidos vinculados a la historia de vida a nivel personal y social. Se presenta a manera de convención social, tanto relacionado con gestos y expresiones simbólicas específicas en cara, manos, dedos y pies, como con aspectos relacionados con la visión holista de la medicina china y la correspondencia de cada dedo a nivel emocional (preocupación, tristeza, impaciencia, ira y miedo).

Estas manifestaciones incluyeron manos entrelazadas, manos empuñadas, dedo índice dirigido en alguna dirección, dedo anular extendido, palma de la mano ofrecida, dedos cruzados, palma de mano extendida en señal de defensa, expresiones faciales, brazos, manos y hombros sobrecogidos, entre otras.

De acuerdo a lo manifestado, dichas expresiones se han presentado, por parte de los respiradores, con una simbología relacionada con el señalamiento, la humillación y la sujeción social, y expresiones combinadas emocionalmente con elementos de "impotencia", "rabia" y una "posición defensiva u ofensiva frente al mundo"; "reflejo de las Heridas de la infancia" que giran en torno al miedo básico de cada participante/respirador (humillación, abandono, desaprobación, rechazo), al igual que necesidades y/o deseos de apoyo, cobijo, protección y acompañamiento.

Otras manifestaciones corporales

En esta categoría se incluyen las demás expresiones somáticas experimentadas en el proceso de hiperventilación. Entre ellas, cabe mencionar la relevancia de:

1. Cambios en la temperatura corporal: accesos de calor y/o de frío, relacionados principalmente con temas como la necesidad de afecto y de contención, respecto al frío, y necesidad de reconocimiento, sujeción y sobreprotección respecto del calor.

2. Dolores a nivel interno y externo, como signo de extremidades u órganos conflictivos que albergan contenidos no integrados al yo actual, elaborados durante la respiración o con apoyo corporal focalizado del facilitador.

3. Movimientos rítmicos de cualquier parte del cuerpo y de la más diversa connotación: pueda ser una respuesta motora al ritmo de la música, una danza elaborada, como también una descarga emocional, un recuerdo actuado, una vibración sutil, estadíos corporales perinatales, vivencias transpersonales, conversivas entre otras.

Discusión

En el presente estudio se han identificado cuatro categorías generales como aproximación a las manifestaciones corporales vivenciadas en la práctica de la RH: la tetania, los mudras, las manifestaciones psicosociales y otras manifestaciones corporales.

A partir de esto, cada categoría, como un espacio de ocurrencia de la experiencia a través del cuerpo, se hace manifestación, signo y símbolo de un estado y una vivencia de la totalidad del ser de cada respirador. Es decir, cada categoría permite, en su funcionamiento dinámico en distintas capas del ser y en diversos momentos de la sesión de RH, establecer asociaciones y dar luz sobre la vivencia y el estado de cada respirador, trátese de una vivencia de orden prepersonal, personal o transpersonal. Por ejemplo: se pudo establecer en el análisis, que una manifestación como la tetania pueda aparecer vinculada tanto a una vivencia pre-personal como personal o transpersonal, al igual que a expresiones físicas, emocionales, mentales y significadas como espirituales. Es decir, que las sensaciones físicas detonan componentes emocionales, aumentan o disminuyen la cantidad de pensamientos en torno a la relación con el dolor, el cual puede ser percibido como benéfico y liberador.

A partir de la experiencia, se evidencia cómo dichas manifestaciones corporales son representación de la sincronía y coherencia, o la búsqueda de éstas, a nivel mente-cuerpo-emoción-sociedad-espíritu. En el orden de los planteamientos de Grof (Grof y Grof, 2011), el "radar interno" de la persona guía la ocurrencia de la experiencia, al tiempo que lo inconsciente emerge desde la significación. No obstante, la variedad de expresiones distan en la multiplicidad de objetivos, contenidos, significaciones, estados de conciencia y tipo de experiencia. Es un proceso mediante el cual, como menciona Cragnolini excavando en las vivencias de Nietzsche, "el joven profesor jubilado errante por tierras que no eran la suya propia, supo muy bien no sólo de los campos que se cruzan, sino también de la constante experiencia del cruce en el propio cuerpo y en la propia persona." (Cragnolini, 1999: 114).

De igual manera, cabe destacar un elemento transversal tanto a la técnica como a la concepción de ser vivo, esto es, el potencial curativo inteligente de cada ser, vivenciado en el ejercicio. De manera que ninguna experiencia se manifestó más allá de las propias capacidades físicas y mentales internas del respirador para hacer frente, atravesar e integrar tales elementos, así como ninguna experiencia estuvo desligada de la necesidad presente y la historia personal, emocional, etc. de cada participante.

Así pues, la RH como herramienta de la psicología transpersonal e integral, es un método de exploración del ser que posibilita procesos de toma de

consciencia e integración corporal relevante para los respiradores. La presente investigación parece arrojar algunos datos preliminares que apoyan su potencial transformativo, mostrando que permite la liberación y resolución espontáneas de diversos bloqueos y elementos reprimidos en diversos niveles, permitiendo la emergencia e integración de recuerdos de traumas físicos y emocionales, así como la resignificación, el amistamiento y el perdón de situaciones no elaboradas. Además, evidencia la integralidad y unicidad del ser a través del cuerpo.

Por otro lado, es necesario destacar la importancia crucial del grupo, tanto como reforzador de la experiencia desde la fortaleza y el acompañamiento, como desde la contención, protección y fuente de cobijo y reconocimiento mutuo.

Conclusiones

Para finalizar, se concluye que la RH es una técnica integral, en el sentido de que actúa en el marco del cuerpo como una ruta de acceso a otras capas y espectros del ser, en el orden de la cartografía prepersonal, personal, y transpersonal. Es una técnica que permite tomar consciencia de las relaciones de coherencia entre cuerpo, emoción y mente, en las relaciones de cada ser consigo mismo.

Si bien en el presente texto se hace un esfuerzo por desglosar el tema de la corporalidad, en aras de su exploración, conocimiento y difusión, no se debe olvidar que se trata de un proceso actual, dinámico e integrado ante el cual, el cuerpo y sus manifestaciones, si bien cruciales, son apenas una parte del proceso integral.

Se reconocen las limitaciones del presente estudio respecto a la ausencia de datos cuantitativos y mediciones corporales. Así como que la oscilación de los participantes no permite evidenciar posibles transformaciones de las manifestaciones corporales a medida que se profundiza en la técnica, u otros horizontes de investigación. Por otro lado, se resalta la relevancia de continuar indagando en la RH y las manifestaciones corporales durante ésta como una línea de trabajo que alberga potenciales investigativos y terapéuticos de gran valor.

Con esto, no se pretende dar mayor relevancia al cuerpo y a las experiencias de este orden, más que a otras capas del ser. Como se ha mencionado, se recalca la importancia del cuerpo como entrecruzamiento, un punto de encuentro y una ruta hacía las otras dimensiones del ser. Es decir, puntualizando en que así la ruta sea la corporal, no pasa nada por el cuerpo que no resuene también en la mente, la emoción, la energía y/o el espíritu. Por ejemplo, incluso, experiencias transpersonales, en sí mismas no están separadas del cuerpo, la mente o la emoción, no son concebidos como un estado más allá, es un estado presente.

Es así como el cuerpo sirve de puerta y plaza de la ocurrencia de la experiencia en el instante presente. Es decir, en RH la manifestación corporal en movimiento o quietud, como respirador o acompañante, es el eje de la vivencia, el instante en el que se manifiesta el teatro de la totalidad. Como señala Cragnolini:

> "El instante es el momento de mayor fuerza, lo que permite el cruce del azar y la necesidad, aquel punto en el que se decide amar a la vida en todos sus aspectos, con los lazos mortales de los que hablaba Hölderlin." (Cragnolini. 1999: 119).

Notas

[1] Hace referencia desde el modelo de RH de Grof, a la persona a cargo de los cuidados, la protección y contención de un respirador o grupo de respiradores.

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***Julio Eduardo Mazorco Salas** es licenciado en psicología por la Universidad San Buenaventura, Medellin (Colombia) y en filosofía por la Universidad de Ibagué, donde desempeña actividades de docencia e investigación. Formado en Respiración Terapéutica y en Contacto Terapéutico, en la Asociación de Humanismo Transpersonal, SASANA. Trabaja como terapeuta integral en Ibagué, Colombia. Actualmente es estudiante de la Maestría en Salud Mental Comunitaria de la Universidad del Bosque, en Bogota (Colombia).
Email: julioeduardomazorcosalas@gmail.com

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

Laurel Watjen*
Antioch University
Seattle, USA

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 consciencia, 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 consciousness[1](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, perinatal[2], and transpersonal[3]. 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-

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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 saying[4], "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 consciousness[5].

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 andGrof, 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 workshops 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. StanislavGrof 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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***Laurel Watjen** is currently a Masters candidate specializing in Clinical Mental Health Counseling at Antioch University, Seattle, WA. She has been practicing Holotropic Breathwork since 2008 and is certified as a Holotropic Breathwork facilitator. In 2011, she co-founded Breathwork Northwest, a nonprofit dedicated to supporting individual, community, and global healing by increasing the awareness, understanding, and availability of Holotropic Breathwork in the Northwest.
Email: laurelwatjen@gmail.com

Hacia una Comprensión Expandida del Potencial Transformador de la Respiración Holotrópica

Toward an expanded understanding of the transformative potential of Holotropic Breathwork

Felipe Landaeta*
Universidad Adolfo Ibáñez
Santiago, Chile

Resumen

Este artículo representa un ejercicio de integración de conceptos e insights de distintos sistemas de psicología de occidente y oriente con la Respiración Holotrópica, una forma de terapia experiencial creada en 1976 por Christina y Stanislav Grof, y que desde entonces ha sido experimentada por miles de personas. Se busca situar a este trabajo en un contexto más amplio, así como plantearse ciertas preguntas respecto a los mecanismos terapéuticos en torno al Self de los respiradores e indagar en ciertos aspectos críticos del proceso y en la efectividad de la técnica.

Palabras clave: Respiración Holotrópica, psicología transpersonal, budismo, Self

Abstract

This paper represents an integrative exercise of several concepts from different systems of Western and Eastern psychologies focused on the experiential technique called Holotropic Breathwork. This technique was developed in 1976 by Christina and Stanislav Grof, and has been used by thousands of people since then. The objectives of this paper are to understand HB in a broad context, to raise questions about the therapeutic mechanisms related to the breathers' Self, , and to do inquiry on certain aspects of the process, as well as the effectiveness of the technique.

Keywords: Holotropic Breathwork, transpersonal psychology, buddhism, Self

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Introducción

La conceptualización sobre la que se sostiene el trabajo de la Respiración Holotrópica (RH), desarrollada por Stanislav Grof, incluye conceptos de las teorías y trabajo clínico de Freud, Jung, Adler, y Reich; comprensiones y conclusiones del trabajo previo de Grof con LSD, así como también integra conceptos de diferentes tradiciones espirituales y filosóficas de oriente y occidente (Grof, 1985, 2002, 2005). En este artículo se pretende expandir, mediante la reflexión teórica, la visión y comprensión de los posibles mecanismos curativos de la RH, incorporando conceptos de diferentes sistemas y psicologías de oriente.

El paraguas de la Psicología Transpersonal

El emerger de la psicología transpersonal a finales de los años 60, creó el contexto para el estudio, la investigación, experimentación y desarrollo de diferentes formas de espiritualidad dentro del ámbito de la psicología. Según Hartelius, Caplan y Radin (2007) el enfoque transpersonal tiene relación con la creación de contextos para el conocimiento y nuevas formas de conocer, ofreciendo una visión inclusiva, holística y transformadora donde la diversidad humana tiene lugar.

Una de las contribuciones más relevantes de la psicología transpersonal es el progreso significativo hacia la corrección de los prejuicios etnocéntrico y cognocéntrico de la psiquiatría y psicología tradicionales, particularmente a través del reconocimiento de la naturaleza genuina y el valor intrínseco de las experiencias transpersonales, así como la validación de diversas formas de espiritualidad como un aspecto importante, natural y significativo de la existencia humana (Grof, 2008, 2012b). La espiritualidad involucra una actitud acerca de la propia vida que puede llevar a sacralizar la vida cotidiana (Maslow, 1970) para tener acceso a una "sutil pero profunda transformación de la percepción de la realidad cotidiana" (Grof, 2008: 7).

La visión transpersonal discierne entre los estados de consciencia pre-egoicos y trans-egoicos señalando y evitando la confusión entre ambos. La equivocación entre éstos es lo que Wilber (1996) denomina la *falacia pre-trans*, donde lo transpersonal es reducido a lo prepersonal, lo que puede indicar un estado de desarrollo de la consciencia donde no hay capacidad de reflexión, o también un estado infantil regresivo, y en algunas ocasiones patológico, mientras que lo prepersonal es elevado a estados transpersonales o trans-egoicos. Esta comprensión debiera ayudar a discernir entre los estados de desorganización psicótica de la personalidad y las crisis transpersonales o lo que Grof y Grof (1990a, 1990b) denominan emergencias espirituales.

La Respiración Holotrópica (RH)

La RH es una forma de trabajo experiencial de autoconocimiento y curación, basado en el poder transformador de una forma específica de estados no ordinarios de consciencia que Stanislav Grof denomina holotrópicos (Grof, 2012a, 2012b; Grof y Grof, 2011; Grof y Taylor, 2009). Basado en sus tempranos estudios sobre el efecto terapéutico del LSD, Grof desarrolló una conceptualización comprensiva de la experiencia humana que lo llevó a nuevas dimensiones y capas de la mente, incluyendo el nivel biográfico, y más allá, los dominios *perinatal* y *transpersonal* con sus respectivos mecanismos terapéuticos (Grof, 2002, 2005, 2012a, 2012b; Grof y Grof, 2011; Grof y Taylor, 2009). Según Ryan (2010), estos aparentes nuevos niveles de la psique "han sido parte de las visiones religiosas y han sido descritas en escrituras y otros documentos religiosos" (p.101), a la vez que representan elementos de varios rituales indígenas, ritos de paso y prácticas de curación (Grof, 2002).

La RH involucra una preparación teórica para los respiradores, mientras que la técnica usa una respiración profunda y rápida, combinada con música, trabajo corporal, y una fase final de integración a través de la expresión creativa (Grof y Grof, 2011; Grof y Taylor, 2009).

El contexto para la realización de la RH (llamado "setting"), se caracteriza por un espacio de seguridad afectiva, basado en la aceptación incondicional de cualquier experiencia. Este principio es transversal al proceso completo, incluida la fase de integración, donde no se realizan interpretaciones para evitar la posibilidad de reducir las experiencias por opiniones o juicios, basados en mapas interpretativos reduccionistas (Grof y Grof, 2011). Esta estrategia pareciera tener el potencial de honrar y respetar las experiencias de los respiradores en su propia dimensión (Frankl, 1969).

Grof (1985, 1998, 2002, 2005, 2009, 2012a, 2012b) y Grof y Grof (2011) señalan que, durante las sesiones de RH, los respiradores pueden acceder a diferentes niveles de experiencia más allá de la realidad personal, incluyendo lo pre-personal y trans-personal, incluso al mismo tiempo. Estas experiencias representan un desafío para los investigadores, al representar un fenómeno anómalo de experiencias multinivel o multicapa, lo que conlleva la pregunta acerca de si dichas experiencias representan una progresión, una regresión, o incluso si dichas experiencias representan un movimiento evolutivo de la consciencia o una fragmentación interna del sujeto.

En este sentido, Grof (2008) señala que la consciencia evoluciona como una espiral compleja con

regresión y progresión, mientras que Wilber (citado por Grof, 2008) indica que la consciencia evoluciona en forma lineal, y que las realidades espirituales sólo son accesibles a partir de cierto nivel evolutivo de consciencia. Posteriormente Wilber (2003) propuso que la evolución de la consciencia ocurre en diferentes niveles y a través de diferentes líneas; es decir, una persona puede encontrarse muy evolucionada en un aspecto de su vida y, por el contrario, el mismo sujeto puede hallarse en un nivel precario de desarrollo en otro aspecto. A partir del argumento de Grof, la consciencia evolucionaría como una constante de regresiones y progresiones, mientras que basado en los conceptos de Wilber, las experiencias multi-nivel podrían entenderse como un grado acrecentado de consciencia en diferentes olas o líneas de desarrollo al mismo tiempo.

Las experiencias multi-nivel o multi-capa que, según Grof (1985, 1998, 2002, 2005, 2009, 2012a, 2012b), pueden ocurrir durante las sesiones de RH, pueden representar un gran desafío para quien las experimenta pues, más allá del contenido de las experiencias, la relación que la persona crea con dicha experiencia puede también indicar quién es esa persona en ese momento. El asunto de la relación con la propia experiencia durante la RH, aparece como un tema relevante que no tiene un rol central en las sesiones, y que podría ser un foco interesante de investigación y mayor desarrollo. Técnicas como el *Focusing* de Eugene Gendlin, la *Gestalt* de Perls y la meditación *Vipassana* de Goenka, colocan el foco central en la relación con la propia experiencia, y podrían aportar en el futuro a un posible refinamiento del trabajo de integración de las experiencias logradas durante la RH.

Dentro de los beneficios potenciales de la experiencia de RH están: (a) la liberación de tensión física y emocional a través de los mecanismos de catarsis y abreacción (Grof, 2012a; Grof y Grof, 2011); (b) el apoyo en la recuperación de alcoholismo y adicción a otras sustancias (Brewerton, Eyerman, Capetta, y Mithoefer, 2011; Jefferys, 1992, 1999; John, 1992; Mesa-eh y Sullivan, 2000; Metcalf, 1995; Taylor, 2007); (c) la ayuda en el alivio de síntomas subyacentes a síntomas y conductas psicopatológicas cuando es usada en combinación con otras formas de terapia (Brewerton, Eyerman, Capetta, y Mithoefer, 2011; Holmes, Morris, Clance y Putney, 1996; Rhinewine y Williams, 2007); (d) la disminución de sintomatología y malestar subjetivo (Hanratty, 2002; Pressman, 1993; Puente, 2014); y (e) el aumento en la orientación a metas, autodirección y en la percepción de que la vida tiene un sentido, además de una reducción en la ansiedad ante la muerte (Puente, 2014). Rhinewine y Williams (2007) indican que, cuando la RH es usada en el contexto de una terapia en curso, puede resultar en la extinción y resolución de las conductas evitativas y resistencias que caracterizan a los desórdenes psiquiátricos difíciles de tratar.

Algunos estudios han mostrado cómo las experiencias de la RH pueden incluir la curación y liberación de memorias perinatales (Binns, 1997; Márquez, 1999), mientras que algunos autores (Brouillete, 1997; Metcalf, 1995; Pressman, 1993; Puente, 2014) han expuesto que la técnica permite el acceso a las dimensiones espirituales.

La Respiración Holotrópica como un acelerador del proceso de individuación

Según Grof y Grof (2011), la RH tiene el potencial de llevar a los respiradores hacia lugares muy profundos de su interior, desde el "cielo" hasta el "infierno" y todo lo que hay entre ellos. Archambault (2010) señala que "todos quienes involucran su psique en diferentes formas de curación hasta las profundidades del submundo, enfrentan un viaje del héroe" (p.79). Las experiencias dramáticas y las transformaciones en el contexto de la RH y otras formas de trabajo interior, parecieran tener el factor común de la presencia de un aspecto divino que rodea esas experiencias, lo que Jung denominó *numinoso*.

Según Grof (2002), cuando una persona ingresa en los estados holotrópicos, un recurso interior guía la experiencia, una forma de sabiduría interna o *sanador interior*. Wagenseller (2012) señala que Jung llamó "Self" a este principio para referirse a un "centro de la personalidad que es de orden superior e incluye a toda la psique" (p.292), y que además tiene una "perspectiva más amplia que el ego y suele traer a nuestra atención un punto de vista diferente para considerar" (p.292). El proceso de maduración e individuación es similar al proceso que se vive durante el mito del *viaje del héroe*, donde el protagonista experimenta la separación de su núcleo de origen, para luego ser iniciado y retornar a casa transformado (Campbell, 1959). Durante este proceso evolutivo, la relación entre el ego y el Self, y entre el consciente y el inconsciente, se van incrementando, permitiendo que el centro de la personalidad, nuestro centro de gravedad, se mueva desde el ego en dirección hacia el Self, desde donde se puede desarrollar una vida más auténtica y plena (Johnson, 1989; Wagenseller, 2012).

Grof y Grof (2011) y Grof (2012b) señalan que la RH ofrece un contexto de apoyo y una técnica, donde los participantes pueden conectarse con su Self superior, algo que, según los mismos autores, Jung sugirió realizar en el contexto psicoterapéutico para promover la transformación psicoespiritual en los clientes.

La Respiración Holotrópica como una búsqueda activa del Self a través del dolor

Mientras que en la tradición occidental de salud, la enfermedad, las crisis personales y los síntomas, son vistos como la patología en sí misma según han denunciado autores como Almendro y Weber (2012), Grof (2002, 2011), Grof y Grof (1990a, 1990b) y Kalweit (1992), los participantes de la RH son alentados a hacer lo opuesto: abrazar y dejarse ir en una expresión completa de sus emociones y cualquier síntoma que pueda emerger durante el proceso. Cabe señalar que la expresión emocional completa, es algo considerado como positivo y liberador en el contexto de la psicología somática (Kutsko, 2013). Sin embargo este es un tema ampliamente discutido que será abordado más adelante.

Así como en la psicología india y en el conocimiento chamánico, la RH invita a las personas a sumergirse y abrazar sus síntomas como un camino de transformación desde el interior. Lo que significa que lo mejor que un respirador holotrópico puede hacer es evitar los juicios y convertirse en el proceso para experimentar lo más completamente posible su realidad interior. En relación a lo anterior, como señala Wagenseller (2012), "el síntoma tiene dentro de sí la semilla de la curación" (p.295). Este es un fenómeno que, según Grof (2002), se presenta como un movimiento natural hacia una mayor integración, mientras que Grof y Grof indican que se presenta en las crisis espirituales, así como en los procesos de respiración holotrópica (Grof y Grof, 1990a, 1990b, 2011).

Mientras la RH ofrece un contexto y un método para la transformación psicoespiritual (Grof, 2012b; Grof y Grof, 2011), éste requiere de personas que quieran recorrer el camino. En este sentido, uno de los requisitos que se consideran importantes para realizar la RH es, tener una motivación personal positiva, lo que Grof (2005) y Grof y Grof (2011) llaman "set": la intención e interés personal en realizar una sesión con estados holotrópicos de consciencia. Esta motivación personal conecta al respirador con sus propias expectativas, y usualmente está ligada a necesidades emocionales y asuntos psicológicos.

Como Menon (2005) indica, en el contexto de la psicología india, las personas pueden usar los estados inferiores de la mente, como la depresión o la ansiedad, como un camino para recobrar la salud y redefinir una identidad sana, agregando que esos estados crean "una mentalidad para el cambio y la recuperación de valores y disciplinas tradicionales olvidadas" (Menon, 2005, p.84). Una actitud activa hacia la curación física, emocional y espiritual posiblemente puede impulsar a las personas a buscar sistemas de pensamiento, filosofías, espiritualidad, talleres o experiencias terapéuticas como las que la RH puede ofrecer. Siguiendo lo anterior, Cristina Grof (1993) menciona que los seres humanos queremos sentirnos completos y que, si somos honestos con nosotros mismos, encontraremos un cierto grado de necesidad de conexión con una totalidad mayor, así como de alcanzar una sensación de completitud, lo que según esta autora estaría detrás de nuestras luchas en la vida.

Los Grof invitan a la persona a dirigir sus esfuerzos a orientarse a alcanzar su Self real, su verdadera identidad. Esto concuerda con la dirección de la psicología india, que propone la actualización del propio potencial como un tema central (Menon, 2005), y se basa en el supuesto de que la persona esta en la búsqueda de su completo y profundo Self (Ramaswami, 1989; Shearer, 1982).

Como Archambault (2010) dice: "la búsqueda del héroe por el sentido de la vida a veces involucra sufrimiento; y de una forma perversa, esto debe ser aceptado" (p.81), lo que recuerda la primera noble verdad del Buda acerca de que la vida tiene sufrimiento (Kornfield 1993, 2008). Aparentemente hay un elemento de lo divino que subyace al sufrimiento que toda persona debe aceptar (Archambault, 2010).

El tipo de transformaciones que se encuentra tras el sufrimiento, es desconocido para quien no ha alcanzado una fase de resolución o, en términos de Campbell (1959), no ha completado su retorno a casa. De acuerdo con el punto de vista planteado en esta sección: ¿es el sufrimiento una forma de invitación para que la persona cambie su nivel de consciencia?, ¿puede ser posible que las personas puedan cambiar al profundizar en la comprensión y experimentación de una situación que genera sufrimiento?, ¿confían las personas en la sabiduría profunda que hay detrás del sufrimiento?

Como afirma el Lama Khenpo Phuntzok Tenzin Rinpoche: "si duele es porque está sanando" (comunicación personal, Septiembre 2013). Esto tiene relación con las enseñanzas budistas, que indican que el dolor y la enfermedad representan la purificación del karma, e incluso una bendición (L.Z. Rinpoche, 2001).

Las experiencias holotrópicas como una invitación a la flexibilización de la autoimagen

Durante la preparación teórica y en la fase de relajación de la RH (justo antes de que la sesión de respiración comience), los respiradores son invitados a abrirse a experimentar lo que sea que emerja desde su interior, y a recibirlo lo más completamente que puedan. Se ha propuesto que es la presencia del Self de la persona, lo que determina el cómo experimenta, y la manera en que se integra de forma posterior una experiencia en diferentes estados de consciencia (Wilber,

2000, 2003). En este sentido, pareciera que la diferencia entre una experiencia "buena" o "mala" en estados no ordinarios de consciencia, depende de la relación y la actitud con la que el Self de la persona se relaciona con el contenido de su experiencia. Si se pretende tener una experiencia de amor, o si se quiere sanar un trauma del pasado, y si se recibe algo diferente desde nuestro interior, ¿cómo es la reacción que se tiene frente a la diferencia entre nuestras expectativas y nuestra experiencia real?.

El darse cuenta incondicional, el tipo de darse cuenta que "no reprime ni suprime, no pelea o concentra, analiza o divide" (Butcher, 1986, p.37), parece ser un buen aliado para el proceso, y un posible resultado positivo de la exposición repetida a la RH. Como la RH lleva a los respiradores a confrontar los temas no resueltos ni integrados de sí mismos, la mente es dirigida repetidamente a situaciones y emociones difíciles, para resolverlas y liberar de su influencia a la psique y al cuerpo. En relación a esto, puede que el sentido de yo, esa entidad que pensamos que es independiente (Yeshe y L.Z. Rinpoche, 2012), se vea amenazada y movilizada. Grof (2005) señaló que uno de los resultados esperados en su temprana terapia psicodélica era, el desarrollo de un estilo de vida confortable y ecológico, con valores amplios y una mayor aceptación de sí mismo, agregando que la resolución sintomática ocurría como un efecto secundario de una transformación profunda del ser, algo que podría aplicarse a la RH. Una atención amorosa hacia nuestra realidad interior, puede ser una gran solución para nuestras aflicciones; más que una actitud reactiva dual hacia nuestros síntomas que busca erradicarlos. Tal vez podemos comenzar por una aceptación bondadosa.

De acuerdo con la psicología budista, el sufrimiento o *dukkha* (Semple y Hatt, 2012) es entendido como deseo o aversión de la realidad interna o externa, lo que significa una falta de aceptación, atención plena o bondad amorosa. T.T. Rinpoche (1974) señaló que podemos estar sufriendo por la identificación con una imagen rígida de nosotros mismos, la que es típicamente dual, y que separa el yo de lo que no representa al yo. Esta tendencia conduce a incrementar la insatisfacción tanto por apego a lo que está acorde con la idea de yo, como por rechazo a lo que no calza con esta imagen (Kornfield 1993, 1997, 2008).

No es inusual que en las sesiones de RH, el proceso conduzca a algunos respiradores hasta aspectos de su sombra para experimentarlos completamente e integrarlos. Si un respirador tiene una autoimagen muy rígida, el proceso de la RH posiblemente puede involucrar una dura confrontación con aspectos sombríos de sí mismo, pero si esa persona puede aceptar esa dimensión suya, será más fácil abrirse y atravesar el proceso. De acuerdo con Grof (2002, 2005) la confrontación con el momento de nuestro nacimiento en el nivel perinatal, lo que simbólicamente representa la *muerte del ego*, puede convertirse en el mayor desafío en este trabajo, porque se ha llegado a un punto en que se debe aceptar algo que puede ser inaceptable para los propios valores actuales, o la conducta de un adulto completamente adaptado a la cultura. La rendición y aceptación de la experiencia tal cual es, conllevará una sensación de liberación, apertura y una placentera sensación de liberación física y emocional (Grof, 2002, 2005).

La trascendencia de la visión dual de la realidad, de sí mismo, y una comprensión más profunda de la vida, son sinónimos de progresión espiritual en la tradición budista (Kornfield, 1993). Este tipo de atención completa y radical permite que aceptemos completamente nuestra experiencia (Kornfield 1993, 1997; Rinpoche, 1976), para funcionar de una manera más flexible y trascender nuestra errada identificación con una falsa imagen que genera sufrimiento (Rinpoche, 1974).

Un gran cambio positivo en el propio bienestar desde esta perspectiva puede ocurrir, si simplemente se acepta la propia experiencia presente y se contiene el deseo de tener, poseer o de convertirse en alguien diferente. De acuerdo con lo anterior, si la persona es capaz de desarrollar lo que T.T. Rinpoche (1976) refiere como *kun-gzhi*, un aspecto de la consciencia que está disponible para observar la mente, y "es una forma de darse cuenta intrínseco, que no está involucrado en ninguna dualidad sujeto/objeto" (T.T. Rinpoche, 1976, p.42), entonces posiblemente podrá disfrutar más de la vida. Como indican Grof y Grof (2011), una actitud abierta y sin juicio acerca de la experiencia personal, tiende a promover que ocurra una experiencia positiva y una resolución más fácil del proceso.

Una actitud despierta y amorosa hacia la experiencia presente, puede ser un logro positivo que la futura investigación podría medir sobre los efectos de la exposición repetida a la RH. Grof y Grof (2011) y Grof (2002) sugieren integrar las experiencias holotrópicas mediante técnicas experienciales como la Gestalt, el Psicodrama o la Bioenergética, además de sugerir el uso de la expresión creativa a través del dibujo de *mandalas*, escritura espontánea y *soul collage*. Grof también realiza seminarios junto al psicólogo budista Jack Kornfield, donde se combina RH y meditación. Parece necesario realizar investigación empírica acerca del efecto en el resultado final de la RH, cuando es utilizada junto con técnicas que combinan mente-cuerpo como las ya mencionadas, además de Mindfulness, Vipassana o Focusing, por su orientación y atención consciente en la experiencia. Sería interesante revisar el trabajo de Belinda Gore (2009) con los trances extáticos, quien tras las experiencias de trance realiza ejercicios en parejas y en grupo, incluyendo preguntas de reflexión y *feedback* entre los participantes para la in-

tegración de las experiencias y apertura del propio mapa mental.

Una breve discusión acerca de la confrontación experiencial de material traumático

No existe un acuerdo en la comunidad científica, acerca de si la experiencia de material traumático del pasado puede representar curación o retraumatización. Grof (2002, 2012a) argumenta que en los estados de consciencia holotrópicos, una persona puede experimentar un evento del pasado para aceptarlo completamente, algo que la persona en teoría no fue capaz de hacer en el momento en que el evento original sucedió. Este es el mecanismo terapéutico que Grof (Grof, 2002, 2012a; Grof y Grof, 2011) refieren como *abreacción*. Tal como se indicó anteriormente, Kutsko (2013) también señala que la expresión emocional completa es un hecho positivo en el contexto de la psicología somática.

Desde el punto de vista de la perspectiva neurofisiológica, Kutsko (2013) indica que "entrar en estados de hipo o hiper-exitación, puede reactivar memorias de eventos traumáticos que posiblemente causen afectos desregulados, flashbacks y un estado crónico de hiper-exitación" (p.32). Además agrega que "la teoría emergente del estudio de las vulnerabilidades neurológicas, promueve un nivel moderado de excitación en los clientes" (p.32).

De acuerdo con lo anterior, Berceli (2008) ha propuesto el proceso de cómo cuerpo y mente aprenden a crear un estado de hiper-exitación, que se encuentra en la base del Síndrome de Estrés Post-Traumático (SEPT). Bercelli señala que, si se provoca un súbito descongelamiento de las emociones detrás de la armadura corporal, se puede llevar al paciente al mismo punto donde el trauma se generó y, frente al alto grado de excitación, la persona puede volver a aplicar la estrategia original de escape, ataque o congelamiento. De esta manera, una persona puede crear un círculo vicioso de congelamiento y descongelamiento de sus sentimientos, que deja a la persona atrapada en el ciclo del SEPT. Dado lo anterior, Berceli (2008) propone una serie de ejercicios controlados, para liberar al cuerpo y al sistema neurofisiológico, de la energía atrapada, cuidando que el cliente no se vea desbordado por su experiencia para que se produzca un re-aprendizaje y un sentimiento de autocontención y seguridad.

Aunque la mayoría de las personas terminan sus sesiones de respiración, con un sentimiento de flujo emocional y liberación después de confrontar incluso experiencias dolorosas (Grof y Grof, 2011), no existe una posición clara en el ámbito académico, acerca de cómo ocurre el proceso de curación de traumas del pasado, si la confrontación experiencial puede ser más positiva que negativa, o para qué tipo de personas está indicado. En este sentido Rhinewine y Williams (2007) proponen que el futuro de la investigación en RH debiera incluir: (a) una muestra de tamaño adecuado, y población con diagnósticos clínicos, para evaluar el uso de este trabajo en el tratamiento de desórdenes psiquiátricos comunes; (b) una exploración acerca del rol de la deseabilidad social, y la hipnotizabilidad a la que pueden estar sujetos los clientes; (c) los cambios en la actividad cerebral durante la RH; y (d) el efecto de la hipocapnia sin el contexto que provee la RH.

Frente a la escasez de estudios empíricos, es necesario ir más allá de las observaciones y comentarios anecdóticos, y realizar más investigación acerca de los efectos de la RH, para intentar validarla en el ámbito académico y dentro la comunidad científica como una alternativa terapéutica.

Conclusiones

Varios autores han señalado que la RH aparece hasta ahora, y con la escasa evidencia empírica existente, como una herramienta con potencial terapéutico para personas involucradas en un camino de transformación personal y espiritual. Pareciera también que la RH tiene un potencial, como coadyuvante en el proceso terapéutico de condiciones como la adicción y el abuso de sustancias, además de facilitar el acceso a material inconsciente y reducir el malestar subjetivo. Sin embargo, surge la necesidad de realizar más estudios que demuestren el grado real de la efectividad de la técnica en muestras específicas de la población, por ejemplo en condiciones psicopatológicas como depresión, estrés post-traumático y otros, además del uso de grupos de control.

Desde una visión filosófica, la integración de corrientes espirituales y diferentes aproximaciones de la psicología a este trabajo, enriquecen la comprensión y el entendimiento teóricos del potencial que la RH puede tener, para promover cambios transformacionales en quienes realizan el proceso, así como trascender la visión sobre el trabajo más allá de lo que los Grof explican acerca del mismo. Desde la perspectiva científica, sería positivo un movimiento integrador que complemente el trabajo de la RH, con visiones frescas y más inclusivas desde la teoría, además de opiniones fundadas en estudios empíricos que permitan hablar ya no de "potencial", si no que de efectos terapéuticos, psicológicos y psicosomáticos concretos y demostrados.

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*__Felipe Landaeta Farizo__ es Magister en Psicología de las Organizaciones por la Universidad Adolfo Ibáñez. Se desempeña como docente en la Universidad Adolfo Ibáñez en Chile, donde reside. Es Focusing Trainer acreditado por el Focusing Institute of New York y facilitador de Respiración Holotrópica acreditado por el Grof Transpersonal Training. Actualmente es estudiante PhD en Psicología Transpersonal en la Sofia University en Palo Alto, California.
E-mail: felipe.landaeta@uai.cl

Respiración Holorénica: Proceso, Efectos y Fenomenología

Holorenic Breathwork: Process, Effects and Phenomenology

Josep Mª Fericgla[1]
Societat d'Etnopsicologia Aplicada i EECC
Barcelona, Spain

Gemma Guarch[2]
Fundació J. Mª Fericgla
Barcelona, Spain

Resumen

Este artículo trata del origen, características diferenciales y efectos de la respiración holorénica, técnica creada por el Dr. J.M.ª Fericgla en 1991 para inducir estados psicológicos percibidos como cercanos a la muerte, también conocidos genéricamente como estados transpersonales o de disociación creativa. A partir del trabajo de campo cualitativo realizado, se describen las tres calidades de consciencia a las que se accede y las seis fases de la experiencia transpersonal inducida por esta técnica de respiración rápida: i) narcisismo visionario como estrategia para rehuir el encuentro con uno mismo; ii) catarsis extática; iii) revisión biográfica; iv) implosión del ego o experiencia de muerte; v) activación de imágenes arquetípicas; vi) reconstrucción de la personalidad. La metodología cualitativa de observación de participantes se complementa con el test R. Hartman, usado para evaluar el estado pre y post experiencia de los participantes. Al final del artículo se añade un resumen de estos resultados. También se indica la importancia fundamental del contexto simbólico y de los valores que han de orientar la sesión, de la preparación mínima previa a la sesión de respiración a que deben someterse los participantes y de la figura del guía u orientador.

Palabras clave: respiración holorénica, catarsis, éxtasis, experiencia transpersonal, grito primal

Abstract

This article describes the origin, properties and differential effects of the holorenic breathing technique created by Dr. J.Mª Fericgla in 1991 to induce psychological states like those perceived when one is close to death, also known generically as transpersonal states or creative dissociation. Based on the qualitative fieldwork conducted, the three qualities of consciousness that are accessible and the six stages of transpersonal experience induced by this rapid breathing technique are described: 1) visionary narcissism as a strategy to shun the encounter with oneself; 2) ecstatic catharsis; 3) biographical review; 4) ego implosion or death experience; 5) archetypal images activation; 6) personality reconstruction.The qualitative methodology of observing participants is complemented by the R. Hartman test, used to evaluate participants' status pre and post experience. At the end of the article a summary of these results is provided. Moreover the fundamental importance of the symbolic context, the values that should guide the session, the minimum preparation participants required previous the session and the figure of guide or counselor is discussed.

Palabras clave: holorenic breathwork, catharsis, ecstasy, transpersonal experience, primal scream

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La Respiración Holorénica

‘La mente es su propia morada,
y en sí misma
puede hacer un cielo del infierno,
un infierno del cielo".
John Milton, *Paraíso perdido*

Una de las razones por las que no expliqué mi experiencia <ante los demás componentes del grupo> *es porque me dio vergüenza. Después de un rato de guerra civil interior -‘tienes, debes, tienes, debes y otro tanto de pelea interna’-, conseguí romper con esto y… conecté con lo Divino. Fue tan, tan bonito, que no tengo palabras para explicarlo, me saltan las lágrimas cada vez que lo recuerdo, del gozo que me produce. Una voz cálida, amorosa, compasiva, tierna me decía: ‘Confía en Mí’.*

Ahora puedo decir que he sentido algo muy superior a mí. Ya sentí algo parecido durante unos escasos minutos, cuando me di cuenta que yo no respiraba sino que me respiraban, pero esta experiencia duró mucho más rato. Y me siento tan pequeña, tan vulnerable y frágil ante esta inmensidad que me sobrecoge. Me pregunto cómo los seres humanos vivimos tan desconectados de esta inmensa fuente. Si pudiera permanecer en este estado siempre, todo estaría bien, nada ni nadie me podría hacer daño, nada ni nadie me movería de mi espacio. Se crea un dulce estado de bienestar, confortable y apacible.

Caso 27, mujer 41 años.

El autor acuñó el neologismo ‘holorénico/a’ a mediados de los ochenta del pasado siglo. Lo difundió originalmente en su obra *El sistema dinámico de la cultura y los diversos estados de la mente humana*(Fericgla,1989) con la intención de precisar un estado o calidad específica de consciencia expandida.

La etimología procede del griego *holós* que significa ‘totalidad’, más el verbo griego arcaico *renikós*, que viene a significar ‘buscar algo en un lugar donde se sabe de antemano que se encuentra lo que se busca’; por ejemplo, cuando revolvemos el cajón buscando las tijeras: no las vemos pero sabemos que están ahí dentro. Así pues, tal acepción alude a la acción de buscar la Totalidad de la consciencia o del Ser en la dirección en que el sujeto presume que está. En cierta manera, es la búsqueda del *camino de regreso a casa*, es el intento de reconexión con lo Absoluto o con lo de Inefable y trascendente que albergamos, con la realidad última de nuestra existencia a la que se refieren los místicos de toda tradición cultural.

La respiración holorénica es un respiración rápida, inspirada en milenarias técnicas yóguicas —concretamente en el *Kapalabhati*—, en el ancestral chamanismo altaico que usa la respiración para buscar la experiencia extática, en las técnicas sufíes conocidas como *hadras, zikrs* y en la respiración holotrópica de S. Grof, tal como se practica en la actualidad bajo esta denominación. Un factor diferencial con otras tradiciones de respiración rápida es la velocidad: en la respiración holorénica (RHrc) se alcanzan 160 respiraciones o golpes/minuto, con la atención centrada en la expulsión del aire, no en la inhalación. A la vez, en este ritmo de respiración rápida, que puede durar una hora o más, se intercalan periodos de unos pocos minutos de respiración lenta, incluso de apnea, permitiendo que el diafragma del sujeto descanse. A causa de sofisticados procesos bioquímicos, esta forma de respiración produce una hipoxia reversible y no peligrosa, y aumenta la alcalinidad del cuerpo, generando un estado físico y fisiológico basal adecuado para los efectos psicológicos y espirituales buscados.

No todas las técnicas de respiración rápida inducen este mismo efecto somático. En algunos casos, el oxígeno en sangre aumenta al respirar con más lentitud y profundidad, ya que los pulmones necesitan retener el aire un cierto tiempo, entre 3 y 6 segundos, para absorber y metabolizar los gases que lo forman. En el caso de la RHrc es muy probable que parte del efecto catártico y extático que produce se deba a ciertas transformaciones en el hidrógeno que absorbemos y reabsorbemos varias veces durante la respiración[1].

Además de la técnica de respiración empleada, y ya sea un taller grupal o una terapia individual, hay otros dos factores que determinan, a partes cualitativamente equivalentes con el primero, el efecto de la RHrc: a) el contexto en que se da (y por contexto entendemos la suma de estímulos, símbolos, manejo y orden del espacio, valores y orientación que se da a la experiencia, figura y personalidad del guía); b) el propio sujeto que respira, su personalidad y temperamento, biografía pasada y momento existencial actual, expectativas sobre la sesión, sexo y edad, valentía y rigideces, experiencias anteriores en sesiones de respiración, nivel cultural y demás.

En las sesiones con RHrc, se da tanta importancia al uso depurado de la técnica (músicas y sonidos muy escogidos, postura corporal de los participantes, velocidad de la respiración), como al objetivo explícito de la sesión (orden material y simbólico del contexto, a nuestra propia manera de estar y hablar), como al estado del participante (de ahí las diversas pruebas y entrevistas personales a las que se somete a cada participante con antelación durante el taller). A pesar de ello, el presente texto se centra en la técnica de RHrc y su fenomenología, tratando solo puntualmente las otras dos dimensiones, el contexto y el sujeto.

Metodología

En el texto se usan términos como trascendencia, transpersonal, lo Inefable, el Ser, presión emocional, amor y otros que, para ser usados en un contexto científico, exigen ser definidos de forma funcional y precisa. Dada la limitada extensión del presente artículo no hay espacio para tal tarea, no por ello se usan tales conceptos de forma indefinida o laxa (en caso de interés ver: Fericgla, 2001, *a* y *b*). En este mismo sentido, se ha preferido centrar el esfuerzo en exponer los resultados, aportando un breve comentario metodológico en el presente epígrafe.

Cabe indicar que la metodología usada es cualitativa, con análisis de casos y observación de campo. No entraremos en detallar los motivos de esta elección metodológica, pero los hay. Las observaciones cualitativas han sido complementadas con el resultado del *test Hartman*, pasado a todos los participantes antes y después de la experiencia holorénica. El test Hartman es una importante y fiable herramienta axiológica que describe, también cualitativamente, diversos factores del estado interno de los sujetos. Los casos tomados para la presente investigación corresponden a las observaciones de los investigadores, más las declaraciones de 29 de los participantes al Taller denominado *Despertar a la vida a través de la muerte*, realizado en el campus Can Benet Vives, Barcelona, del 18 al 20 de julio de 2014.

Además de la serie de talleres o cursos prácticos basados en la RHrc como propulsora de una experiencia de disolución creativa del ego, los autores dirigen anualmente otras experiencias transpersonales en las que se usa también la RHrc, si bien las observaciones de tales otras experiencias no han sido utilizadas como material de campo para el presente artículo. Nos referimos al *Taller para Aprender a amar y decir adiós a las personas y las cosas*; el curso para activar los arquetipos masculino y femenino *Taller Ser mujer-ser hombre hoy*, y otros cursos prácticos. En total, durante los 18 años de historia de estas experiencias basadas en el efecto de la RHrc, han pasado cerca de seis mil personas, en progreso creciente. Cada uno de los talleres, para los autores, constituye una fuente de conocimiento y de experimentación a pesar de no haber escrito aun extensamente sobre ello desde un punto de vista teórico, excepto algún artículo de etnopsicología (Fericgla,2003a, 2003*b*).

En lo referente al diseño del estudio, instrumentos de medida y procedimiento de trabajo, cabe detallar que para esta investigación se ha seleccionado el *test Perfil de Valores de R. de Hartman*, a pesar de que el mayor peso del material surge de las observaciones detalladas y de la propia experiencia.

El nombre del taller o curso práctico en que se ha realizado el trabajo de campo para el presente artículo es *Despertar a la vida a través de la muerte* y está orientado a vivenciar la propia muerte. Por ello, se focaliza la experiencia en buscar una disolución inspirada del ego. Aunque los resultados de test Hartman se usan aquí como complemento a la observación cualitativa, cabe mencionar que se ha pasado a todos los asistentes antes de realizar el taller, entre 5 días y 2 días antes. Dada la enorme sensibilidad del test Hartman, hemos decidido no pasarlo con mayor antelación para evitar sesgos no derivados del taller, y tampoco el día previo ni el mismo día de empezar el taller, para evitar registrar la posible ansiedad y tensión ante la inmediatez de la experiencia. Posteriormente, se ha pasado de nuevo el test a los participantes con una distancia mínima de 3 días y máxima de 7 días tras la experiencia, soslayando así el efecto inmediato pero no duradero derivado de la sesión. Asimismo, se ha pedido a los voluntarios que, en redacción libre, escriban su experiencia subjetiva de la sesión de respiración, no de todo el taller.

Resumiendo, la fiabilidad del análisis cualitativo se apoya en la pericia y larga experiencia de los autores, y el test Hartman aporta un complemento interesante, como se expondrá al final.

Efectos de la Respiración Holorénica

Tras la observación detallada de cerca de seis mil personas que han pasado por los talleres de RHrc que el autor dirige desde 1996con diferente orientación temática, podemos afirmar que se observan tres tipos o calidades de consciencia expandida, y seis fases en la experiencia transpersonal. Las *tres calidades de consciencia expandida* se dan de forma consecutiva: no se llega al tipo 3 sin haber pasado antes por el tipo 1 y 2. Por otro lado, no todas las personas parecen tenerla capacidad o calidad psicológica necesaria para alcanzar el tercer tipo de experiencia.

Al primer efecto resolutivo que aparece, el más básico y generalizado, lo denominamos *catarsis tipo 1*. Las catarsis tipo 1 son experiencias de consciencia expandida que se resuelven literalmente en una catarsis o liberación de las barreras emocionales conscientes e inconscientes. El sujeto explota soltando las emociones reprimidas que lo tienen constreñido en un espacio existencial limitado. La experiencia catártica es liberadora, suele ayudar al sujeto a relajarse profundamente, y abre una vía experiencial y corporeizada a las dimensiones espirituales o transpersonales que le suelen ayudar a integrar y reorientar su vida con más plenitud.

La segunda calidad de expansión de consciencia son las *catarsis tipo 2*. En las catarsis tipo 2, que a menudo sucede sin solución de continuidad a la tipo 1, ocurre que la expansión de la consciencia, además de

liberar al sujeto de presiones y barreras emocionales, le lleva a tomar consciencia de algunas de las causas biográficas que le atan a un patrón emocional y existencial concreto. En términos clínicos, destapan el trauma y se da una experiencia de *awareness*[2]. Es una experiencia catártica a la vez liberadora, terapéutica y regeneradora.

En las *catarsis tipo 3*, que puede seguir a la tipo 1 y a la tipo 2, el sujeto experimenta una sensación de profunda paz activa, de 'llenarse de sí mismo', de conexión con el Self experimentado en su sentido original, como algo que está en proceso permanente de autocreación. Esta experiencia es claramente espiritual, en el sentido de percibir la conexión con la vida fundamental que está más allá del ego, con el Campo Punto Cero como lo denominan actualmente nuestros físicos teóricos(por ejemplo, McTaggart, 2013).

Durante el nivel 3 de experiencia catártica, o un poco antes de llegar a él, el sujeto puede ver imágenes propiamente arquetípicas, que no se deben confundir con las placenteras imágenes o sensaciones narcisistas, tan frecuentes, que los autores han observado repetidamente que se despiertan muy al inicio del proceso y que actúan de mecanismo neurótico de defensa o de bloqueo para evitar ahondar en la realidad de la psique el propio sujeto.

Así pues, y para concretar, esta fase del proceso transpersonal propulsado por la RHrc se caracteriza por la *experiencia catártica*, y ésta se divide en tres niveles o calidades: 1) descarga de presiones emocionales; 2) descarga de las emociones contenidas seguida de una toma de consciencia de los propios mecanismos psicológicos y de las circunstancias externas que obstaculizan al sujeto en su fluir emocional y desarrollo existencial; 3) una vez resueltas las fases anteriores, el sujeto puede entrar en una gozosa y presente sensación extática, de sentir que *se está llenando de sí mismo*.

Fases de la Experiencia transpersonal

Al margen de las tres calidades de catarsis expuestas, hay *seis fases* claramente observables en todo proceso transpersonal completo impulsado por la RHrc. Es difícil describirlas como perfectamente diferenciadas ya que, con frecuencia, la fase 3 y la fase 4 se solapan, así como la 4 y la 5. No obstante, se trata de partes esenciales y discriminables dentro de la experiencia. Estas fases son:

1) entrada y activación de un estrato de narcisismo visionario como estrategia para rehuir el encuentro con uno mismo. Si el sujeto puede escapar de esta rigidez defensiva, pasa a la…

2) aparición de dolor físico y emocional, y experiencia de despersonalización, seguida de una catarsis liberadora que puede dar paso a la…

3) implosión del ego, experiencia de muerte o extática, seguida de una profunda…

4) revisión biográfica, durante la que se dan procesos de abreacción o *awareness*. En esta fase del viaje transpersonal se puede observar la…

5) activación de imágenes arquetípicas que se van disolviendo hasta entrar en el proceso de…

6) reconstrucción de la personalidad más realista y consciente.

1 y 2 - Entrada, narcisismo, dolor y despersonalización

Es frecuente que a los pocos minutos de practicar la RHrc, los sujetos se sientan sumergidos en una experiencia de despersonalización, aunque no de pérdida de la consciencia ni de identidad. No es una fuga disociativa. Bien al contrario, es un reconocimiento de la propia vida desde una mayor consciencia, reconocimiento de los límites, valores existenciales y pérdidas y, muy en especial, es un proceso de reconexión con la realidad interna del sujeto, con los verdaderos sentimientos, sensaciones, recuerdos y necesidades previos a la desconexión neurótica. Esta fase de despersonalización sanadora que coincide con el despertar del dolor fundamental está minuciosamente descrita por A. Janov en su obra *El grito primal* (Janov, 2009; 55 y ss.).

La experiencia disociativa, sea constructiva o actúe como mecanismo de huida de la realidad (fuga disociativa), suele ir acompañada de una pérdida de la sensación temporal. Se derrumba la percepción cotidiana del tiempo, ya que el tiempo, tal y como lo percibimos, es un constructo del ego. Cuando se produce una modificación del ego, lo primero que desaparece es la cognición del tiempo. En el caso de la RHrc, la atención del sujeto se arremolina en el presente inmediato, no hay más que un profundo presente corporal, emocional, espiritual y psicológico. Veamos la forma en que es expresado este proceso en alguno de los casos recogidos.

Caso 1, hombre, 42 años.

La sensación de tiempo fue como si hubiera pasado media hora, la presencia era tal que me impedía estar en otro lugar.(Habían pasado tres horas aproximadamente)

Caso 3, mujer, 28 años.

Esta percepción ha durado el tiempo de una respiración, en la pauta que hay entre el inspirar y el espirar, como si todo se hubiera parado y el tiempo ya no existiera. Era un instante pero mucho más largo, dilatado. No existía el movimiento, solo quietud. (...)

Me sentí un poco perdida y toqué mi cuerpo con las manos para ver si aún estaba allí.

Este nivel casi inicial de la experiencia suele caracterizarse—no siempre— por sensaciones físicas, con frecuencia dolorosas o desagradables, principalmente de rigidez en manos y brazos, dolor agudo en el trapecio y dolor difuso en la zona lumbar, que el propio sujeto no duda en percibir como una barrera a atravesar para expandir su ser. Cabe mencionar que, para ello, es necesario que el sujeto haya recibido indicaciones previas al respecto, pautas que le permitan entender lo que ahora está experimentando.

De acuerdo a las observaciones realizadas por los autores en miles de casos, por medio de la RHrc no se puede avanzar más allá de un cierto nivel de expansión de la consciencia o de la experiencia transpersonal si no es a través de una catarsis liberadora que permita el desbloqueo de las barreras emocionales y psicosomáticas que obstaculizan tal expansión. En este punto, nuestras observaciones coinciden de nuevo con las de A. Janov (Janov, 2009).

Como se observa en las declaraciones transcritas más adelante, el mismo dolor físico es comprendido y aceptado por los sujetos como una barrera a superar en su proceso de descubrir la realidad psicológica en la que viven, es entendido como 'algo' de que lo deben liberarse. En este sentido, insistimos, es importante que las explicaciones previas a la sesión incluyan algún comentario que ayude a los participantes, no tan solo a no temer el posible dolor físico que se pueda presentar durante la sesión, sino a considerarlo como un indicio positivo en su proceso.

En Occidente, el común de la gente se lleva mal con el dolor y el sufrimiento, son considerados estados que incapacitan para la felicidad. Esta polaridad —dolor-infelicidad / placer-felicidad— suele tomarse en calidad de orientación definitiva para la vida: buscar el placer, huir de la infelicidad. Cuando la vida queda atrapada en esta polaridad, cuando toda acción se reduce al logro del placer o a la huida del dolor, hay un reduccionismo existencial que nos mantiene en un estado psicológico infantil: se exige todo al menor coste, y sabemos que esto no es realista.

De ahí que, según los autores, el indicativo más claro de la madurez de una persona y de una sociedad es la capacidad que tiene para transitar por su infelicidad, por sus pérdidas y su dolor, es su capacidad para saberse vulnerable y, a la vez, sostener el propio dolor con dignidad e integrarlo en el flujo de la vida para evolucionar. Se ha dado en llamar 'la sociedad del éxito líquido' al Occidente actual por el afán de ganancia inmediata y la falta de temple y de fuerza interior (por ejemplo, Bauman, 2009).

Por ello, consideramos que el simple hecho de sostener el dolor físico que a veces se presenta como efecto psicosomático de la RHrc, es un acto de madurez. A veces, el dolor que aumenta con las manipulaciones corporales, manipulaciones que, o bien el propio participante ha pedido, o bien ha aceptado del guía de la sesión cuando éste se lo ha propuesto prudentemente para ayudarle a salir del bucle en que pudiera encontrarse. Aceptar el dolor que aparece durante las sesiones de RHrc, conceptualizándolo con una vía que, tras atravesarlo, permite alcanzar la liberación y abre la mente a la comprensión psicológica de uno mismo—y debe entenderse bien que no estamos hablando de masoquismo ni de perversión alguna—, en sí mismo es un acto de madurez. De ahí que con frecuencia, tras participar en los talleres de RHrc, las personas se sienten orgullosas por el precio que han pagado en su propio cuerpo para liberarse de sus miedos y bloqueos, sosteniendo el dolor de la somatización hasta atravesarlo y descubrir la verdadera vida psíquica y sensual que 'hay debajo'. Con este acto, según la denominación de David Richo se convierten en *héroes*, en personas maduras: 'Héroe es todo aquel que ha vivido a través del dolor y ha sido transformado por él' (Richo, 2012).

3 - Implosión del ego, experiencia de muerte o extática

La despersonalización consciente que suele inducir la RHrc en esta fase de la experiencia transpersonal sitúa a los participantes en un ámbito cercano al estado extático: el sujeto se percibe a sí mismo *desde fuera*.

'Éxtasis' es un vocablo interesante. En su etimología griega proviene de los términos *ek* (de, desde) al que se suma *–sta-* (del verbo griego 'hístemi', poner de pie, colocar), más el sufijo de acción *–sis*. Éxtasis puede traducirse libremente por 'percibirse estando uno fuera de sí mismo', más que como estado de embeleso por una causa externa. El sujeto, en un estado mental expandido que le permite una visión más amplia de sí mismo, percibe y toma consciencia de las fuerzas cotidianas que actúan sobre él y de las que lo empujan—o lo bloquean, depende— desde su interior. Su mente holística se libera del sentir emocional rutinario y de la actividad y automatismos físicos que lo encarcelan.

Desde nuestra perspectiva, hay un conjunto de fuerzas o niveles inconscientes, impersonales o transpersonales, que habitualmente están presentes pero no explícitos en la vida de todo ser humano. Durante la RHrc, estas fuerzas o estratos psíquicos se van desplegando y se convierten en la consciencia misma, una consciencia expandida de carácter dialógico, que observa los impulsivos y tensos diálogos internos que marcan el día a día psicológico del sujeto.

En este estado, se despliega una consciencia amplia y no sometida al cuerpo, ni a las reacciones y

restricciones emocionales, ni al conflicto neurótico de la psique cotidiana. Es el propiamente llamado estado de consciencia expandida de carácter dialógico. Lo denominamos *consciencia dialógica*—hay diversos tipos de consciencia expandida— porque lo fundamental en su fenomenología es que permite una percepción elevada desde la que observar los diálogos mentales internos a los que estamos constantemente sometidos y esclavizados. Alcanzar un estado de consciencia dialógica es uno de los objetivos de la mayor parte de técnicas de meditación no contemplativa, por la posibilidad de que el propio sujeto observe sus procesos psíquicos y por la paz y profunda serenidad que produce lejos del agitado estado cotidiano de la mente[3].

Las expresiones de los informantes para referirse a este primer bloque de efectos de la RHrc son diversas. Citamos algunas:

Caso 3, mujer, 28 años.

Se me durmieron las manos y a medida que la música crecía de intensidad la sensación se volvía más fuerte hasta provocarme calambres y dolor, rigidez, como si las manos y los codos se hubieran vuelto de madera. Estaban tan rígidos que me dolían y ya no los reconocía como parte de mi cuerpo, no dependían de mi voluntad (…).

Caso 5, hombre, 52 años.

(…) y como nota preocupante, un grito angustioso que sale con un hilo de voz, agudo, profundamente triste y que parece venir del vacío y me atraviesa sin que pueda pararlo, ni tan siquiera saber de dónde viene, qué significa o para qué se muestra. Sólo sé que cuando aparece me derrota, me aísla y me deja sin aliento, sin ninguna esperanza. No sé qué es ni cómo ubicarlo al integrar la experiencia.

Caso 7, mujer, 37 años.

Después de estos momentos de golpes y rabia, noté que algo no me dejaba avanzar. Si no conseguía deshacerme de aquello, todo se acabaría y lo que había ido a buscar se quedaría enterrado muy dentro. Y salió un grito, pero no me liberó. Y salió el segundo grito más fuerte, pero tampoco liberaba. Creo que esos primeros gritos son como para defenderse del dolor pero no son los definitivos. Y entonces llegó el tercer grito, que más que grito fue como una expiación. No sale de la garganta, pasa por la garganta pero sale de las entrañas. Vibra el cuerpo entero pero no sale de el, él no lo empuja, lo empuja algo más profundo, algo que escapa a todo control. Por buscar una palabra parece como un exorcismo, una expulsión.

Caso 8, mujer, 42 años.

El trabajo duro me ha recordado la clara visión de que 'yo no soy eso', que no eres ninguno de esos personajes, que eres algo que va mucho más allá, aunque el 'programa' siga juzgando, resistiendo, analizando, culpando, criticando, etc.

Caso 12, hombre, 41 años.

Me di cuenta del control que ejerce mi mente sobre mis acciones. Conseguí desconectar algunos momentos, pero no tardaba en volver a ejercer presión, unas veces analizando lo que hacía, la mayoría juzgando. Me siento satisfecho con la sesión. He sido un poco más consciente de cómo funciona mi mente y cómo pone freno en mis procesos creativos. Me he dado cuenta de que soy terriblemente crítico conmigo mismo, que no soporto perder el control de lo que sucede, y que estoy lleno de prejuicios hacia lo que hago y lo que soy.

Tras este tránsito al estado disociado no patológico, al que precisamente denominamos *consciencia dialógica*, los sujetos suelen verse impelidos a una descarga emocional de calidad catártica. Lo paradójico es que, por así de decir, no son ellos los que se descargan sino que *la descarga emocional sucede a través de ellos*, siendo ésta una de las características habituales en la experiencia transpersonal.

Es una descarga de presiones emocionales no propulsada por una necesidad inmediata derivada de la consciencia cotidiana, como podría ser la necesidad de llorar tras una grave pérdida. Con frecuencia hay que ayudar a dar este salto para que la explosión catártica se resuelva en un grito primal[4]. La manera de ayudar, cuando hace falta, a soltar el grito profundo que abre las compuertas a la catarsis es por medio de manipulaciones corporales adecuadas, tanto en presión, como en localización precisa del punto corporal, como en duración exacta. A partir de la experiencia de los autores, podemos afirmar que el hecho de manipular más o menos de lo necesario, o en una zona corporal inadecuada, o sin la sensibilidad precisa, suele desembocar en lo contrario de lo deseado: el sujeto pide que se le deje de manipular el cuerpo porque no percibe el sentido terapéutico y liberador de la acción.

La práctica de la RHrc suele ir acompañada por las manipulaciones adecuadas para ayudar a que los sujetos entren en el estado de implosión o caos cognitivo y emocional que implica toda catarsis profunda. El proceso exacto es que primero se da una implosión —el ego del sujeto se derrumba hacia dentro—que se resuelve en una explosión hacia fuera, los gritos y la catarsis.

No todas las personas consiguen romper sus resistencias y explotar en una catarsis liberadora sin ayuda externa. Ésta es una de las funciones fundamen-

tales del guía de la sesión, ayudar a atravesar el estado de *impasse* que suele darse en cierto momento de la experiencia, cuando los participantes se quedan atrapados en pensamientos circulares o fantasías narcisistas sin tener consciencia de ello y, por tanto, sin poder escapar. Este impulso externo adicional empuja al sujeto hacia un caos liberador que, su vez, se resuelve en un nuevo orden psicosomático más integrado y saludable gracias al *atractor* que el guía pone al alcance de la persona, como se explicará más adelante[5].

Caso 1, hombre, 42 años.

A partir de los siguientes minutos <de respirar> *entré en una fase emocional diferente. Sentía como si tuviera que descargar todas mis emociones, a pesar de no tener ningún motivo racional ni ninguna visión. Las ganas de llorar se iban produciendo cada vez más. Desde ese momento, a veces, el llanto me impedía seguir respirando al ritmo de la música durante unos segundos y luego recuperaba la normalidad en la respiración. Durante un momento sentí una rabia que me hacía apretar el colchón y golpearlo.*

Caso 4, mujer, 39 años.

De nuevo la manipulación <corporal que acompaña la respiración holorénica>. *Grito. Grito mucho. De nuevo se me pide que diga una palabra a mi madre y entro en la lucha de sentir la traición. Yo sé lo que le diría pero ahogo el grito. No quiero. No quiero hacerle daño. No quiero traicionarle. Pero al final, sin mucha fuerza, consigo decir 'mala'. Silencio lo que hubiese gritado: '¡Puta!'. Me lo callo, sabiendo que me lo callo por no ser capaz de decirlo. Paro. Ahora sí, lloro y lloro. Pero no lloro todo el llanto que hay dentro.*

Llegados a este punto es necesario un breve comentario sobre una acción fundamental en la dinámica del proceso. La RHrc induce, en primera instancia, un estado de caos. La propia explosión catártica *es* un estado de caos. En términos de la *Teoría General de Sistemas*, el caos aparece cuando los subsistemas que forman el individuo dejan de reconocer las relaciones que los une en un sistema mayor. Por así decir, el aparato cognitivo opera por su lado, el cuerpo por el suyo, las emociones por el suyo. Deja de haber coherencia interna y, por tanto, se abre la posibilidad de que se creen nuevas formas de asociación entre emociones, recuerdos, pensamientos, sensaciones y reacciones corporales. El sujeto se abre a nuevas formas de sentir y entender la realidad exógena y endógena, se le abren nuevas capacidades de percepción. Pero todo ello es *sólo una posibilidad*. ¿Cómo facilitar que la posibilidad se convierta en una nueva realidad psicosomática? Por medio de un *atractor*.

Caos es otro vocablo de etimología esclarecedora. Su origen es el término griego *khaos*, 'abismo oscuro' y 'masa de materia sin forma'. De ahí el dios Caos, divinidad helénica sin culto ni personalidad, y del Caos surgió la primera diosa, Gea, la Tierra, y Gea dio luz a Urano, para que fuera su pareja y poder engendrar el cosmos humano, pero todo surge del Caos. Con el tiempo, el mismo término *khaos* también significó 'portal' o lugar donde nace un camino. A partir del caos cognitivo o catarsis aparece una nueva vía de integración psicosomática.

Basándonos en las premisas de *Tª General de Sistemas* y en nuestras propias observaciones, podemos afirmar que cuando los elementos que constituyen un sistema están en (des)orden caótico hay un proceso para restaurar el orden que arranca en el momento en quedos de los elementos del sistema establecen una relación entre ellos y la empiezan a recordar. Esta *nueva relación* entre dos elementos del sistema actúa de *atractor*, atrae hacia ella a otros elementos del sistema, y a su alrededor se empieza a hilvanar un nuevo orden; el resto de elementos del sistema se van posicionando a partir y alrededor de esta relación. En esto se resume la importancia de que el guía o terapeuta que conduce la sesión aproveche astutamente y con precisión el momento de caos catártico para, acto seguido, proponer una nueva relación entre los elementos del sistema que es la psique de la persona. La manera de proceder que tenemos en las sesiones de RHrc es invitando suavemente a la persona a que grite algo, así sea una sola palabra a otra persona, a sí misma o libremente dirigido, según el resultado que se esté buscando. Un poco más adelante regresaremos a este mismo tema.

Hasta aquí se han descrito dos fases típicas del proceso psicosomático que genera la RHrc: primero, un cierto dolor físico que resulta de la somatización de bloqueos y miedos que frenan la experiencia de soltarse a un estado de expansión de consciencia, seguido por una descarga emocional o catarsis, tanto de emociones conscientes como de presiones emocionales inconscientes. Según nuestras observaciones, la catarsis es un primer paso hacia el viaje transpersonal profundo cuando éste es propulsado por respiraciones rápidas.

Cabe apuntar que pocas veces se da una fuga disociativa, es decir, una reacción por la que el sujeto pierde incluso la memoria de su identidad o del episodio que está viviendo. Según nuestra experiencia, si bien se da y las personas suelen expresarlo diciendo que 'se han quedado dormidas', no es habitual. Si ha habido la preparación previa adecuada, suelen ser entre el 1% y el 3% de los asistentes a los talleres los que sufren una fuga disociativa temporal.

4 - Revisión biográfica

La explosión catártica y el grito primal pueden ser aprovechados en el sentido expuesto más arriba: se trata de una situación de caos que abre la posibilidad a nuevas vías de comprensión y conexión con el mundo *psíquicoreal* del sujeto, rompiendo la imagen neurótica *no-real* que el sujeto ha construido como mecanismo de defensa de las agresiones recibidas, y que a partir de un cierto momento biográfico toma por real.

El proceso consiste en ofrecer un *atractor* válido a la persona. En el contexto de la RHrc este atractor se concreta en pedir a la persona que con el liberador grito primal, verbalice una palabra a alguien concreto de importancia psicológica clave. El método para escoger la persona o situación a quien se invitará al sujeto a que le diga algo, a menudo es el test Hartman. A veces se le pide que grite a una imagen arquetípica (su padre, su madre, a sí mismo), a veces incluso se le sugiere la palabra exacta a gritar cuando el guía tiene plena seguridad de que es la que ayudará a la persona a soltar su presión emocional y no puede por sí misma. Por ejemplo: 'grita *¡no podía!*', si se trata de una persona atrapada por la culpa, o '¡puta!' si se trata de una joven con una madre castrante ante cuyo recuerdo es incluso incapaz de verbalizar nada, como ha expresado el caso 4 mencionado en el anterior epígrafe.

Tras ofrecer el atractor, e insistimos que *debe ser un atractor adecuado*, es habitual que el sujeto empiece a salir del caos hilando sus pensamientos, imaginería mental y emociones de forma inspirada y constructiva alrededor de esta relación. Se da un importante proceso de integración psíquica.

Es frecuente que al llegar aquí, el propio proceso de expansión de la consciencia desvele hechos del pasado del sujeto y éste tome consciencia de episodios de su biografía hacia los que sufría resistencia y amnesia. Se abre el recuerdo tapado, se perdona y se acepta la realidad pasada y presente. Este proceso de integración de las partes dolorosas de la propia biografía es fundamental: implica un avance del sujeto en su proceso de individuación, en sentido junguiano (por ejemplo: Jung, 2011*a*, 2011*b*). De hecho, sería recomendable que toda sesión de RHrc aspirara, como mínimo, a llegar a este punto del proceso en que se da la revisión e integración biográfica, o liberación del *yo real* en el sentido que da A. Janov a esta expresión (Janov, 2009; 57 y ss.). La experiencia del sufrimiento primal, que es la vía para liberarse de él y recuperar la consciencia del *yo real*, no consiste simplemente en conocer el sufrimiento, consiste en *ser* el sufrimiento, en travesarlo, en corporeizar lo desvelado.

Actualmente, se habla de 'desarrollo personal' o de 'cultivo del mundo interno' sin que por lo general se defina el sentido de estos términos, lo que conduce a un habitual saco de confusiones. Sin querer entrar ahora en tal importante debate (Fericgla, 2014), tan solo apuntamos que avanzar en el proceso evolutivo significa que el sujeto disfruta de una mayor integridad y de mayor individualidad(no *dividido*), lo que se traduce en más armonía entre sus pensamientos, sentimientos y acciones, lo que, a su vez, significa una creciente capacidad psicológica para integrar elementos biográficos traumáticos, contradictorios o simplemente censurados.

El aspecto fenoménico que adopta el proceso es que, tras tomar consciencia de los hechos traumáticos, más o menos graves, que puedan haber jalonado su biografía, el sujeto siente un sincero perdón hacia las personas que lo han herido —sea por acción o por inhibición—, es capaz de pedir perdón por las heridas que haya causado él a otros, reconoce el peso fundamental del amor en la existencia humana, y toma consciencia de quién, en su propio recorrido vital, le ha dado este reconocimiento fundamental que llamamos amor. Tal proceso de integración de opuestos desemboca en un gozosa experiencia del presente, en un estado de profunda paz interior, cercana al tono emocional que caracteriza la experiencia extática.

Caso 1, hombre, 42 años.

(...) entonces <tras la catarsis>*tuve las visiones más claras de todo el proceso, aunque no eran claramente visiones sino que percibía la esencia de tres familiares muy importes en mi vida, que murieron hace unos años y* <de los> *que por diferentes motivos no pude despedirme como me hubiera gustado. Aparecieron sin pensar en ellos conscientemente, ni antes ni durante el proceso. Los tenía delante y me abracé primero con cada uno de ellos, luego nos cogíamos las manos en círculo y nos mirábamos, y yo seguía llorando sin parar. Recuerdo mi fuerza al cogerles las manos y el Amor. Les pedía perdón y les decía que los quería. Finalmente pude dejarles marchar y mis emociones, como si estuvieran sincronizadas con el ritmo de la música, se fueron diluyendo.*

Caso 3, mujer, 28 años.

Busqué algo que me tranquilizara y vi la cara de mi abuelo (murió hace muchos años), la persona más cariñosa en mi vida, que me dijo: 'Tranquila, sigue adelante'. Después de él vi un amigo que ha muerto justo una semana antes del Taller. Lo vi sonriente, ya no estaba enfadado con el mundo y verlo así me hizo mucho bien porque me dolía saber que se había ido enfadado con todos. También vi a mi madre con cara muy dulce, que me daba fuerza. (...)Después vino Josep Mª a preguntarme si podía manipularme, le dije que sí y me apretó debajo del costado izquierdo. Un dolor fuerte que me paralizaba, me susurró: 'Dile algo a tu madre', y yo le grité: '¡¡Te quiero, estás aquí conmigo!!', y en ese momento tuve claro que tenía que recuperar el diálogo con ella y las ganas de compartir

mis sentimientos, no quiero dejarla más fuera de mi vida.

Caso 7, mujer, 37 años.

Algo en mi interior me decía: 'Busca la manera Violeta, busca… casi lo tienes, no te quedes así, busca más, es tu objetivo'. Empezó como una pequeña queja, un pequeño aullido y encontré el camino. Grité con desesperación, con pena, era un lamento. Y entonces lo vi. Vi el rostro de mi marido, la persona que me ha acompañado durante 25 años, el padre de mis hijos. Sentí que lo había amado y que lo amaba. Le dije todo lo que no le había podido decir. Le miré a lo ojos por primera vez después de 7 meses. Vi nuestros momentos felices, vi el amor que nos había cubierto a los dos como una manta. Vi su bondad y la mía. Le di las gracias por todo lo que me había dado, le dije que le quería. Sentí culpa y le pedí perdón. Le acaricié el rostro, lo volví a ver como era. (…) Le dije que se había acabado, que yo debía seguir otro camino. Lo acaricié y lo acuné. Cogí una almohada, que era él, y estuvimos abrazados.(…).

Miré al cielo y todo estaba oscuro (…). Pero había tres círculos, con tonos rojizos. En ellos vi los rostros de mis tres muertos. Mi abuela, mi primo y mi abuelo. Estaban de izquierda a derecha por este orden. Como más cercana mi abuela, después mi primo y por último mi abuelo. Los círculos estaban separados. Mi sensación es de que ellos estaban juntos pero no juntos (no sé cómo explicarlo).Su expresión era de paz y de comprensión. Lloré desgarradoramente y con ello les hice ver cuánto les echaba de menos, lo sola que me sentía sin su presencia. Entendí que ellos tenían que estar allí y yo aquí. Me transmitieron 'te vemos y todo está bien, sabemos que duele y notamos tu dolor pero todo está bien'. Quedé en paz.

Caso 11, mujer, 39 años.

Suena (la música de) *L.C. y siento la necesidad de un abrazo, de moverme suavemente. Se lo pido a mi compañera. Cuando estamos en la sala estrechamente abrazadas, por decirlo de alguna manera, veo un pseudo-Sol: una forma similar a la de un escudo heráldico hecho de lava o carbón incandescente*[6]*. Tengo una sensación de UNIÓN y lloro con una emoción positiva.*(…) *A mi izquierda aparece la imagen de una amiga que normalmente me aporta paz. Hacia el final aparece de nuevo el pseudo-Sol y de nuevo lloro con la misma emoción positiva.*

5 y 6 - Activación de imágenes arquetípicas

Tras la revisión biográfica, con frecuencia el sujeto ve desplegarse ante su visión un conjunto de imágenes arquetípicas, como se aprecia en los fragmentos transcritos anteriores. Poner la activación de imágenes arquetípicas como una de las fases de la experiencia que estamos analizando es una manera de hablar. En realidad, a la vez que se ubican aquí, tras la revisión biográfica, el sujeto puede descubrirlas en varias de las otras fases. No obstante, no hay que confundir esta imaginería profunda, cargada de la energía psíquica propia de los arquetipos, con las imágenes flotantes, placenteras e insubstanciales que pueden aparecer al inicio del proceso y que son trampas del estrato narcisista y neurótico para tratar de evitar la revisión biográfica y el encuentro con uno mismo.

Así como la activación de los arquetipos nutre al sujeto y le abre a nuevas perspectivas existenciales, las imágenes narcisistas lo atrapan en un falso placer, superficial y alejado del proceso de maduración. Sería largo detallar las diferencias fundamentales entre ambas imágenes, bajo nuestro punto de vista las hay, y se refieren a la calidad de las imágenes y al momento en que pueden aparecer. Por ejemplo, no es imposible, pero extrañamente aparecen los arquetipos con anterioridad a la sanadora revisión biográfica y a la integración de opuestos.

Citamos algunos casos ilustrativos más, como lo ha sido el antes mencionado Caso 1:

Caso 2, mujer, 47 años.

Esta vez las imágenes han sido mucho más definidas. Era un ambiente natural y salvaje, en el que, de entre los árboles, ha surgido como un aborigen (medio árbol/medio mujer) sin desconexión con los orígenes ni con la propia naturaleza. Me he visto danzando y he intentado seguirlo con el cuerpo en el presente. Ha sido muy liberador, primitivo y parecido a una celebración[7]*.*

Caso, 3 mujer, 28 años.

Mientras experimentaba esta sensación tenía visiones de rituales chamánicos, tribales, ancestrales. Vi a Josep María que tocaba el tambor alrededor de un fuego, que nos guiaba en nuestro viaje. La música me ha hecho conectar, fusionar, percibir la energía de la que está hecha la materia de todas las cosas, sentí que era la substancia vibrante que toma formas distintas y distintas manifestaciones dependiendo de la velocidad con la que vibra. La vi como la substancia vibrante que da forma a las cosas, al Universo todo. Me vi a mí desde dentro, como si hubiera un lugar detrás de mis ojos desde donde podía observarme a mi misma. Ha sido el momento más fuerte de toda la experiencia. Verme ahí tumbada en el colchón, era yo pero no era yo. He sentido una sensación de calma indefinible, de plenitud y de consciencia de que no soy mi cuerpo, o mejor dicho de que no soy sólo mi cuerpo.

Caso 4, mujer, 39 años.

Me viene la sensación de parto, de parirme yo a mí, darme a Luz a mí misma. Ahí me viene que todas las mujeres deberían tener esta experiencia antes de parir. Me doy cuenta que me siento haciéndome agua (...), como si mi vientre se deshiciera en agua, siento mi sexo en agua...Sigo respirando. Me acuerdo de lo cerca que están la muerte y el orgasmo, y confirmo que sí, que así es en mí. Siento un espacio expandido en mí, instantes de Eso, de planear en el vacío, suspendida en la Nada.

Caso 7, mujer, 37 años.

Todo estaba oscuro pero veía perfectamente a mis acompañantes. Eran étnicos, llevaban tiras de piel como faldas, máscaras en las caras y melenas negras y largas, algo en las manos, instrumentos o escudos. Me incitaban a bailar, imponían un ritmo frenético. Mi cabeza se volvió loca, ondulaba de un lado a otro, casi no había límite, como si el cuello no estuviera en su lugar. Me molestaba el entorno, la gente que no se lo tomaba en serio, no sabía quienes eran pero notaba su presencia. 'Esto es serio -les decía– esto es sagrado, ¿No lo veis?'. Dos episodios más que viví aunque no sé colocarlos ni en tiempo ni en orden. Uno de ellos tiene que ver con el tigre, no es la primera vez que lo veo. Lo vi en la primera<sesión>*de respiración*<holorénica>*y sucesivamente en todas. Es la forma que tiene Dios para mí (...). Cuando medito y desde la primera respiración, si conecto con él veo su rostro. Él me protege, protege a mis hijos a todos los míos.*

Esta vez el tigre era yo, mis movimientos era felinos, pausados, con elegancia, posaba las patas en el suelo con delicadeza. A mi alrededor tenía gente, no se quienes eran, me senté como un tigre y rugí varias veces hacia el círculo, les mostré mi poder, me acerqué a ellos, los olí y los reconocí como míos. Pasé mis garras por el rostro de alguien y le hice entender que no tuvieran miedo, que lo estaba protegiendo, que no le haría daño. Cuando estuvieron tranquilos, seguros de mi poder y de mi protección me postré ante ellos expresando mi respeto.

Caso 8, mujer, 42 años.

<A veces, la activación del imaginario arquetípico sucede tras la sesión de respiración>

Una vez quitado el antifaz e ir al baño, lavándome la cara, me aparecen visiones: la cara de un chamán indio de una tribu antigua, y luego el rostro de una egipcia, de alguien poderoso, no sé quién. Al acabar no puedo moverme, sólo saborear la experiencia y, al volver a la sala y abrir el cuaderno de bitácora lo primero que leo es: 'No des nada por sentado'.

Resultados del Test Hartman en Evaluación Pre y Post Sesión de Respiración Holorénica

Tras exponer el material de campo incluido en el presente artículo, y tras exponer los resultados cualitativos concretos en líneas anteriores, cabe ahora complementarlo con un breve resumen de los resultados obtenidos por medio del análisis del test Hartman pasado a los participantes antes y después del taller.

Por sí mismo, y a partir de la doble evaluación pre y post, el test Hartman nos aporta datos significativos que se observan en la mayoría de los participantes. Así, tras el taller:

i. el sujeto tiene una mayor consciencia de su realidad, discrimina con más claridad aquello que pertenece a la dimensión emocional, a la corporal y a la psíquica.
ii. si estaba confuso y/o ansioso antes de la experiencia, estos trastornos disminuyen considerablemente aunque no varíe la posible tensión o presión que sienta por las circunstancias de su vida.
iii. los participantes muestran mejoría en su capacidad de toma de decisiones: son más objetivos y gestionan mejor sus emociones, facilitando mayor satisfacción consigo mismos y atenuando posibles enfados o tristezas profundas con los demás.
iv. la capacidad para encajar la experiencia con realismo varía en diferentes direcciones según el participante. En algunos aumenta el realismo, reconociendo mejor sus propias necesidades y sentimientos, mientras que en otros se activan mecanismos de defensa, probablemente como reacción ante la intensa confrontación de la sesión.
v. en los casos en que el sujeto tiene problemas de relación con los demás, mejora substancialmente tras la experiencia; así mismo, varía la valoración que hace de su propia vida: si pierde valor, el sujeto necesitará un contexto integrativo para reconstruirse, si no (como sucede en la mayoría de casos) el propio taller permitirá la integración de aspectos propios del sujeto.

Conclusiones

Las fases de la experiencia transpersonal propulsadas por la RHrc, comentadas aquí, son: preparación de los participantes e inicio de la sesión; aparición de síntomas físicos tanto agradables como punzantes o dolorosos; implosión y catarsis, con frecuencia inducida con alguna intervención externa que puede ser desde una manipulación corporal hasta una música específica, grabaciones de llantos y gritos u otras. No hay una única vía exógena para inducir la catarsis. A la catarsis le suele suceder un estado psico-corporal de calidad extática que favorece una revisión biográfica acompañada de una toma de consciencia corporeizada (*awareness*) y de un importante proceso de integración de conflictos y traumas, integración que se vive como un estado de profunda paz y calma interior, con afloración espontánea de sentimientos trascendentales de perdón y de amor. Tras esta fase, o sincrónica a ella, pueden aparecer visiones de contenido arquetípico, con frecuencia de escenas y personajes arcaicos con un claro simbolismo referido a épocas primigenias de la vida del sujeto, a sus progenitores o partes del proceso de individuación.

La fase de consciencia dialógica o extática, de *verse desde fuera*, es extraordinariamente similar a las descripciones que hacen las personas que han pasado por Experiencias Cercanas a la Muerte (ECM), personas que han estado un tiempo clínicamente muertas y que han sido revividas por médicos, generalmente cardiólogos (van Lommel,2012). Estas personas suelen narrar sus experiencias en el mismo tono emocional y casi con la misma terminología e imágenes que, de forma espontánea, hemos observado que usan los participantes a las sesiones de RHrc.

Para acabar, aunque no forma parte nuclear de la sesión de RHrc, para los autores es fundamental el proceso posterior de *reconstrucción de la persona*. Los humanos necesitamos poner palabras a nuestras experiencias para poderlas elaborar e integrar en nuestra existencia, vivimos de narrativas y de metáforas. La ciencia misma es una gran y útil metáfora (¿alguien ha visto alguna vez las partículas subatómicas?), como las religiones y como toda imagen referida al mundo interno de las personas.

Durante la puesta en común posterior a la experiencia transpersonal, los participantes, de forma voluntaria, verbalizan lo que han vivido, dándole un orden comprensible para sí mismos y para los demás. Este orden, que hará la experiencia pensable—a sabiendas de que en tales vivencias las palabras encuentran su límite expresivo—, viene parcialmente modulado por los valores y explicaciones impartidas antes de la respiración, información que, si es adecuada (que no siempre lo es), actúa de plantilla para la vivencia y comprensión de la experiencia, de la misma forma que la invitación a gritar una palabra determinada en un momento preciso del caos actuó de atractor y moduló el proceso siguiente de toma de consciencia e integración (perdón y aceptación) de los hechos desvelados durante la catarsis y que son traídos al presente.

La combinación de ejercicios previos, valores explícitos y contexto por un lado, y la práctica de la RHrc, por otro, generan un campo de gran intensidad psíquica que resulta fundamental para el buen desarrollo de la sesión. Tampoco nos detendremos aquí en analizar el fenómeno de la *creación y gestión del campo* inherente a toda sesión de experiencias transpersonales. Simplemente lo indicamos por la extrema importancia que tiene.

Finalmente, podemos concluir que vivir una experiencia extática propulsada por la técnica de RHrc, aumenta la sensación de satisfacción personal, reduce la ansiedad, potencia la objetividad sobre el propio sujeto y su entorno para tomar decisiones y para gestionar las emociones. Potencia la toma de consciencia de aspectos del *sí mismo* que el individuo desconocía antes de la experiencia, y favorece la reconexión con la realidad esencial del sujeto, mitigando o curando así el dolor encapsulado propio de sufrimiento neurótico.

Para acabar, incluimos dos fragmentos de que ilustran el peso del contexto y de la orientación dada a la experiencia.

Caso 5, hombre, 52 años.

La estructura, el dinamismo y la profundidad de los ejercicios me han ayudado mucho a redirigir mi atención y a estar presente. También me he dado cuenta que, pese a que el taller sigue derroteros parecidos<a los anteriores en que participé>*, ni yo, ni los facilitadores, ni los compañeros, ni el momento, ni nada era lo mismo, por lo que el resultado iba a ser distinto de cualquier forma.*

Me he sentido muy identificado con el tema del taller[8]*: la rigidez, el alejamiento de la realidad y de mí mismo y el no tomar en consideración mis necesidades. Me he sentido retratado en muchas de las observaciones del facilitador. Me he emocionado compartiendo con los compañeros… Y me sigue sorprendiendo la manera en que se hacen las parejas, como para cada ejercicio aparecen las personas adecuadas y como en tan breve espacio de tiempo se pueden crear lazos tan duraderos y profundos más allá de la amistad.*

Lo que más valoro del trabajo realizado en el taller es la capacidad para ir a lo esencial, para despertar en el grupo una energía de amor y comprensión, y una voluntad de trabajo encomiable. El 'no puedo' se transforma muy pronto en un 'lo intento', y frecuentemente acaba en un: '¡lo hice!'. Y ese ambiente de trabajo personal y de grupo va creciendo a medida que avanzan los ejercicios y se acerca la hora sagrada, el momento en mayúsculas, la respiración. Es un momen-

to trascendente, sagrado diría, o así lo vivimos. Es un momento de conexión especial entre el respirador y su acompañante y también entre todo el grupo. Se hace difícil creer a la vista de la unión y el sentimiento que se respira, que la mayoría de esas personas hace menos de 24 no nos conocíamos. Para mi es mágico y profundo, de lo más –si no lo más- especial del taller…

Caso 9, mujer, 58 años.

J.Mª ha sido un poco rudo conmigo, pero con intención de despertarnos y de que cojamos las riendas de nuestra vida. Así que sutilmente me sentía arropada, respetada y querida por el profesorado. En todo momento me han transmitido mucha confianza, sabían lo que hacían y esto ha sido la clave para que pudiera soltarle a gritar y patalear a pesar de mi miedo a perder el control.

Notas

1. La Dra. Alicia Guasch, cristalógrafa del CSIC, realizó interesantes trabajos en esta dirección, aun inéditos.

2. *Awareness* es el término inglés, puesto de moda hace unas décadas entre algunos profesionales e investigadores de la psique, para referirse a lo que en castellano se denomina con el preciso término de abreacción. Es decir, se refiere a la descarga de emociones y afectos ligados a recuerdos, generalmente de experiencias penosas o dolorosas infantiles que han sido reprimidas, que acompañan la toma de consciencia de tales hechos. Es decir, viene a significar el acto de tomar consciencia de algo oculto en la psique del sujeto acompañado de una carga emocional. La abreacción o *awareness* es un mecanismo psíquico normal que ocurre generalmente de manera espontánea cuando la descarga puede producirse poco después de un suceso emocionalmente relevante de cuyo origen o proceso el sujeto toma consciencia. También puede ser inducida en un tratamiento psicoterapéutico que utilice el método catártico, como el caso de la respiración holorénica o la hipnosis.

3. En relación a ello, hace poco se ha publicado una curiosa investigación psicológica realizada en 2014 en la Universidad de Virginia, EEUU, donde se concluye que el 67% de los hombres y el 25% de las mujeres norteamericanos afirman preferir recibir una descarga eléctrica a estar 10 minutos a solas con sus pensamientos. El artículo apareció en *EL PAIS* el 3 de julio de 2014, firmado por Javier Sampedro, resumiendo otro artículo aparecido en *Science* y firmado por T.D. Wilson, de la Universidad de Virginia, EE.UU., exponiendo su investigación.

4. Ver la obra de Arthur Janov, *El grito primal* (Ed. Hasa 2009, Barcelona; edición original de 1970). La obra de este psiquiatra norteamericano merece un puesto más importante dentro de la psicología transpersonal incluso de la etnopsicología del que está recibiendo, en especial la obra mencionada y sus estudios sobre el origen del amor.

5. La visión que se plantea aquí del fenómeno del caos provocado y resuelto gracias a la acción de un factor que actúa de *atractor*, está relacionada y es deudora de la *Tª del Caos* que, a su vez, ha sido una evolución de la *Tª General de Sistemas*.

6. Sería muy largo describir la extensa y compleja simbología arquetípica del Sol, pero sí es necesaria una mención a esta dimensión de la visión que aporta el caso 11. El Sol es el astro que transmite lo inmutable, simbolizando la realidad profunda de las cosas no sus aspectos cambiantes, la unidad del cosmos, lo invencible y lo eterno, la unidad cósmica, el Uno.

7. En este relato aparece la imagen de la madre arquetípica, el ser medio árbol medio mujer, que es integrado por la mujer que lo ha vivido, cuyo inconsciente lo representa con la danza y la celebración.

8. Uno de los grandes fenómenos de campo que se repite a cada taller de respiración, es que la mayoría de los participantes están unidos por un tema existencial común en el momento del taller, provengan de donde provengan. Y el tema central, naturalmente, varía a cada taller. Esta persona en concreto, había participado en talleres anteriores y sabía de este fenómeno, ya que los autores, al final de cada taller y a modo de epílogo, explican el tema que observan común a todos lo participantes. De todas maneras, a lo largo del taller va cristalizándose el tema a raíz de los comentarios de los propios participantes. Somos conscientes de la extrema complejidad de este tema, por lo que optamos por dejarlo aquí, tan solo apuntado.

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Josep Mª Fericgla, Ph.D. es doctor en antropología y licenciado en Geografía e Historia, ambos por la Universidad de Barcelona. Realizó estudios superiores de psicología, arte dramático y música. En España, ha sido profesor en la Universidad de Salamanca y en la Universidad de Barcelona, y también de varias universidades americanas. Autor y coautor de 29 libros y numerosos artículos. Actualmente es director del Campus Can Benet Vives, presidente de la Fundació J.Mª Fericgla, presidente de la Societat d'Etnopsicologia Aplicada y director de la colección Cogniciones. Dirige mensualmente talleres de respiración holorénica e imparte seminarios teóricos de diversos temas relacionados con el cultivo del mundo interno.
Email: fericgla@etnopsico.org

Gemma Guarch es licenciada en psicología por la Universidad de Barcelona, terapeuta familiar sistémica por el Hospital Sant Pau de Barcelona, y una de las pocas axiómetras en España. Certificado de animación sociocultural por la Hogeschool van Arnhem en Nijmegen (Holanda) e integradora social. Colaboradora del Dr. Josep Mª Fericgla desde 2006.
Email: gemmaguarchg@gmail.com

Effects of Holorenic Breathwork on Anxiety and Heart Rate Variability: Preliminary Results

Efectos de la Respiración Holorénica en la Ansiedad y la Variabilidad de la Frecuencia Cardiaca: Resultados Preliminares

Julio Cervantes[1]
Club Natació Sabadell
Sabadell, Spain

Iker Puente[2]
Universidad Autónoma de Barcelona
Barcelona, Spain

Abstract

The purpose of this pilot study was to examine changes in physiological and psychological measures in a group of healthy volunteers following participation in a Holorenic Breathwork (HrcB) session. A single group, pretest/posttest design was used. A total of 11 subjects, aged 30-47 participated in the study. Inclusion criteria were as follows: +18 years, Spanish speaking and no know-diagnosed mental disorder. The intervention consists in a single HrcB session. The psychological measures included the State-Trait Anxiety Inventory (STAI). Physiological measures included the HRV. Participants completed the psychological assessments and provided a HRV measure at baseline (pre-HB), and within 15-30 minutes after the HB session (post-HB). Significant improvements in HRV, as well as reductions in the state anxiety level, were observed from baseline to post-HB. Reductions in state anxiety levels were associated with reductions in the HRV levels. Thus, positive improvements in levels of anxiety were associated with increased HRV levels.

Keywords: holorenic breathwork, hyperventilation, HRV, STAI, state anxiety.

Resumen

El propósito de este estudio piloto fue evaluar los cambios en ciertas medidas fisiológicas y psicológicas en un grupo de voluntarios sanos después de la participación en una sesión de Respiración Holorénica (RHrn). Se empleo un diseño pretest /postest de un solo grupo. Un total de 11 sujetos de entre 30 -47 años participaron en el estudio. Los criterios de inclusión fueron los siguientes: +18 años, hablar en español y ausencia de diagnóstico de trastorno mental. La intervención consistió en una única sesión de RHrn. Las medida psicológica de ansiedad se realizó empleando el Inventario de Ansiedad Estado-Rasgo (STAI). La medida fisiológica estudiada fue la Variabilidad de la Frecuencia Cardiaca (VFC). Los participantes completaron las evaluaciones psicológicas y proporcionaron una medida de la VFC en el momento basal (pre-RHrn), y unos 15-30 minutos después de la sesión de RHrn (post-RHrn). Se observaron mejoras significativas en la VFC, así como reducciones en el nivel de ansiedad estado entre las medidas pre-RHrn y post-RHrn. Las reducciones en los niveles de ansiedad estado se asociaron con reducciones en los niveles de la VFC. Así, las mejoras positivas en los niveles de ansiedad se asociaron con un aumento de los niveles de la VFC.

Palabras clave: respiración holorénica, hiperventilación, variabilidad de la frecuencia cardiaca, STAI, ansiedad estado.

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Introduction

A very wide range of breathing procedures have been used for centuries in many cultures and different contexts, including healing and ritual purposes. It has also been known for a long time with techniques that involve modification in breathing rate (including acceleration and retention) can induce changes in consciousness (Grof and Grof, 2010). Different specific techniques of breathing can be found, in the *Pranayama* yogic breath techniques (Vishnudevananda, 1974), in *Kundalin*i Yoga, Sufi practices, Zen meditation, and in *Vipassana*. Techniques that involve accelerated breathing or hyperventilation can be found in the Inuit's, Sufis, in some Native American groups and in the Pranayama (Desikachar, 1985).

In the modern Western culture, however, these types of breathing methods have not been accessible to most. Western medicine has in fact reduced breathing to a physiological process, and physical and psychological signs that appear when the breathing rate is accelerated (which include hypocapnia[1], palpitations, dizziness and carpopedal spasm) have been considered a pathological condition know as the "hyperventilation syndrome" (Morgan, 1983). This term has been controversial since it was introduced, most of the disagreement being centered on the difficulties in establishing a diagnosis (Bass, 1997). In the second half of the XX century, many techniques involving accelerated breathing were developed in different psychotherapeutic approaches (Grof and Grof, 2010; Lowen, 1976; Orr and Ray, 1983). Furthermore, during the last few decades, voluntary hyperventilation has been used in clinical psychology and psychiatry as part of some desensitization therapies for the treatment of anxiety disorders, and has been found to be safe after medical screening for some contraindicated conditions (Meuret et al, 2005; Zvolensky and Eifert, 2001). Thus, hyperventilation is now considered a useful tool for the treatment of anxiety disorders.

In this context, Stanislav Grof, developed the Holotropic Breathwork technique the mid 1970´s (Grof, 1988, 2000; Grof and Grof, 2010), after two decades working with LSD and other psychedelic substances in psychotherapy (Grof, 1972, 1973, 1975, 1980). This method was conceived as a non-drug way of accessing non-ordinary states of consciousness or "holotropic states", a neologism proposed by S. Grof[2] (2000). Holotropic Breathwork (HB) is a experientially oriented psychotherapeutic technique that involves diverse elements, including evocative music, elective bodywork and accelerated breathing. Individual and group sessions are possible, but the group therapy context is the most commonly used. The most characteristic element of this procedure, compared with other psychotherapeutic methods, is the prolonged, voluntary hyperventilation or overbreathing (Rhinewine and Williams, 2007). To date, few studies have examined empirically the therapeutic potential of this hyperventilation procedure. However, there is some preliminary evidence of the clinical utility of HB (Binarova, 2003; Brewerton et al, 2012; Eyerman, 2013; Hanratty, 2002; Holmes, 1996; Pressman, 1993; Puente, 2013, 2014a, Puente, 2014b).

Similar hyperventilation procedures have been developed as well. In the late 80´s, the anthropologist Josep Maria Fericgla developed Holorenic Breathwork (HrnB), a technique based in the *Kapalabhati* breathing, different shamanic and Sufi breath methods, and HB. HrnB consists in an increased breath rhythm, reaching to 140-160 breaths per minute, involving other elements, including evocative music and elective bodywork (Fericgla, 2000; 2006). HrnB sessions usually last between 2 and 3 hours, and are terminated voluntarily by the client. There are some differences between HB and HrnB, including the rhythm and the instruction of the breath, the structure of the music set, and the type of bodywork, but both can be considered very similar methods, based mainly in the use of the prolonged and voluntary hyperventilation, and including the use of music and the elective bodywork.

Recently Puente (2007, 2013, 2014a) examined the effects of HrnB in a controlled, non-randomized study, using a pretest-posttest design. The study compared a group of subjects, aged 18-35, who participated for the first time in a weekend workshop where HrnB was used, with a control group that did not receive any alternative treatment. Both groups (N=31) were matched by age, gender and level of studies. The HrnB group showed a significant reduction in the Global Severity Index of the SCL-R-90, and a significant increase in the meaning of life (measured with the Purpose in Life Test) and in the self-directedness, cooperativeness and self-transcendence dimensions of the TCI-R, one-week, one month and six months after participating in the HrnB workshop.

Heart rate variability (HRV) represents the beat-to-beat variation in heart rhythm. These variations in HRV are regulated by the autonomic nervous system. Higher HRV indicates cardiovascular health and greater parasympathetic control status (Task Force of the European Society of Cardiology and the North American Society of Pacing and Electrophysiology, 1996). Low HRV is an established predictor of cardiovascular morbidity and mortality and low parasympathetic control (Dekker, et al., 2000; Kleiger, et al., 1987).

An association between emotional disorders and autonomic function has been proposed (Friedman and Thayer, 1998). Evidence in clinical (Berntson et

al., 1994; Friedman, 2007; Lane, Adock, and Burnett, 1992) and sport (Cervantes et al, 2009) research reinforce the utility of the HRV to assess the reduction in parasympathetic function related to several anxiety forms (Friedman and Thayer, 1998; Kawachi et al., 1995). As well, different authors have demonstrated that participation in alternative therapeutic sessions can acutely increase HRV. It has also been demonstrated that specific breathing pattern, specially low frequency, produce psychophysiological health effects related to the stress-anxiety (Cappo and Holmes, 1984; Gavish, 2010**).** However, there are currently no data to suggest that HrnB can obtain these effects.

We hypothesize that a single HrnB session will increase HRV, indicating a greater parasympathetic (vagal) function, and that this positive change will be accompanied by a reduction in anxiety.

Method

Participants

In this pilot study, a convenient sample was used. Eligible participants were individuals enrolled in a weekend HrnB workshop at a wellness and personal growth center. Eligibility criteria were as follows: 18 years of age or older, Spanish speaking, with no previous serious mental health problems and able to provide informed consent. Because the primary outcome involved HRV data, the measurement errors and ectopic heartbeats were visually checked and eliminated manually.

All the participants in the workshop who completed the inclusion criteria (N=25) were approached about participating in the study. From the 25 who were asked, 13 declined to participate, leaving 12 individuals who were interested. Of the 12 individuals, all consented and completed study assessments prior to the first HB session. One individual dropped out in the post measure for the HRV measure, and 4 for the STAI.

Participants in the study (N=12) age ranged between 30 and 47 years (Mean=45.2, S.D. =12.01). 41.7 percent of the participants were female (N=5) and 58.3 were male (N=7). Participant who completed the HRV measure at post-test (N=11) ranged in age from 30 to 47 years old. Five of them were female (45.5%) and six were male (54.5%). Participant who completed the STAI measure at post-test (N=8/9/10) ranged in age from 30 to 47 years old. Five of them were female (50%) and five were male (50%) (see Table 1).

Procedure

The data was collected in the context of a weeklong workshop. The workshop was held at a human development center near Barcelona, in May 2010, and the researcher stayed at the center for the entire weekend to collect the data. Participants received one HrnB session during the workshop. Permission to conduct the study was requested from and granted by the organizer and the directors of the workshop. After the introductory talk of the workshop, all the participants were invited to participate in the research. Participation in the study was completely voluntary. Written informed consent was obtained prior to the baseline assessments. At baseline, participants completed the STAI-psychological questionnaire, and they also completed also a HRV measure. Pre-test assessments were obtained within 15-60 minutes prior to the HrnB session. At posttest, participants completed the STAI-psychological questionnaire and another HRV measure. Post-test assessments were obtained within 15-30 minutes following the HrnB session (for the HRV measure) and between 30- 120 minutes after the HrnB session for the STAI. At post-test, we were not successful in obtaining follow up data for the STAI from 2-3 of the volunteers and for 1 of the volunteers for the HRV measure.

The HrnB session, modeled after the program created by Stan Grof, is a standarized, group based intervention. The session was 2.5-3 hours in length.

Table1. Age, gender and education for the study volunteers.

		Pre measure (N=12)	***Post1 measure HRV (N=11)***
Age		45.2 (12.01)	39.8 (5.04)
Gender	Man	7 (58.3%)	6 (54.5%)
	Woman	5 (41.7%)	5 (45.5%)
Education	College finished	6 (50%)	5 (45.45%)
	College unfinished	0	0
	High School	5 (41.7%)	5 (45.45)
	Primary studies	1 (8.3%)	1 (9.1)

Study Design

In the present study, a single group, Pretest-Posttest design was used. The variables examined were measured with one psychometric measure of anxiety, the *State-Trait Anxiety Inventory (STAI*), and with one physiological measure of the Heart Rate Variability (HRV), using the *Heart Rate Monitor* (Polar S-810i).

Psychological Measures

Anxiety was measured using the *State-Trait Anxiety Inventory* (STAI). The STAI is a commonly used, highly reliable, brief 40-item self-rating scale for the assessment of anxiety. This inventory is comprised of two separate self-report scales that measure two independent concepts of anxiety, state (S) and trait (T). Each of the scales has 20 items on a Likert scale from 0 to 3 (range: 0-69; cut off point: 31) (Spielberger, Gorsuch and Lushene 1970; Spielberger, Gorsuch, Lushene, Vagg, and Jacobs, 1983). The STAI State assesses how respondents feel "right now, at this moment" (e.g., "I feel at ease"; "I feel upset"), and the STAI Trait targets how respondents "generally feel" (e.g., "I am a steady person"; "I lack self- confidence"). State anxiety is defined as a transitory emotional state or condition of the human organism characterized by subjective feelings of tension and apprehension and by autonomic hyperactivity. It is variable in duration and intensity. Trait anxiety is defined as a personality disposition that describes a person's tendency to perceive situations as threatening, and hence to experience state anxiety in stressful situations. Trait anxiety is not observed directly, but is expressed as state anxiety when stress is experienced. The Spanish version was adapted by Seisdedos (2002). Internal consistency coefficients for the scale have ranged from .86 to .95; test-retest reliability coefficients have ranged from .65 to .75 over a 2-month interval (Spielberger et al., 1983). The normative data for the Spanish adaptation differs from the original data for the American version. The reported mean (S.D.) values reported for State anxiety in the normal population are 20.54 (10.56) for male adults and 23.30 (11.93) for female adults (Seisdedos, 2002).

Physiological Measures

Hearth Rate Variability (HRV) was measured using the *Heart Rate Monitor* (Polar S-810i). Subjects wore a Polar Heart Rate Monitor (Polar S-810i) with elastic electrode belt (*Polar Electro Oy*, validated in the study by Gamelin, Berthoin and Bosquet, 2006), below the solar plexus, with a conductive gel being applied as described by the manufacturer, in order to detect the R-R intervals with a resolution of 1 ms. The 10 minute recordings of the RR intervals were transferred to a personal computer using Polar Precision Performance Software (Version 4.03.041, Polar Electro, Finland). After correcting for possible recording errors, the RR intervals were exported to the HRV Analysis Software (Version 1.1 SP1, University of Kuopio, Finland) to analyse the HRV using the parameters summarised below.

With *time domain* HRV variables it is possible to obtain information about the health status, and with *frequency domain* it is possible to provide quantitative estimates of sympathetic and vagal (parasympathetic) neural influences on the heart. *Time domain* indices include HRVmean (RRmean) and RMSSD. *Frequency domain* indices include HF and low frequency (LF)

Table 2. The mean, standard deviation and significance for the Wilcoxon signed-rank test for the Pre-test and Post1 are presented.

Measures	*Subscale*	*Pre-test*	*Post1-test*	*P value*
STAI	STAI-State	16.09 (5.92)	11.38 (5.75)	**0.012**
	STAI-Trait	25.45 (8.14)	21.44 (5.03)	0.44
HRV				
Time domain	RRmean	704.70 (82.84)	800.64 (120.96)	**0.026**
	RMSSD	19.26 (7.07)	36.80 (36.09)	**0.041**
Frequency domain	HFms	320.08 (210.91)	1536.56 (3035.58)	**0.041**
	LFms	208.96 (133.1)	393.19 (391.46)	0.062
	LF/HF	0.77 (0.39)	0.95 (1.18)	0.534

Note: Data are mean scores with the SD shown in parenthesis.
STAI: State-Trait Anxiety Inventory; HRV: Heart Rate Variability; RRmean: mean of time series of beat-to-beat time differences; RMSSD: square root of the mean of the sum of the squares of differences between adjacent RRI; HFms: high frequency power (0.15–0.40 Hz); LFms: low frequency power (0.04 0.15 Hz); LF/HF: low frequency to high frequency ratio.

power and LF: HF ratio, and were calculated from 5 minutes of RR intervals recording.

Statistical Analysis

Data were analyzed using the 17.0 version of SPSS. Changes in psychological and physiological measures from pre to post-HB were analyzed using a non-parametric statistical test: the Wilcoxon signed-rank test.

Results

Baseline Measure

At baseline, a mean (S.D.) score of 16.09 (5.92) was obtained for the State scale, and a mean (S.D.) score of 25.45 (8.14) was obtained for the Trait Scale. In the *time domain* measures of the HRV, the RRmean index was 704.7 (82.84), and the RMSSD 19.26 (7.07). In the *frequency domain*, the HFms index score was 320.088 (210.91), and the LFms score was 208.96 (133.1). Finally, the LF/HF parameter score was 0.77 (0.39). (See Table 2).

Post-test measure assessed after the HrnB session.

Anxiety. In the Post1 measure, the participants showed a significant ($p = 0{,}012$) reduction in the State scale of the STAI (N=8-9) compared with the Pre-test score. The scores of the Trait scale also decreased, but the difference was not statistically significant.

Time domain HRV analysis. A significant increase in the post-test was noticed for the RRmean ($p = 0.026$) and the RMSSD ($p = 0.041$) indexes.

Frequency domain HRV analysis. In terms of the indexes related to parasympathetic activity, a significant decrease was found in the HF ms^2 ($p = 0.041$). Significant differences for sympathetic activity related parameters were found in terms of the decrease of the LF ms^2 ($p = 0.062$). Whereas, an increase with a tendency towards significance ($p = 0.053$) was observed for sympathetic activity related parameters in terms of the decrease of the LF/HF %, which expresses the proportion between low frequencies and high frequencies.

Discussion

The purpose of the present study was to explore the effects of HrnB on anxiety and HRV. The overall results of this pilot study provide some initial positive findings regarding the possible therapeutic usefulness of this technique in the context of a weekend workshop. In the present study, the volunteers showed some significant changes on dependent measures from baseline to post-HrnB measures, including significant improvements in HRV as well as significant reductions in the state anxiety level were observed from baseline to post-HrnB measures. Reductions in state anxiety levels were associated with improvements in the HRV levels. Thus, positive improvements in levels of anxiety were associated with increased HRV levels.

At baseline, volunteers in the study shown moderately low scores on the anxiety-state scale of the STAI, compared with the values reported in the normal population in anxiety-trait scale scores were similar to the scores found in the general population (Seisdedos, 2002). With regards to the state and trait levels of anxiety, a significant reduction of the anxiety-state scale of the STAI, and the non-significant reduction of the anxiety-trait scale was found after the HrnB session. These findings are consistent with the research on the topic. Puente (2007; 2014a) found a significant reduction in the rating of the anxiety subscale and the Global Severity Index of the SCL-90-R one month after an HrcB weekend workshop (N=31), and also a significant reduction of the GSI at 6 months follow-up. Hanratty (2002) also found a significant reduction of the GSI of the BSI test, and a non-significant reduction of the anxiety subscale, one week and six months after a weeklong HB workshop. Pressman (1993) also found a significant reduction of the GSI and the anxiety subscale of the BSI after six HB sessions (N=20). Puente also found a significant reduction of the GSI and the anxiety subscale of the BSI (N=22) two weeks and four months after a weeklong HB workshop (Puente, 2010), and also a non significant reduction of the anxiety subscale of the BSI and the GSI four weeks and six months after a weeklong HB workshop in a young sample in a previous pilot study (N=16) (Puente, 2014b).

Besides that, voluntary hyperventilation has been demonstrated over different studies to be a helpful tool for diagnosis and desensibilization in the treatment of anxiety (Meuret et al, 2005), and has been found to be safe after medical screening for some contraindicated conditions (Meuret et al, 2005; Zvolensky and Eifert, 2001). Thus, hyperventilation is now part of the tools for the treatment of anxiety disorders (Rhinewine and Williams, 2006).

HRV 5-min data collected were analyzed in

time-domain and frequency-domain to determine the autonomic nervous system (ANS) activity, which represents the level of psychophysiological health status (Task Force of the European Society of Cardiology and the North American Society of Pacing and Electrophysiology, 1996). Similar to previous breathwork therapies studies (Pressman, 1993; Puente, 2013, 2014a), our results by comparing HRV indexes in pretest vs. post-test confirm the positive effect of the HrnB session on the HRV.

Especially in the context of anxiety, and according with Friedman (2007) and Cohen and Benjamin (2006), our results suggest that specific patterns of autonomic response could be observed with the analysis of heart rate variability. After the HrnB session, accompanied by reduction in anxiety, HRV parameters showed the expected change: there was an increment of parasympathetic activity (greater values in HFms and RMSSD); an increment of parasympathetic predominance (lower values in LF/HF ratio); and a decrement of sympathetic activity (lower LFms).

Despite some initial positive findings suggesting that the use of HrnB in the context of a weekend workshop might present therapeutic value for the treatment of anxiety, the present study has several limitations.

The first limitation of the present research is related to the type of design. A convenient sample was used for the present study, and there was no comparison group. As the study was quasi-experimental, we cannot draw cause-effect statements from it. The second limitation is the small sample size, decreasing the statistical power and increasing the probability of false positive results. Thus, the results cannot be generalized, but they do support the idea that HrnB may contribute to improving psychological health, reducing the levels of anxiety and inducing positive changes in some HRV parameters, including an increment of parasympathetic activity and predominance, and a decrement of sympathetic activity.

Conclusion and Future Projects

Further research on the effects of HrnB on anxiety and HRV is needed. There are a number of areas of potential interest that might be examined in future research, including the combined assessment of physiological and neurophysiologic variables. The development of similar studies in other contexts where HrnB and other similar hyperventilation procedures are used could be very fruitful. Finally, in order to investigate the usefulness of HrnB, beyond what appears to be some initial positive results found in the present study, we consider it is important to replicate these results in a larger, well-controlled study. A placebo-controlled, randomized study assessing the efficacy of HrnB in patient populations, for the treatment of a particular condition linked with anxiety, could be designed and carried out as the next step.

Notes

1. Hypocapnia, a decrease in brain CO2 partial pressure, is associated with hyperventilation, and different studies have shown that it induces changes in different neurophysiologic measures, including evoked potentials and functional neuroimaging (Huttunnen, Tolvanen, Heinonen et al, 1999; Jensen, Hari and Kaila, 2002; Posse, olthoff, Weckesser et al, 1997).

2. The word "holotropic" is derived from the Greek words "holos" and "trepein", and means "moving toward wholeness" (Grof, 2000).

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[1]**Julio Cervantes** is a psychologist and sport trainner from Club Natació Sabadell (CNS), were he worked in the D. T. Triatlon section. He holds a degree in psychology from the Universidad Veracruzana (UV) and a Master in Sport Pshychology from the Autonomous University of Barcelona (UAB). He obtained his PhD degree from the UAB with his dissertation: "Heart Rate Variability, Stress and Sport: psycho physiological evaluation applied to training and competition". He was a Master teacher in UAB at the Sport Psychology Master. He has participated in R+D projects as a research collaborator.
Email: juliocerva@hotmail.com

[2]**Iker Puente** is a s a psychologist and researcher from the Autonomous University of Barcelona (UAB). He holds a degree in psychology from the University of Deusto and a degree in anthropology from the UAB. He recently obtained his PhD degree in psychology at the UAB with his dissertation "Complexity and Transpersonal Psychology: chaos, self-organization and

peak experiences in psychotherapy", exploring the short and medium term effects of two breathwork techniques; Holotropic Breathwork (HB) and Holorenic Breathwork (HrnB), and the subjective effects of HB. He is assistant editor of the Journal of Transpersonal Research. He has been trained in Gestalt Therapy at the Institut Gestalt in Barcelona, in Altered States of Consciousness at the Society of Etnopsychology and Cognitive Studies, and in Holotropic Breathwork and Transpersonal Psychology at the Grof Transpersonal Training. He has been visiting scholar at the California Institute of Integral Studies (CIIS), coordinator of the psychedelic emergency service at BOOM festival, and has teaching experience in the field of transpersonal psychology.
Email: ikerpuente@hotmail.com