Holotropic Breathwork and Rehabilitation Psychology

Francisco Pablo Lozano III

University of Wisconsin-Madison

Holotropic Breathwork and Rehabilitation Psychology

Rehabilitation professionals pride themselves for being fluent with disability and vocational concerns. For an individual living with a disability, receiving a job could be an amazing thing! For instance, receiving a job may lead them to socialize more, provide them with a sense of accomplishment and identity, as well as fulfill basic human needs aside from socializing. Although focusing on vocational outcomes can provide consumers with numerous benefits, it is only a portion of the individual as a whole. The writer hypothesizes that holotropic breathwork (HB) may lead persons living with disabilities (PWD) on a path of self-discovery, which can open up endless possibilities for growth, one of which will may be employment. HB is a nondrug approach that takes conscious breaths in order to provoke a non-ordinary states of consciousness (NOSC).

Throughout this paper the writer will explain: the therapy approach, relevant publications that are qualitative and quantitative, the strengths and limitations of those articles, discussing the gap in the literature or what questions still need to be answered, along with how this therapy approach applies to the field of rehabilitation psychology. It is important to note that the literature behind HB is scant, which calls for a detailed investigation of its efficacy. For instance, Young, Cashwell, & Giordano (2010) highlighted the fact that HB is lacking in empirically-based studies that are well-designed and controlled, which calls for the apparent need for this treatment modality to be examined and critically reviewed. HB’s efforts are congruent with rehabilitation psychology, as both entities are centered on a holistic paradigm for healing.

**Literature Review**

**Breathwork Background**

Young and his colleagues (2010) provide an excellent synopsis of why conscious breathing is so indispensable toward the healing process. These authors describe breathwork as an empty container, if it is emptied then it can be filled with water (i.e., something positive) if it is full then it cannot be filled with anything. If a consumer is attempting to fill itself with positives, it must be emptied of its negatives. The authors go on to describe these negatives as subconscious self-talk, which could have been provoked in early childhood and now have remained in one’s subconscious. Conscious breathwork can be utilized as a crucial intervention technique in recognizing and changing these pernicious beliefs. As one consciously breathes for an extended amount of time it supports the individual in linking the conscious with the unconscious, which allows one’s beliefs to become clear and able to be re-conceptualized. Without NOSC, individuals might not realize their automatic defense mechanisms at play that could be providing a sense of protection against the painful experiences/negative emotions that are apparent and strong that are affecting one’s ego.

Focusing on a therapy that can instigate a NOSC is a significant topic for the field of rehabilitation psychology because talk therapy has significant limitations (Grof, 2003; Young et al., 2010). NOSC is a state that is different than normal waking consciousness and can be measured by physiological symptoms (Valverde, 2016). In other words, this phenomenon can be explained through the power of electroencephalogram (EEG) in measuring one’s brain waves. Normal waking consciousness is in the frequency of beta while NOSC can fall into the frequencies of alpha, theta, and delta (Valverde, 2016). Some examples of NOSC within these levels include: hypnosis, day dreaming, praying, meditation, sensory deprivation, and monotonous dancing (Young et al. 2010). Valverde (2016) argues the healing process and fortifying one’s immune system is congruent with delta waves. Therefore, it seems that a practice that can evoke a client into a NOSC, ideally within the delta range, can lead any consumer toward a path of true healing.

**Theoretical Foundation of Holotropic Breathwork**

The whole goal of HB, beside moving towards wholeness, is accessing one’s psyche in a way that is not achievable given an ordinary state of consciousness (Brewerton, Eyerman, Cappetta, & Mithoefer, 2012). HB cannot be done alone, there must always be a trained professional alongside the participant. The techniques associated with this treatment modality include breathwork, focused bodywork, and evocative music. In other words, HB is done by essentially making a client hyperventilate and once that is provoked, evocative music is played to heighten the NOSC within the client. Rhinewine and Williams (2007) identified the argument that one could bring up against this modality, which states the elements of HB are nothing but well-understood, placebo-like components that provoke a similar therapeutic effect similar to regular psychotherapy or relaxation techniques. Nonetheless, the authors highlight that there is a special consideration for HB that distinguishes it from other or similar modalities, which is the direction of continuous, and intentionally over breathing. This special component takes advantage of the effects of hyperventilation, which serves as a facilitator in therapeutically altering one’s state of consciousness (Rhinewine & Williams, 2007).

This approach was created by Stanislav and Christina Grof. Stanislav Grof was a psychoanalysis who developed a new cartography framework of the human psyche (Holmes, Morris, Clance & Putney, 1996). These authors describe the cartography to be three levels, which are biographical, perinatal, and transpersonal. The biographical level is the most familiar to ordinary human experience. Physiological and physical sensations as well as a full age regression can be experienced at the biographical level (Young et al., 2010). The writers confirm at this level a client can face a traumatic experience and encounter egregious emotions. At this point consumers can connect the dots on their underpinning beliefs and worldviews as well as expressing their most charged emotions in full form. Grof postulates most psychological issues go beyond the biographical level and can be traced back to one’s birthing experience (Holmes et al., 1996).

The next psyche level is perinatal, which refers to themes of birth and death that are strangely intertwined (Grof, 1998). If a consumer had a difficult or life-threatening situation during birth, it can be re-experienced at this stage, which calls attention to two things. One, if an individual endured a traumatic experience at birth that should be noted, as it can potentially lay the underpinnings for a psychological issue later. Second, if clinicians are successfully trained to conduct this therapy, one’s informed consent must identify all of the potential risks. Moreover, the perinatal level of the psyche is a connection between the physical and transpersonal realm. This connection serves as a bridge to the collective consciousness in a Jungian way because these experiences go beyond one’s memory bank (Grof, 1998). With that in mind—time, space, geography, culture, and historical context can come into one’s consciousness. The same article reports that individuals at this stage experience a sense of death, which represents one’s ego (i.e., old concepts in the psyche of who and what we are). The author goes further to describe why individuals who undergo HB have a paradigm shift in attitude and become more self-aware, as indicated in Miller and Nielsen (2015). Grof (1998) explains that once these old faulty programs come into conscious awareness, we detach the energetic connection and charge that these negative beliefs had, which reduces their influence on one’s current reality. Perhaps our personalities are actually not who we truly are, but simply an array of faulty programs that we have uploaded to our hard drive.

Further, the transpersonal level is completely beyond ordinary consciousness where the limitations of time and space are no longer relevant. Some common transpersonal experiences may include: past life regressions, connecting to the animal realm, going beyond one’s physical body, and even communication with mythological or archetypal beings (Grof, 1998; Holmes et al., 1996). From the writer’s perspective, talking about transpersonal experiences may deter individuals who are dedicated to the academic-science paradigm as an all-knowing framework. Through the research of holotropic states and breathwork, it is identified that in a mysterious and paradoxical way, all humans have the potential to access and contain information from the entire universe and cosmos (Grof, 1998). This information completely shatters the Newtonian-Cartesian paradigm but it has significant implications for what it means to be a human being, psychopathology, and for treatment considerations. Again, the field of rehabilitation psychology is solely interested in vocational outcomes and disabilities and HB is a treatment modality that has the potential to raise self-awareness, among other positive outcomes (Miller & Nielsen, 2015). Thereby, the current author confidently believes that vocational outcomes will be merely one benefit compared to the other effects of this treatment approach.

**Empirical Articles**

Miller and Nielsen (2015) is the latest quantitative experiment using HB. Although their population is considerately small (i.e., n=20) and narrow (i.e., Danish and 70% educated), their study yields significant results! This quasi-experiment measured between-group differences on measures of self-awareness and temperament through pre-and posts tests. The groups differed according to their experience with HB: novices (n=9) and experienced (n=11). HB facilitators promoted the study on their website and the exclusion criteria included specific medical aliments (e.g., aneurysm, severe mental illness, among others), pregnancy, and prior HB experiences with the researcher. Participants attended four sessions of HB over a 12-week period.

The same authors used these measures: Temperament and Character Inventory (TCI-R), Inventory of Interpersonal Problems (IIP), Symptom Checklist (SCL-90-R), Global Severity Index, and Positive Symptom Distress Index. Results indicated that for both groups (n=20) statistically significant differences occurred in a positive fashion on 24 of 28 scales. Paranoid ideation was the only measure that indicated a noteworthy effect size (*d*=.05) for the entire sample. The novice group had significant effect sizes on paranoid ideation, persistence, and novelty seeking. Experimental group only had two measures that yielded medium effects: overly accommodating and hostility. According to Miller and Nielsen (2015), both groups had positive effects where the novices experienced more of a temperament change juxtaposed to a character change for the experienced group. Despite the appreciable affect HB had on the sample, the study has apparent limitations. The sample size does not generate a quintessential representation of the world’s population, the groups were not randomly selected, and they already had an interest in HB. It seems that HB can be a relevant intervention technique for individuals to gain self-awareness among other temperamental benefits.

Rhinewine and Williams (2007) offer three quantitative experiments that meet acceptable methodological procedures: objective, running statistical analyses, establishing hypotheses, using psychometric properties, among others. Two of these experiments were unfortunately not published in a peer-reviewed journal. Nevertheless, the results cannot be overlooked. The first study by Pressman had a controlled study with a sample (n=40) being measured on their mood and psychiatric symptomatology. The measures used include: Profile of Mood States and Brief Symptom Inventory. One group received HB and the other was given only the music component of HB, thus without the voluntary hyperventilation. The groups attended six therapy sessions in a span of 12 weeks. The results showed the HB group having significant differences on all the scales of the Profile of Mood States, according to Rhinewine and Williams (2007). Not to mention, there were no adverse effects on either group. This information indubitably confirms that the non-ordinary state of consciousness provoked in HB has extraordinary benefit for humanity. The author hypothesizes: if PWD’s moods improve will they have better vocational outcomes and socialization.

Additionally, Rhinewine and Williams (2007) describe Hanratty’s repeated-measures design, which had 44 educated volunteers at an international HB workshop. These participants all had some college experience and more than half had a master’s degree. These individuals were only given two sessions within one week where the duration was approximately 3-4 hours. The researchers found that a significant decrease in psychiatric symptoms at the end of the week as well as six months later. However, at the 6-month point only 22 participants responded. Psychiatric symptoms were identified by the Brief Symptom Inventory. The participants’ scores on the Brief Symptom Inventory were noticeably higher than the norm population, therefore the sample represented a group of individuals with mild psychiatric distress, according to the authors. This study had several limitations, it was not published in a peer-reviewed journal and the sample size was small, narrow, and half did not respond to the six month follow up. Nevertheless, this study unequivocally shows HB can be beneficial with individuals exhibiting mild psychiatric symptoms. Rehabilitation professionals can use this information to inform their decision-making when choosing which interventions to implement with individuals living with psychiatric disabilities. However, if a rehabilitation counselors are not trained in HB then they cannot conduct this intervention technique, which calls for the need to further examine this approach as well as promulgate credible training seminars.

Furthermore, Holmes et al., (1996) investigated HB’s effectiveness in reducing death anxiety, increasing self-esteem and connectedness with others. There were two groups examined: breathwork group and therapy group. The breathwork group (BG) was given six monthly breathwork trials as well as receiving psychotherapy where the therapy group did not receive breathwork sessions, only psychotherapy. There were 24 participants in both groups. The scales used in this study include: Templer’s Death Anxiety Scale (DAS), the Affiliation subscale of the Personality Research Form-E (Aff. Scale), and the Abasement subscale of the PRF-E (SE Scale), which are all true-false scales and the dependent measures for this study (Holmes et al., 1996). In order to examine the overall repeated measures a MANOVA was used. A significant difference involves the BG having a greater change over time than the therapy group regarding the dependent variables (DV). Between-group differences were found on the DVs as well. More closely, the BG has significant distinctions on two of the three DVs, increase in one’s self-esteem and a decrease in death anxiety compared to the other group. Because the participants in this study have attended psychotherapy sessions before, HB may be a better treatment approach if clients are having issues with progress in psychotherapy. Some limitations include: the study is somewhat outdated, the groups were not randomly assigned, the sample was mainly women (i.e., 47 vs. 11) and all Caucasian, the breathwork group all received HB prior to this experiment, and all participants had attended psychotherapy sessions prior to this experiment.

A qualitative study conducted by Chow, Wooten, Leonard, and Ty (2008) examined breathwork among a sample of couples and their results produced interesting results. The participants included 9 couples with 18 individuals total all from San Antonio, Texas. Couples were considered as such if they were living together for the last six months. The research design is phenomenological where the authors aim to provide the nature of breathwork as a therapy modality on relationships. The couples attended three sessions over a one-month period where each session lasted approximately five hours. Pre-interviews occurred after each couple received an introduction and orientation of the study. After the last session, participants were given their post-interview. The authors were able to categorize data into three classifications: emotive stories, themes, and concepts. Two themes were relationship change and individual change.

The results from Chow et al., (2008) suggested significant benefits for couples. Their study demonstrated that individuals’ relationship change improved in a matter of just three sessions. Given some insurances only allow clients a specified number of sessions, breathwork may seem irresistibly attractive to certain consumers. The specific relationship changes were labeled as time management, showing affection, and communication. The authors explain that relationship issues may be problems influenced by consumers’ emotional states versus a lack of actual skills. The results also demonstrated self-discovery when it came to individual change and most participants stated they experienced a NOSC. The writer believes this qualitative study successfully demonstrates breathwork as an effective approach toward gaining self-knowledge, achieving a NOSC, and improving couples’ relationships. Some limitations include: the sample is not true representation of cultural populations and it is considerably small (n=18), prior experience with breathwork was not controlled, and the setting of the study may have had implications since it was in a group setting and not interpreted as intimate (Chow et al., 2008).

**Future Direction and Conclusion**

**Future Direction**

Some questions still need to be answered about the use of HB as a realistic approach to practice and promote. There has yet to be a large study that investigates this phenomenon. Another important inquiry: how does HB relate to vocational outcomes since it has shown effective in prior studies? The writer is hypothesizing that HB will have a statistically significant effect on PWD’s vocational outcomes because of the holistic approach and foundation of the modality described in detail by Grof (1998). Grof also mention that individuals living with severe mental or psychiatric disabilities should not participate in HB (1998). It seems that HB can be beneficial with individuals exhibiting mild psychiatric symptoms at best. This information is important to understand as rehabilitation professionals serve PWD where some cases are more severe than others. Another important question still remains: is Grof’s new cartography of the human psyche is a valid interpretation, the current writer believes it should be investigated at the university level. The writer also wonders what impact would HB have on the incarcerated population, as they face numerous barriers within our society in avoiding recidivism.

**Conclusion**

On the whole, HB demonstrates a positive change based on the aforementioned studies: self-knowledge, couple’s relationships, increase in self-esteem, decrease in death anxiety, and temperament and character change. Investigating the effectiveness and application of HB can provide a new foundation for understanding the human experience and the human mind. If the field of rehabilitation psychology can successfully research HB and find statistically significant results, the writer believes it can expand and benefit the profession of the field in an ineffable way. HB completely shatters the current academic-science paradigm of understanding the human mind and existence, because rehabilitation psychology takes a holistic approach, our field can be the pioneers for investigating this phenomenon!

References

Brewerton, T. D., Eyerman, J. E., Cappetta, P., & Mithoefer, M. C. (2012). Long-term abstinence following holotropic breathwork as adjunctive treatment of substance use disorders and related psychiatric comorbidity. *International Journal of Mental Health and Addiction, 10*(3), 453-459. doi:http://dx.doi.org.ezproxy.library.wisc.edu/10.1007/s11469-011-9352-3

Chow, Wen Mei, Wooten, H. Ray, & Leonard, Harris Ty. (2008). Breathwork and couple relationships: A qualitative investigation. *Journal of Heart Centered Therapies,* *11*(1), 91.

Grof, S. (1998). Human Nature and the Nature of Reality: Conceptual Challenges from Consciousness Research. *Journal of Psychoactive Drugs,* *30*(4), 343-357.

Grof, S. (2003). Implications of modern consciousness research for psychology: Holotropic experiences and their healing and heuristic potential. *The Humanistic Psychologist, 31*(2-3), 50-85. doi:http://dx.doi.org.ezproxy.library.wisc.edu/10.1080/08873267.2003.9986926

Holmes, S. W., Morris, R., Clance, P. R., & Putney, R. T. (1996). Holotropic breathwork: An experiential approach to psychotherapy. *Psychotherapy, 33*(1), 114-120. doi:http://dx.doi.org.ezproxy.library.wisc.edu/10.1037/0033-3204.33.1.114

Miller, T., & Nielsen, L. (2015). Measure of Significance of Holotropic Breathwork in the Development of Self-Awareness. *Journal Of Alternative & Complementary Medicine*, *21*(12), 796-803. doi:10.1089/acm.2014.0297

Rhinewine, J., & Williams, O. (2007). Holotropic breathwork: the potential role of a prolonged, voluntary hyperventilation procedure as an adjunct to psychotherapy. *Journal Of Alternative & Complementary Medicine*, *13*(7), 771-776. doi:10.1089/acm.2006.6203

Valverde, R. (2016). A quantum biofeedback and neurotechnology cybertherapy system for the support of transpersonal psychotherapy. *NeuroQuantology, 14*(4) doi:http://dx.doi.org.ezproxy.library.wisc.edu/10.14704/nq.2016.14.4.963

Young, J. S., Cashwell, C. S., & Giordano, A. L. (2010). Breathwork as a Therapeutic Modality: An Overview for Counselors. *Counseling & Values*, *55*(1), 113-125.