The Healing Breath

a Journal of Breathwork Practice, Psychology and Spirituality

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BREATH IS A LANGUAGE

by

Joy Manné, PhD.

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I. Breath is a language

When we take our first breath we inform the world that we are alive, and when we finally stop drawing breath, we inform the world of our departure. Breath is a language.

Breath is a language with its own vocabulary. Among its words are long breaths and short breaths, and more or less noisy breaths: puffing, panting, yawning, gasps, snorts and sighs.

Some gestures combine movement with sound effects. The bull snorts when he is angry. People who are furious usually take short breaths and expel the air through their nostrils in spurts similar to snorting. In a sorrowful situation, highly emotional people take deep breaths and expel the air slowly, making long, sighing sounds. Breathing also plays a prominent part in the communication of frustration and disgust. (Nierenberg & Calero, p. 78f)

Coughing, choking and suffocating, too, are part of the vocabulary of breath language. This is what Georg Groddeck says about coughs:

A cough, any sort of cough, expresses the wish either to blow off something which is regarded as unpleasant, or to get rid of something already felt to be within the organism, whether as part of itself or as a foreign body, and whether of a mental or of a physical nature. (Groddeck, 1951, p. 133)

The way the words of a language are combined to make meaningful utterances is its syntax. Breath is a language with its own syntax and structure. Breath language is meaningful.

The part of the body in which the breath takes place is significant. When we are under stress we breathe at collarbone level. One component of the physical response to stress is a shift from the relative dominance of abdominal to thoracic breathing. When we are afraid our breathing moves from our belly to our chest. The contraction of abdominal muscles for protection of organs in that part of the body serves as a survival mechanism.

In difficult situations -- for example in marital quarrels or with the unexpected appearance of one’s employer -- we see that this gasping for breath and cramp in the diaphragm and stomach regions assumes frightening dimensions. Breathing stops, or a breath is hastily drawn, and the situation -- which probably demands our greatest responsiveness -- is hopelessly lost. (Elsa Gindler, 1986-7, p.9)

Breath is a language with its own expressions, symbols and metaphors: We wait with bated breath. We catch our breath in fear or anticipation; we hold our breath during moments of tension, pressure, strain, anxiety, danger and excitement; and when we are at ease again, we breathe freely. We breathe freely also in an atmosphere of intellectual freedom.\(^1\)

Breath is a language with its own rules. These may be obeyed or broken:

A person should respond to an increase in excitement or charge by increasing his rate of breathing. Instead, many people are uncomfortable with the charge and they attempt to control their excitement so they can stay “calm, cool, and collected.” They do this by curtailing their breathing. The reason that they do this is that breathing deeply and fully amplifies their awareness of feelings. Many of the feelings that emerge with the

\(^1\) See also Manné, (1997 i).
\(^2\) This is expanded in Manné, 1997 i.
deep breathing are uncomfortable ones, so most people avoid awareness by restricting their breathing. Unfortunately, while restricting the breathing to repress uncomfortable feelings, they restrict feelings of pleasure as well. This is not just a reaction we see in therapy, but a common pattern of the average man-on-the-street. Most people breath with only a portion of their lung capacity during the normal day and then hold their breath when they get tense or frightened. (Rosenberg, 1985, 106f)

Breath language is especially rich in communicating emotion.  

Nearly all strong emotions, crying, anger, fear, and pleasure, involve increased breathing. So it is not surprising that if a person seeks to repress emotion, breathing reduction is a central dynamic. (Boadella, 1994, p.241)

Just as we behave, move, act, according to our specific makeup and express ourselves uniquely through gestures so does our breathing pattern express our inner situation, varying in accordance with inner and outer circumstances. The usually arrhythmic respiration goes with our normal diffusion of attention, and changes with emotional states: agitated in anger, stopped momentarily in fear, gasping with amazement, choking with sadness, sighing with relief, etc. (Proskauer, 1994, p. 255)

In our vocabulary, expressions about the breath are expressions about our emotional or physical state, or both together. Further, disordered breathing shows stress and anxiety; hesitation and mental conflict can trigger asthma attacks; fear and sadness cause breathing changes. Our habitual rhythms of breathing regulate our state of consciousness and our emotions in daily life. A change in our rhythm of breathing induces a change in our state of consciousness, as the elements of breath language above show. Breath is a psychological language. It is the language that describes our state of consciousness. If dreams are the royal road to the unconscious, breath is the royal expressway.

Breath, however, is not only a psychological language. In health and physical illness, in psychotherapy and in personal and spiritual development, breath can be used as a means of diagnosis, with its own descriptive and prescriptive vocabulary.

And breath language has a transpersonal dimension. We are energy beings, beings of psychological and physical energy. Breath is our language of energy and harmony, as Robert Fried says so poetically:

The physical world is made up of particles which are arranged spatially, in three dimensions, in accordance with the interplay of attracting and repelling forces which, in composite, we call “energy.” Energy fluctuates periodically. One of its properties is “frequency.” The interplay of energy changes is dynamic and, in the aggregate, gives all things physical a continuous dynamic periodicity which we observe as rhythm. Most aspects of physical matter have their own rhythm, a signature, as it were, which interacts with other such rhythms to result in yet new rhythms for the aggregate. When physical matter is combined into a life form, we may observe it to have a complex interplay of these energy oscillations — something like the score of a symphony — where, at any moment in time, each component plays its characteristic “note” as part of its own melody and rhythm, and the aggregate creates a distinct new sound, superimposed on yet a new rhythm.

And so it is in psychophysiology that we begin with an assessment of the rhythm of the energy in an organ system, because we recognized dysrhythmia as dysfunction, and we believe that we can, like turning the pegs on a violin, restore the rhythm to the strings that will give the organ the proper pitch and harmonic

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1 See also section IV below.
3 Fried, 1990, p. 32.
5 Fried, 1990, p. 33.
6 See also Fried, 1990, p. 31.
7 Manné, 1997 ii.
Breath is a language of illness. When we are ill, our breathing is affected; when our breathing is inadequate, our health is effected. Breathwork can heal some illnesses, while in other illnesses inadequate breathing is a life-saver.

**Hyperventilation**

Most frequently breath language speaks of illness through hyperventilation (HV).

What is hyperventilation? As usual the medical profession does not agree, but at the moment it seems to be the bucket diagnosis into which as many ailments as possible are put! HV is not easily diagnosed. People with it have been misdiagnosed as having cardiovascular, respiratory, neurological, psychological, gastrointestinal, musculoskeletal, endocrine and allergic problems. How, then, is hyperventilation defined? This is how Fried describes its bio-chemistry:

An increase in the periodicity of this [i.e. the normal] breathing cycle inconsistent with metabolic demand may result in an increase in the amount of CO₂ expelled from the lungs (hypocapnia), reducing the blood CO₂ content below that required for proper function (hypocarbia). This process is called hyperventilation and results in a momentary shift of the acid-base equilibrium of blood toward alkalosis. (Fried, 1993: 302)

Clinicians often use the hyperventilation-challenge as a means of diagnosis. “The HV-challenge (has) the person breath deeply and rapidly (perhaps twenty to thirty breaths per minute [this is hyperpnea, over-breathing] for two to three minutes.” It induces the symptoms from which the client is seeking relief, and thus is supposed to validate their origin. These are the symptoms induced by the HV-challenge:

(a) Very deep breathing at 12 breaths per minute in a normal person, produces tetany in 15 to 30 minutes;
(b) Initially there is a slight transient tremor of the eyelids and facial musculature — usually one side only (and typically the right side);
(c) Tremors are replaced by muscular rigidity in the face and hands — the lips form a circle, close against the teeth, thumb and fingers are extended; the width of the hand is reduced to the “obstetrician’s hand” configuration;
(d) If hyperpnea is discontinued at this point no rigidity is noted in other parts of the body;
(e) Subjective sensation of slight dizziness and rigidity; numbness, and tingling in the affected parts are noted;
(f) Primary sensations of gross contact — pain, heat, and cold — are rendered more acute; reaction to stimuli is enhanced; on the other hand, the exercise of judgment is

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1 Fried, 1993, p. 194f.
blunted, the power of attention is lessened, and consciousness is reduced. (Fried, 1993: 194, quoting Rosett, 1924: 332-333)

In fact, the HV-challenge produces an astonishing array of sensory, affective, and somatic symptoms, for example, faintness, apprehension, anxiety, depression, panic, and phobia, and a considerable constellation of somatic sensations including chest pain and muscle spasms. Fried, leading authority on hyperventilation, does not recommend this procedure and considers it hazardous. The main danger, as he sees it, is that the client is relieved that, for example, “the chest pain is not due to ’something more serious,’” whereas it may in fact be an important symptom.

Hyperventilation is a dangerous process that is both brought about by illness and that leads to illness. Anxiety causes primary HV, cardiovascular, heart and renal disease may cause secondary HV, while HV itself can bring about organic and psychological symptoms. Chronic HV is a physiological disorder of the acid-base balance of the blood. Chronic hyperventilation may upset cardiac electrolyte balance. Chest symptoms and ECG-trace abnormalities are common. Hyperventilation may cause kidney problems. It may lead to vasoconstriction that also effects the brain. It will affect on the lymph and immune systems. It affects mental health;

Hyperventilation is repeatedly causally implicated in stress syndromes, and in most mental disorders, including depression, anxiety, panic and phobias. Its symptoms span those encountered in most such complaints, including anxiety, dizziness, faintness, apprehension, a feeling of unreality, vertigo, and often the fear of going crazy, or of dying. The numerous studies which link these disorders and symptoms, while by no means in unanimous agreement as to etiology, overwhelmingly point to respiratory patterns, and the physiological ventilatory response to CO2. (Fried, 1993, p. 302)

Anxiety and hysteria have been called “respiratory neuroses.” Fried says, “Anxiety neurotics seem to have the lion’s share of HV....They are the mainstay of clinical practice. They are numerous, condition readily, adjust poorly, and have disordered breathing of a type that heightens their symptoms.”

Breathing is affected in neurosis, and in psychosis, schizophrenia and panic attacks, which Fried points out, have the same symptoms as hyperventilation.

People with psychopathological conditions have particular breathing patterns,

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1 Fried, 1993, p. 194.
2 “It has been shown to trigger paroxysmal vasospasms in the brain and heart, .. to induce seizures, and .. Lum .. cautioned against its use in persons with chest pains and neuromuscular disorders.” Fried does concede, however, that a number of (his colleagues) use the procedure and have reported no consequent ill effects in their clients. (Fried, 1993, p. 42.) See also Grof, 1997; Mithoefer, 1997.
8 “Neurotic women use a smaller part of the respiration cycle for inspiration than do neurotic men; ... Neurotic men have a significantly more rapid respiration than do normal men ... In neurotic men and women .. a larger part of the respiration cyc le is employed for expiration in abdominal than in thoracic breathing.” (Fried, 1993, p. 202, citing Clausen, 1951)
9 “Psychotic men have a faster respiration than do normal men as well as a higher (inhale/exhale) ration for thoracic breathing.” (Fried, 1993, p. 202, citing Clausen, 1951)
10 According to Fried, these are the respiratory disturbances found in the “psychoses, including lower rate (in catatotics), “Shallow abdominal amplitude; tachypnea in schizophrenics: greater incidence of regular breathing in schizophrenics than in normal persons; and smaller tidal volume in schizophrenics.” (Fried, 1993, p. 199, citing other research)
11 “Dyspnea .. dizziness; palpitations; chest pain or discomfort; choking or smothering sensation; vertigo or unsteady feeling; feeling of unreality; paresthesia (tingling in hands and feet); hot and cold flashes; sweating; faintness; trembling or shaking; fear of dying; going crazy; or doing something uncontrollable during an attack.” (Fried, 1993 : 197)
Sighing; increased respiration rate (tachypnea); irregularity of respiration (inhalation and exhalation) — disturbances of co-ordination; sharp transition between inhalation and exhalation; curtailed expiration and prolonged inspiration; respiration wholly or mainly thoracic; shallow respiration; inspiratory shift of median position. (Fried, 1993, p. 199, citing other research)

Breathing can be affected by nutrition which can also cause hyperventilation.

**Is hyperventilation a myth?**

Is hyperventilation a myth, an explain-all medical category, or a cure? Fried knows all there is to know about breathing — except for what can be done psychotherapeutically through Breathwork. Ley, too, is ignorant of the psychotherapeutic potential of hyperventilation,

The links that connect breathing with cognition and emotion have important implications for theory and practice. If hyperventilation accompanies strong emotions (i.e. fear, frustration, anger, and sadness), then some of the irrational and bizarre behaviors and cognitions associated with these emotions (e.g. hysteria) may, in part, be a consequence of an underlying cerebral hypoxia produced by hyperventilation. (Ley, 1994, p. 89)

This way of thinking reduces all feelings to chemistry, and eliminates the essential quality of humanness in human beings including feeling, experiencing and suffering. Maybe hyperventilation does not induce hysteria — that all-time favorite derogatory category used by psychiatrists and others for what they cannot understand — but is, as Wilfried Ehrmann has proposed, “a quite sophisticated tool of the unconscious to trick the permanent manipulation and control of consciousness.” In other words, hyperventilation may a way in which the unconscious moves towards healing and integration.

Hendricks, who knows how to work psychotherapeutically with the breath, understands this. He says this about hyperventilation,

If you started to hyperventilate in a doctor’s office, he or she would probably have you breath into a paper bag, saturating your blood with carbon dioxide and restoring the balance. If you started to hyperventilate in my office, I would invite you to contact the emotion you were concealing and breathe into it. After a few deep belly-breaths into the fear, anger, or sadness, you would probably have a release of the emotion and feel better than you did before....There is an emotional trigger that starts the hyperventilation. If you can identify and deal with the emotion, the hyperventilation fades quickly. (Hendricks, p. 169)

Hyperventilation is a shamanic technique which induces trance and other altered states of consciousness. I prefer to call this phenomenon, i.e. the breathwork that induces altered states of conscious “augmented breathing.” My position is that induced hyperventilation should never be used in therapy! Unless there is adequate preparation, it rapes the unconscious, precipitating the emergence of repressed traumatic material or other altered states of consciousness which the person does not have the means to deal with and integrate. Hyperventilation was used by Reich, it was used extensively in early Rebirthing and is still used by some Rebirthers, and it is still used extensively by Janov in his Primal

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1 “There is a variety of breath connections to nutrition: Hyperventilation may be promoted by tyraminergic foods (containing or promoting tyramine). Other nutritional problems, such as vitamins C, folic acid, and B6 deficiency, among others, may lead to anaemia, hypertension, or other disorders that show concomitant breathing changes.” (Fried, 1990, p. 141)

2 Manné, 1997 ii, p. 171.


5 In a way that Hendricks criticizes. (Hendricks, p. 182; see also Boadella, 1994, p. 241.)
The practice of Holotropic Breathwork provides deep insights into the dynamics of the “hyperventilation syndrome”...It shows that the richness of the response to faster breathing cannot be understood in simple physiological terms, because it is a complex psychosomatic phenomenon that reflects the entire psychobiological and even spiritual history of the individual.

The symptoms induced by rapid breathing can appear in all areas of the body and in all possible combinations. Systematic study of these reactions show that they represent intensification of pre-existing psychosomatic symptoms or exteriorization of various latent symptoms. Continuation of accelerated breathing makes it possible to trace these symptoms to their sources in the unconscious — to memories of traumatic biographical events, biological birth, prenatal traumas, and even various transpersonal gestalts (e.g. phylogenetic memories, past life experiences, and archetypal motifs.) (Grof, 1997, p. 9, my italics)

Let us note that while Grof does use the term “hyperventilation” to describe what he does in Holotropic Breathwork™, in this passage (and throughout his text) he also uses terms like “faster breathing,” “rapid breathing,” and “accelerated breathing.” Grof also asserts that hyperventilation can cure certain medical problems that others try to cure by slowing down the breathing.

For Grof, it is almost a religious belief that hyperventilation produces his results, but the same results occur in breathwork without hyperventilation or any other type of forced rapid breathing, as well as through a large variety of techniques that do not use the breath.

Rebirthing is criticised for its use of hyperventilation. Minett, however, sees it in this way,

There is a precise distinction between the correct breathing pattern in a Rebirthing session and hyperventilation. There are, however, often situations during a Rebirthing session which may cause the person to fall into a hyperventilation pattern. This is certainly not intended and a good therapist will know how to prevent this. Breathing during Rebirthing should really be called “super-breathing” - an optimal method of breathing. It will not cause hyperventilation, regardless of the speed and intensity of the breathing, as long as the relaxed exhale is maintained. The body may experience intense physical sensations, vibrations, or tinglings during Rebirthing; this is, however, generally perceived as positive and pleasant. (Minett, p. 65, see also pp. 92, 117)

Minett calls this way of breathing “super-breathing” and I call it “augmented breathing.” As so much disease and dis-ease is associated with hyperventilation, I prefer to have it as a specific medical category which describes a defined medical condition, namely, a physiological breathing ailment. “Hyper” is not a healthy or attractive concept, while “super” evokes the power of a good breathing session, and “augmented” evokes music, adventure, and training to improve capacity. Spontaneous rapid, or faster, or accelerated, or augmented or super breathing will occur in breathing sessions, quite spontaneously and of itself, when it is useful for development and healing.

III BREATH IS A LANGUAGE OF HEALTH

Breath is a language of health and harmony. Our breath is the language through which is revealed

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1 Manné, 1994, p. 507.
5 See also Mithoefer, 1997.
whether our body is in rhythm with itself or out of it, in other words, its state of health, energy-flow and well-being. Fried has pointed out that, “All body functions are breathing related,” and therefore breathing is “the fulcrum for the balancing act we call health.” Carola Speads says, “The quality of our breathing determines the quality of our lives: Health, moods, energy, creativity — all depend on the oxygen supply provided by our breathing,” and she warns us, that “the pressures of our modern-day life have created an almost literally breath-less culture.”

If breathing is so important for health, how should we breathe? Is there a correct way to breathe? Can we learn to avoid being part of the “literally breathless culture”?

This is how breathing works:

The mechanism of breathing involves the body from the shoulders and collar bone down to the bottom of the pelvis. Total breathing should begin at the abdomen and in a flowing way come all the way up to the collar bone. Breathing out reverses this wave. Breathing in (inspiration) begins with the diaphragm, a large dome-shaped muscle under the lower ribs that divides the lungs and rib cage (thoracic cavity) from the abdominal cavity. As the diaphragm contracts, it pushes down on the abdominal viscera (stomach, liver, intestines), pushing them outward as far as the abdominal muscles will allow. At the same time, the contraction of the diaphragm forces the ribs upward and outward. They expand from side to side, front to back, up and down, and each rib turns upward like a Venetian blind. The movement of the ribs and diaphragm expands the two elastic lungs. When the lungs are expanded, a vacuum is created in the lungs and the air from outside rushes in. (Schutz, Here comes Everybody, p. 194, in Dychtwald, p. 140)

It is generally agreed that abdominal breathing is the correct way to breathe.

In healthy breathing the stomach muscles are relaxed, allowing the breath to swell the abdomen with each breath. In upside-down breathing, the stomach muscles are tight and the breath inflates the chest....If the abdominal muscles are too tight, the diaphragm (the main muscle involved in breathing) cannot move through its full range of motion. (Hendricks, p. 39)

Some competent people, however, think there is no correct way to breathe:

Because of the diversity of influences on our breathing, it is obvious that there cannot be one best way of breathing. I emphasize this because as soon as people become aware of the inadequacy of their breathing habits, they invariably ask, “Now, what is the best way of breathing?” or “How shall I breathe?” There is no one best way of breathing that is the right way or the best way to be aimed at for all times. We breath in many ways, and many ways of breathing may be appropriate. Breathing is right not when it functions all the time in one particular “ideal” manner, but when it works in a way that lets it freely adjust, changing its quality according to our needs of the moment, so that it will adequately support us as we face the diverse challenge of our lives. ... There is just no right way of breathing. (Speads, 1986, p. 42)

Dychtwald has pointed out that it is not only the diaphragm that is important, but that “the ability to take a full, deep breath is dependent on the flexible and healthy psychosomatic interfunctioning of the belly, diaphragm, and lungs.”

We cannot, however, just get people to change their breathing. Robert Fried warns

1 See Fried, 1993, p. 305f quoted at the end of Section I.
2 Fried, 1990, p. 60.
4 Speads, 1995, p. 36.
5 Dychtwald, 1977, p.140
diabetes, or kidney failure. Alternately, there may be blood disorders, lung disease, lesions, or other disorders of brain regulation centers. Consequently, you should not undertake to treat anyone until a medical examination has determined that behavioral alteration of breathing is not contraindicated. Organic breathing disorders should be treated only with the approval of a competent medical specialist. (Fried, 1993, p. xvii)

This means that in illnesses like diabetes, heart and kidney disease, wrong breathing may be a survival mechanism and hyperventilation may be a means to health.

**Breath in different systems of medicine**

In Western medicine, the accent is on breathing retraining through biofeedback done by physiotherapists. They have, however, appropriated non-Western methods such as yoga and meditation. These methods have had a great deal of success with problems as diverse as menopausal hot flushes and agoraphobia. They have leaked into respectability as has the need for psychotherapy. Fried favours breathing retraining done with professional respiratory *physio*-therapists, in co-ordination with clinical or counselling psychologists. From what Fried says, however, it is clear that the breathing therapist should know how to use the breath psychotherapeutically and particularly how to deal with emotions. Dinah Bradley, too, recognises the need for “talking” therapy in her six-part method for the treatment of hyperventilation. This method includes breathing retraining, exercise, total body relaxation, talk (both learning to measure one’s breath when one speaks and talking therapy are included), esteem, rest and sleep.

Please note that none of the various contemporary forms of Breathwork such as Rebirthing, Conscious Breathing Techniques, Vivation, Holotropic Breathwork, and so forth, have yet been offered a place in what is recommended, despite their proven success. I know that some of the claims for success in the early days of Breathwork were grandiose, unconvincing and unsubstantiated, but Kylea Taylor, for example, who is highly trained in conventional therapy and — as her outstanding books show — who is not at all predisposed to grandiosity, attests that there is anecdotal evidence for healing with regard to symptoms such as back pain, hip pain, hyperthyroidism, irritable bowel syndrome, menstrual cramps, obesity, Raynaud’s disease, urethral stricture, and asthma.

Many participants have experienced a decrease or complete remission of asthmatic symptoms after they participated in a series of breathwork sessions. Breathwork is a useful adjunct to therapy if emotion is the main factor in the asthma. (Taylor, 1994, p. 11; see also p. 21)

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1 “Diabetes, as well as some other diseases including kidney disease, produces a condition in the body called “metabolic acidosis.” When this condition prevails, the acid-base balance of the body is normalized by compensatory rapid breathing. A change in breathing rate can destabilize (the person) and may result in a life-threatening medical crisis.” (Fried, 1990, p. 17)
2 “In common heart and kidney diseases, and in diabetes, potentially lethal metabolic acidosis prevails, and is compensated by breathing, which appears in the form of HV. To correct this compensation could have catastrophic results.” (Fried, 1993, p. 303)
9 Leonard & Laut; Manné, 1994, 1997 i & ii; Minett; Orr & Ray.
10 Hendricks; Manné, 1997 ii.
11 Leonard and Laut gave their method this name.
12 Grof, Taylor.
I myself can offer case history information for a long remission (cure?) from cancer in which Breathwork played a significant role.

It is unfortunate that contemporary forms of Breathwork do not receive more recognition especially as there is quite enough anecdotal evidence for the healing that takes place during Breathwork to convince qualified people to undertake appropriate research projects. One reason for this may be the absence of sensible literature. We need more sensible and intelligent books like those by Kylea Taylor about Holotropic Breathing, and Gunnel Minett about Rebirthing, as well as more books with case histories and techniques that will demonstrate with which problems Breathwork can succeed.

With regard to the new medical systems of healing, many of those now adopted into conventional medicine as it expands its field and goes back to its origin, when it was a healing art, are conscious of the importance of breathing. This is certainly true for Osteopathy, Cranial Osteopathy, Polarity Therapy, and all of the diverse methods that make up the rapidly growing field of Somatics.

Further, there are many originally non-Western medical or healing systems that use the breath. I have called these “originally non-Western” because it is since their adoption and adaptation by Western practitioners that we know about them, and, frequently, also that their own practitioners have become more conscious of their importance. Among these techniques are Ayurveda (prana), Tibetan, Chi Gung, “Chi Yi”. One could say that these are systems of breathing for health.

IV. Breath is a Language of Psychotherapy

Breath is a language of psychotherapy. Appropriate therapy is the route from illness to health. If breath is “the fulcrum for the balancing act which we call health,” as Fried has proposed, this is not limited to physical health, but includes mental health and well-being as well. Breath is the fulcrum for the balancing act which we call psychological health! As Kylea Taylor says,

The breath is our key to reconnecting with aspects of life from which we have become split off. We may have unresolved issues from the past that are affecting everyday life. These issues can keep our emotional or physical energy from flowing naturally and may even appear as physical illness or unwanted recurring behavior patterns. If this energy continues to be stuck, our ability to respond fully to life decreases.

When the breath energizes the psyche for healing, it does so in much the same way as our bodies enlist forces when we are injured. We do not have to think about or direct the healing. The body just goes to work spontaneously, sending more white cells to the injured area, repairing tissue, and bringing wholeness and healing to the body again. The psyche also has this ability. When the body and mind enter a state of nonordinary consciousness through controlled breathing, our inner wisdom uses the opportunity to work

\[\text{[1]}\] Manné, 1997, p. 154f.
\[\text{[2]}\] This seems now to be happening. See International Breathwork Foundation Newsletter, 3/97/1.
\[\text{[3]}\] I hope my own book Soul Therapy goes some way to fulfilling this need.
\[\text{[4]}\] Grossinger, Modalities, p. 190, especially the practitioner’s breath cue-ing the patient’s breath.
\[\text{[5]}\] Grossinger, Modalities, p. 299.
\[\text{[6]}\] For information about Somatics, see Grossinger, Johnson, and the journal Somatics.
\[\text{[7]}\] This is also the reason why my references are to a Western book. The West has appropriated these techniques. I would say that all contemporary native practitioners are today influenced by Western ideas.
\[\text{[8]}\] Grossinger, Origins, pp. 308-328.
\[\text{[11]}\] Zi, 1994.

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toward physical, mental, emotional, and spiritual healing, and even developmental change. (Taylor, 1994, p. 3-4)

It is no wonder then that Breathwork is a very special form of psychotherapy. Whereas in many schools of psychotherapy the client is required to work within the model and advance according to the theories to which the practitioner is committed — in other words, to perform — this structure cannot be imposed in breathwork. As Kylea Taylor has so wisely observed, “There is no way to program the content of a breathwork session. Even if we could, it would be counterproductive to do so.” This is what gives Breathwork its authenticity and profundity.

Breath is a language of emotion

Breathwork is effective in bringing up deeply affecting and traumatic experiences. In psychoanalytic terms, breath is the language of defence: it is the language in which we defend ourselves against our feelings and emotions. It is also the language in which we release them. We hold our breath or breath shallowly to prevent emotions and feelings from overwhelming us, and we breath more deeply and/or faster to release long-held emotional material, and to integrate it.

In psychoanalytical terms, breath is the language of repression:

...breathing is one automatic way tears are kept down. Shallow breathing doesn’t dip into the body where feelings are stored. It aids repression. (Janov, 1990, p. 335)

Breath is the language in which we repress and hold down our emotions, and the language in which we release them. It is the language of catharsis.

In psychoanalytic terms again, breath is the language of resistance. This is how Hendricks describes the connection between breathing and resistance, and the efficacy of using Breathwork to get past resistance:

Breathing can be one of the fastest ways to get past resistance. The reason is that resistance exists on the borderline between the unconscious and the conscious. So does breathing. It is the one system in your body that you can control with your conscious mind or that you can forget about completely, leaving it to be run by your unconscious. (Hendricks, p. 29)

As Taylor says, undoubtedly making an understatement,

If we participate in several breathwork sessions...it is likely that some unresolved traumatic stress will surface. (Taylor, 1994, p. 93)

Body language is a dialect of breath language

I once heard a lecture in which a doctor was describing an experiment he had done with patients with severe lung disease. He reported that he had had to stop the experiment because his patients were getting worse. I looked at the speaker. He was a little man — little in every sense of the term: small in stature, small in mind, small and tight in his body-holding, cold, unfriendly, closed off against new ideas, tight-chested — and I thought, “What else could possibly happen? How could anyone get better from any ailment with a therapist (from any discipline) like that?” and in particular, “How could someone who

1 Taylor, 1994, p. 93.
2 Taylor, 1994, p. 29; Janov, 1990, p. 119; See also Campoli, p.36, Rosenberg, 1985, p. 106.
cannot breath help lung-disease sufferers?” What was quite obvious was that the man’s breath did not flow!

There’s no cheating in breathwork or bodywork. How we breathe is the indicator of our psychological health and well-being or the absence of it, and it communicates itself to our clients and patients. Transference and countertransference happens also through the nature and rhythms of the breath! Neurolinguistic Programming would call this matching. Here’s an example from one of Hendrick’s case histories to illustrate this point,

George was in a great deal of physical and emotional pain. Many times during the session I noticed that I was holding my breath, probably in a misguided attempt to help him hurt less. Each time I noticed I was holding my breath, he seemed to be holding his, too. When I remembered to breathe, so would he. (Hendricks, p. 37)

If we want our clients’ breath to be free, we must model this through our own free breath.

Fried, who practices Rational-Emotive Therapy and biofeedback, mistrusts the body,

The body has no wisdom... it often limits us to repeat what we did in the past. While this may in some cases be helpful, it hardly qualifies as wisdom. The future may be different from the past, but the body seldom modifies its instincts even when they doom it to extinction. Due to conditioning, it responds blindly to the future or to its anticipation. (Fried, 1993, p. 28)

However, he also says,

One cardinal rule in behavioral medicine is that unless it is interfered with, your body knows exactly what it is doing and always does the best thing to do under the circumstances. Consequently, if you have a disorder, you may reasonably assume that the disorder itself is the body's best adjustment to the circumstances. (Fried, 1990, p. 59)

People who use the breath psychotherapeutically have understood that the body collaborates in the healing process. I will discuss their work below. Meanwhile, here is a case history that shows the strong relationship between Breathwork and body language. It is the report of a man doing breathwork on his own:

As I breathed, I felt like the energy was getting stuck in my hands and arms. I couldn’t figure out how to let it go. This happened for several sessions in a row. This may sound strange, but I finally asked my arms what they needed in order to let go. A few seconds later, I had the urge to reach out with my arms, even though I was sitting alone in my bedroom. Suddenly I was flooded with tears, and I had the realization of how much I hold back from reaching out to people. Immediately the tension melted and never returned in subsequent sessions. (Case history from Hendricks, p. 28)

Breath language is a language of communication with the body. We can intentionally breathe into various parts of our body, bringing them energy and healing, and we can exhale from various parts of our body, releasing tensions in them with our out-breath.

**Relationships are a dialect of breath language**

The way our bodies are, or have become constructed, influences and creates our breathing style. Our breathing style is also our relationship style. Try this exercise: Take a deep breath and then exhale as deeply and as fully as you can. At the end of your exhalation, stop, and then take time to experience

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1 See also Timmons, 1994 ii, p. 269. Peper and Tibbitts, 1999, p. 32
your body posture and your psycho-emotional attitude. You have now become what Dychtwald calls a chest-contractive person. He describes chest-contractive people in this way:

(They) have narrow, fragile chests. The pectoral muscles are often underdeveloped, permitting a minimal flow of feeling and energy through this region....The chest-contractive person will look and feel as if he is always exhaling. Muscle tension is chronically held and is usually associated with the blockage of proper energy flow upward from the belly and the diaphragm.

Through the exercise, you have become a chest-contracted person. Let’s do it again. Take a deep breath and then exhale as deeply and as fully as you can. At the end of your exhalation, stop, and then take time to experience your body posture and your psycho-emotional attitude. This is what Dychtwald says about your relationship potential in this position:

In all likelihood, your body has assumed a kind of sunken, collapsed posture, and your feelings probably range from ones of general emotional weakness to more specific constellations of insecurity and depression.

This is how chest-contracted people relate to themselves and others, and to energy, health and well-being,

Psycho-emotionally, this person will have difficulty building and staining an energetic charge in this passionate, life-assertive body region. His actions will be more passive than aggressive, his feelings will be prone to depression, his actions will tend to be more motivated by a chronic sense of fear and inferiority than by a sense of confidence and self-motivation.

This person will tend to suffer from a great many chest-centered dis-eases such as asthma, bronchitis, and chest colds and pains. By approaching the world with a deflated chest and correspondingly insufficient air and energy, this individual will have difficulty “taking it on the chest” and moving comfortably through the world of self-assertive action. Because he continually experiences only a small portion of his own self-generated feelings of love and connectedness to all things, he will need to be charged and inspired by the life energies of other people. As a result, this person might tend to assume the interpersonal role of “taker” more frequently than “giver.” The combination of chronically held fear and self-protection, with the habitual experience of too little air and life energy, might force him into regular moods of anguish and despair. (Dychtwald, p. 153-4)

Now let’s do another exercise: Take a deep breath and this time overfill your chest, and, before you exhale, hold this breath for a while. While holding this extended inhalation, experience your bodily feeling and the corresponding psycho-emotional attitude. You have now become a chest-expansive person. Dychtwald describes chest-expansive people in this way,

They ... tend to have a large, over-developed chest. This sort of psychosomatic structure encourages an overcharge of energy and excitation into this region to the detriment of some other bodymind area, usually the pelvis or legs.

He says of himself, when he takes up this posture,

When I (do this), I feel as thought I am pumping up my aggressiveness. This “overblown” attitude is accompanied by my losing contact with the more tender aspects of myself. When I blow up my chest I feel tough, strong, and powerful. I also notice that when I hold my inhalation in this fashion, my belly tightens and my diaphragm rigidifies, thereby blocking off my contact with my gut and the feelings that live there. When I am chest expansive, the general attitude I am presenting to the world is one that says, “I’m O.K., I can take care of myself, you don’t bother me.” In fact, it seems to be as hard for the chest-expansive person to receive energy from other people as it is for the chest-contractive person to give it. I think that this is because before you can receive energy from other people, you first have to let down enough of your “front” to let it in, something the chest-expansive person often has difficulty with. (Dychtwald, p. 156f.)
Having had both experiences, it is interesting to hear how Dychtwald describes the relationship between body, breathing and loving:

Neither chest contraction nor chest expansion defines the healthiest of all chest attitudes. Rather, it is the balance between these two exaggerations that describes the most vital and loving of all possibilities. Just as a breath is made up of an inhalation as well as an exhalation, and loving relationships are built on the ability to give as well as receive, true human creativity lies in the ability to experience the world anew each instant, to have each breath begin fresh, and to express freely and openly each passion of the bodymind. In the unrestricted individual, the balance of soft and hard, in and out, giving and receiving, expansion and contraction, defines the power and beauty of the thoracic region of the bodymind. (Dychtwald, p. 160)

**Nose-breathing and Mouth-breathing are different dialects of breath language**

Nose and mouth breathing are different dialects of breath language. They lead to qualitatively different experiences. The nostril which is predominant at any one time also has an influence on one’s state of consciousness.

Minett explains the difference between nose and mouth breathing:

In most cases, breathing through the nose results in a more intellectual or spiritually-oriented insight into the experiences which emerge, while breathing through the mouth is more likely to lead to purely physical experiences. Nose-breathing is often said to have a more healing effect than mouth-breathing. It seems to be easier for the psyche to integrate and accept experiences that are linked with an intellectual or intuitive insight, than experiences on a purely physical level. (Minett, p. 31)

Each nostril speaks a different dialect of breath-language. During the day and night we alternate with regard to which nostril is doing the breathing. There are reasons for this which have to do with natural 90-minute ultradian rhythms (rhythms which happen more than once a day) in cerebral hemisphere dominance which are contralaterally associated with similar alternations in the nasal breathing cycle. Breathing through the left nostril stimulates right brain functions, and vice versa. Research shows that regularity of the nasal cycle is correlated with mental health and well-being.

In his practice of Breathwork, Hendricks encourages alternative nostril breathing whose efficacy he explains in this way,

The phrase right-hemisphere has come to symbolize feeling, emotion, imagery, and intuition, while left-hemisphere has come to refer to logic, mathematics, words, and linear thinking.

The left side of the nose is connected to the right side of the brain, and vice versa. Breathing alternately through each nostril causes a shift from one hemisphere of the brain to the other. My sense is that shifting hemispheres is what gives the practice its power. Switching from one brain hemisphere to another a number of times, while breathing slowly and deeply, seems to bring about a balance. My personal experience has shown me that it improves mood, refreshes the body, and sharpens the mind. (Hendricks, p. 69)

**Psychotherapists understanding breath language**

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Breathwork in psychotherapy has a long history. What I want to show here are some methods and case histories which show how various practitioners have understood that breath is a language.

1. *Breathwork influenced by Psychoanalysis*

Winnicott, a Freudian analyst, set up an experiment which allows him to observes the behaviour of an infant reaching for a spatula (his special case). He speculates as follows about breathing:

In my special case, given to illustrate the application of the technique, control includes that of the bronchial tubes. It would be interesting to discuss the relative importance of the control of the bronchus as an organ (the displacement of control, say, of the bladder) and control of expiration of the breath that would have been expelled if not controlled. The breathing out might have been felt by the baby to be dangerous if linked to a dangerous idea — for instance, an idea of reaching in to take. To the infant, so closely in touch with his mother’s body and the contents of the breast, which he actually takes, the idea of reaching in to the breast is by no means remote, and fear of reaching in to the inside of the mother’s body could easily be associated in the baby’s mind with not breathing. (Winnicott, 1941 in 1992: 63)

Breathing, then, in this understanding, is the language of “in” and “out” — I hasten to say, one of the many languages of “in” and “out” in Freudian psychoanalysis, among them the “language” of eating and the “language” of excreting. Winnicott relates “in” and “out” to the goodness and badness of things taken in and given out, love impulses and destructive impulses, inner and outer reality, and fear, among other things. He has the concept of a dangerous breath and a dangerous breathing organ.

Winnicott is also interesting with regard to his understanding of the first breath of the new-born baby:

I have found that the memory trace of restriction of chest expansion during traumatic birth process can be very strong, and an important thing about this is the contrast between reactive chest activity and the chest activity of true anger. During the birth process, in reaction to the construction of the maternal tissues, the infant has to make what would be (if there were any air available) an inspiratory movement. After birth, if all goes well, the cry establishes the expression of liveliness by expiration. This is an example in physical terms of the difference between reacting and simply going on “being.” When there is a delay and exceptional difficulty the changeover to normal crying is not definite enough and the individual is always left with some confusion about anger and its expression. Reactive anger detracts from ego establishment. Yet in the form of the cry anger can be ego-syntonic from very early, an expulsive function with clear aim, to live one’s own way and not reactively. (Winnicott, 1941, in 1992: 188)

So Winnicott is saying that breath is the language of healthy normal self-assertion.

Winnicott recognises that breathing disorders can be the language of birth trauma. All contemporary breath-based methods confirm this.

It is worth noting that Winnicott wonders if the mystical practice of doing without breathing is related to birth trauma.

2. *Reichian Therapy*

Reich, the dissident Freudian, had a great understanding of the vocabulary of Breath language:

1 Abbondio, 1994; Manné, 1994.
2 See e.g. Orr & Ray, Leonard & Laut, Minett, Grof, Manné. There is also evidence from cranio-sacral osteopathy. See Weil, 1995, p.31, “If the first breath of life is not perfectly full, the cranial rhythms are restricted from the start.”
3 Winnicott, 1941, in 1992, p. 188.
Reich watched the flow of energy in the body. He worked with the breathing pattern to release chronic contraction in the tissue, which arrests the pulsation found naturally in life. Breathing, like the heartbeat, establishes the body's rhythm and flow. (Conger, 1988, p.45)

As is usual with everything in this world, the domain of therapy included, not all of the people who worked with Reich were completely satisfied with the experience. This is Hendrick's critique of Reich's breathwork:

Reich's breathwork emphasized deep, rapid breathing through the open mouth. After a while, if this is done with care and/or with skillful help, it will result in an emotional catharsis or deeply pleasurable streaming sensations in the body. However, it can be an unpredictable and dangerous process. Reich and his followers, many of whom were skillful practitioners, precipitated psychiatric crises in many clients because of the profound anxiety released by too much deep, rapid breathing. For this reason I gravitated away from Reichian-style breathing toward gentler practices that I found more effective and completely safe. (Hendrick, p. 182)

Boadella explains,

In Reich's work the therapist seeks to deepen breathing beyond the level of the repression. In doing so he has to be sensitive to the natural rhythms of the breath cycle and to the thresholds of anxiety in the client. Inexperienced therapists trying to provoke a patient to deeper breathing can easily induce a hyperventilation crisis and not recognize it as such. Skill is required in this work since a patient with chronically reduced breathing may easily go into hyperventilation as a response to the therapeutic situation. The crisis is avoided either by careful pacing of the rate of respiratory changes or by the patient becoming more expressive, either musically, emotionally or both....Reich warned that changing the patterns of a person's breathing was tantamount to emotional surgery and should only be attempted by those experienced in his methods. (Boadella, 1994, p.241)

Here is an example of a client who was completely satisfied with the way Reich worked:

I was extremely impressed by the way Reich worked with my body. He would have me breathe and then keep pointing out the way I avoided letting the breath expire naturally. Sometimes, he would press certain parts of my body, particularly my chest. A few times this was followed by very deep sobbing, crying in a way I could not remember ever having cried before. He would encourage me in an emphatic way. “Don't be ashamed of it. I have heard it by the millions. That sorrow is the best thing in you,”(Myron Sharif, in Conger, 1988, p.21)

Reichian psychotherapy was further developed by Alexander Lowen as Bioenergetics.

3. Breathwork influenced by Analytical Psychology

Jungian analysts also were interested in Breathwork. Magda Proskauer...was trained as a physical therapist...in European schools of movement, including Laban and Mensendieck. She became interested in breathing, which, she claimed, is a movement more than it is anything else. She came to New York in the 1940s and in practice there, found that breathing therapy could help not only patients with respiratory disorders but also those in pain or with postural or emotional problems. Proskauer had a Jungian analysis and this influenced her work.

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1 McNeely, 1987, referring to Whitmont and Kaufman in Corsini, 1973. I have not been able to check this reference.
2 Timmons, 1994 i, p. 12.
Instead of correcting faulty habits one takes as the point of departure the individual breathing pattern, disturbed as it may be. One concentrates on the act of breathing, observing its inner movement until the breath, left to itself, can find the way back to its own rhythm. (Proskauer, 1968, 255f)

One learns to visualize an inner body space, while simultaneously concentrating on one’s exhalation, as if the breath were sent into that particular space. This might change blood pressure and lead to a sense of lightness....On is asked to concentrate on scanning [her footnote: focusing one’s energy on] a certain area of one’s body and to combine this with one’s inhalation. Gradually the two tasks will connect, as if one were breathing with that particular area, or being breathed by it. (Proskauer, 1968, p. 258.

This is one of her case histories which illustrates trust and mistrust being expressed through breath language

A young dancer,...an overly intellectual woman who relied exclusively on her reasoning capacity. When I asked her to exhale gently, then wait and observe how the next breath came in, she became extremely anxious. She realized through this experience that she could not trust anything to happen on its own accord, not even respiration. Only what she controlled could occur. After an initial sense of confusion, this insight brought her great relief. It led her to the roots of her fears, which she felt went back to her childhood, in which no father was present to counteract an overburdened, domineering mother who knew no natural tenderness. She saw how far she had parted from Mother Nature and was glad to find this new channel through which she hoped to regain the lost contact with herself. (Proskauer, 1968, p. 258)

4. Rebirthing

Rebirthing is a particular form of Breathwork. It is very comprehensive, dealing with the whole range of human experience, from conception and birth trauma through to ageing; from the emotional, through the sexual to the spiritual.

This is how Minett describes it:

Of all the modern breathing techniques available today, Rebirthing is the only one that focuses entirely on breath as the tool for cleansing, revitalizing and purifying the body. In many schools of modern psychotherapy, breath is used as a tool to get in touch with subconscious thoughts and feelings. They are then dealt with through some form of mental and emotional catharsis. In Rebirthing, however, the focus is entirely on the breath. Maintaining a relaxed, open pattern of breathing is the key to our inner selves. The underlying assumption is that every thought and emotion is also a form of energy and can be expressed as such through the breath. This makes the technique specially relevant, because an absolutely essential aspect of healing the body and mind involves changing the way we breathe. (Minett, p. 20)

Minett takes the position that Rebirthing is not a psychotherapy:

Rebirthing is not in itself a psychotherapy, but like other breathing methods it is used as a psychotherapeutic tool. Rebirthing acts as a cleansing process for the body and psyche causing everything which blocks the body's natural flow to emerge. This emergence makes it possible for the obstructions to be integrated and dissolved. Because of this, it is not only important for the individual's therapist to be competent enough to guide breathing, but he or she also needs to be able to create an environment of trust and confidence, and to be qualified to handle the level of psychological problems that can emerge during this process. (Minett, p. 91)

While Rebirthing is not ‘in itself’ a complete psychotherapy, or only a psychotherapy, the original Rebirthing books contain many case histories that are clearly psychotherapeutic. Here is one, chosen at random:

*The Healing Breath, Volume 1, No. 3 – page 20*
In a split second I saw with total clarity and perfect understanding why every single relationship I had had with a woman inevitably ended in incompletion. Dissatisfaction. Separation. I saw in that moment that not one love relationship I had ever had even had a prayer of being whole, complete or lasting. I was too busy working out my revenge. This made me very sad and I cried. Cried for all the broken hearts and unfulfilled hopes and aspirations. Cried for all the subtle cruelties and perpetrations. My sadness was a sadness of remorse. (Orr & Ray, p. 136)

In just this one paragraph which describes a short period of a long and powerful session are all the elements of good psychotherapy: the realisation of a pattern, analysis or awareness leading to comprehension, and catharsis or the expression of emotion.

I consider the psychotherapeutic contribution of Rebirthing so important that I will quote another case history, this one from Minett herself:

In the course of a breathing session I was guided by my therapist into mentally reliving my childhood. I returned to the time before my birth and experienced myself as a foetus, linked with my mother through the umbilical cord. At the same time I felt waves of anger and frustration crashing like tidal waves through the umbilical cord into my stomach, each one very painful.

My initial reaction was to recede into a state resembling sleep. When the therapist asked my about my experiences, I could only repeat: “I don’t know, I don’t want to know, I don’t want to feel.” Despite this avoidance, she continued to insist on an answer. Still my only reaction was that of clinging to unconsciousness of the occurrence. When we later discussed this experience, I realised suddenly how often I handle unpleasant situations by making my mind insensitive and distant. (Minett, 1994, p. 110)

This personal case history, so courageously shared, shows classical elements in effective psychotherapy: regression to an early experience and reconnecting with feelings that had been repressed on that occasion, and a healing understanding of its influence on present behaviour patterns. As I have said, the breath is the royal expressway to the unconscious.

I have shown elsewhere the relationship between Rebirthing and other psychotherapies.

5. Conscious Breathing Techniques

Rebirthing has led to the development of a variety of Conscious Breathing Techniques. These are not a unified method, but have been developed individually by various practitioners among them Gay Hendricks and myself. Some of these may have originated uninfluenced by Rebirthing.

Here are some examples of Gay Hendrick’s work (others have appeared previously in the text). The first is a case history showing a client used Breathwork to deal with resistance:

[The client reports:] “During breathing one day I found myself getting bored. I felt sleepy and thought, ‘This stuff is really stupid.’ suddenly I realized that the feelings and thoughts were just resistance. I remembered what someone told me once, that resistance is a sign that breakthrough is about to happen. So I kept on breathing, and I became aware of a tense place deep in my stomach. I breathed into it for just a few breaths, and the tension burst free like an exploding sun. I was filled with light. I had the realization that I had lived my whole life like a robot, never thinking of what I wanted or needed. Doing this had put a ball of tension in my stomach that had been there for years.”

[Hendricks comments:] Through working with her breath, she (the client) had learned to let go of this ball of tension. (Hendricks, p. 29)

Breath is a way to communicate with unpleasant emotions. Here is a case history that shows how Gay Hendricks worked with a client with stage fright that sometimes became asthma:

His habit was to hold his breath when his feelings arose, in a misguided attempt to make them go away. By doing this he actually prolonged the unpleasant sensation of the feelings....My client discovered something remarkable: When he let himself breathe through the feelings, he was often free of them within seconds. But when he held his breath, the feelings would sometimes linger for hours.

The unpleasant quality of emotions come from not letting them through, from holding on to them by not participating with them. By directly participating with feelings, largely through breathing with them, you can rid yourself of much unnecessary negativity. (Hendricks, p. 14)

This is how Hendricks works with feelings:

I would ask my clients to listen to their bodies, to notice where and what they were feeling. Then I would ask them to breath into the place where they felt those feelings. This never failed to produce results. They would come to deeper resolutions during the sessions than I had seen before. But more important, they left the sessions with a natural tool that they could carry with them into everyday life. (Hendricks, p. 183)

Hendricks uses a great variety of techniques. Here he uses his breath to understand his pain:

...my righteous anger was a way of masking the pain I felt. I took a few deep breaths into the pain. It subsided and turned into sadness. I took a few more breaths into the sadness and a question formed in my mind. Why was criticism always such a big issue for me? Why was sadness just a few breaths under the surface of it? Then I realized that all this was really about my father....The realization was helpful to me, but what really moved me was how quickly I got in touch with it by using my breathing a a searchlight. It was totally effortless. I just breathed a few times and wondered; the answer was right there, as if it had been waiting to be breathed on. (Hendricks, p. 183)

It is important for Hendricks that

One should always deal with feelings and correct the breathing before attempting to solve any problem on the cognitive level. (Hendricks, p. 184)

In other words, a person who is hyperventilating, or gasping or any other form of uncomfortable breathing, is not in an appropriate state to solve a problem.

In my own use of Conscious Breathing Techniques I have developed a six-fold structure. My first step is to teach awareness work with the breath or analytical breathwork. Without awareness, no-one knows what they are feeling and thinking and so any form of personal or spiritual development or psychotherapy is impossible. When clients are aware of what is happening in their mind and body, I introduce independent breathwork. Here clients have their attention on their breathing with their body providing the rhythm. They tell me what is happening and we work with that. Nothing is forced or exaggerated. There is no attempt to make the breath larger or smaller, faster or slower or to change or control it in any way. The body is trusted to regulate the breathing and guide the process. Through these first two steps a basis of self-knowledge is built up. Painful experiences are recalled and integrated. Clients learn how to work with and to contain their own process. All of the experiences traditionally connected with Rebirthing, including the famous reliving of the birth trauma come up through this way of working, if they are ready to be integrated.

My third step is to introduce conscious connected breathing. Connected breathing is more likely to lead to trance states although it will not necessarily do so. It will certainly lead to strong experiences. I introduce it when the client is grounded, has a solid foundation of integrated self-knowledge, good self-awareness and good self-esteem. Only then is the client ready to integrate stronger experiences and to do advanced work.

1 Manné, 1995; 1997 ii.
My fourth stage is working the Breath. What I mean here is any form and any rhythm of consciously connected breathing intentionally undertaken and worked strongly in the same way as a physical exercise. I discuss with the client what our goals are for the session, and related to that I propose a rhythm of breathing and perhaps a part of the body in which to focus the breath. The client and I have an agreement that if what has been proposed does not take place, we will not try force it, but rather we will surrender to whatever the breath brings up. At this stage I am doing classical Rebirthing including offering the client the choice to do augmented or super breathing. Working the Breath induces intense emotional experiences, regressions and higher states of consciousness. When it has been well-prepared for, it is a way of playing with the breath and having adventures with it.

My fifth stage is advanced energy work with the breath. This uses the breath purposefully to clear from the energy-field unproductive thoughts, habits and attitudes, unnecessary influences, old relationship problems and tendencies towards relationship problems, and energy left over from past life problems and experiences. The sixth stage is advanced awareness work with the breath. This is meditation. A client who has reached this stage no longer needs accompaniment.

In the first stages, I am teaching clients to become sensitive to their own breath language. There is more interaction between me and the client during these stages. For example, if a clients sigh, or hold their breath when I ask them a question, or start breathing rapidly all of a sudden, I will immediately ask them, “What’s happening.” All clients are passionately interested in the way learning breath language advances their personal development.

V. BREATH IS THE LANGUAGE OF SEX

Here is a formal physiological explanation of the relationship between breathing and sex:

Orgasm might be the result of hyperventilation tetany....some of the sensations women experienced with orgasm (faintness, numbness, dizziness, floating) [have been attributed] to excited overbreathing....the normal heavy breathing that is necessary to achieve orgasm may lead to panic attacks. Clinicians caring for asthmatic patients confirm that overbreathing during intercourse can bring on asthmatic and then panic attacks....Research in the respiratory aspects of sexual physiology could benefit many clients. (Timmons, 1994, p. 273)

Don’t let this take the fun out of your sex-life!

Breathwork — whether accompanied or not — can lead to orgasmic experiences. Here are some more evocative explanations:

The prime way of building sexual excitation a way that is often overlooked — is by breathing. Many people hold their breath during sexual excitement, despite the fact that it is a time when increased breathing occurs naturally. This natural phenomenon must then be taught and repatterned since it is inhibited by fears locked into the body and made unconscious.

Breathing is the major way to develop excitation in the body sessions, and in doing this one learns the development of internal excitement, independent of outside stimulation. (Rosenberg, 1985, p. 232f)

After practicing breathwork for a few months, one person reported a particularly deep session: “I felt like I was plugged into a universal light socket. My body felt illuminated from within. I felt orgasmic rushes every time I took a deep breath.” (Hendricks, p. 28)

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1 Manné, 1997 i.
Breath is important in tantra, Kundalini yoga, and various Chinese techniques which bridge sexuality and spirituality. These spiritual practices require great discipline in order for the required control over energy and orgasm to develop. The sexual act is linked to the quest for Enlightenment in which detachment is fundamental. It is not dedicated simply to increasing the frequency and intensity of orgasm, as is too often the modern interpretation — to the great frustration of modern practitioners who have turned sex into a spiritually materialistic practice in which, as with all materialism, bigger and better is continually being sought, and satisfaction is unattainable.

VI. BREATH IS THE LANGUAGE OF SPIRIT

Breath is the language of spirit. The symbolism of breath as the life principle is universal.

The ancient Greeks used the word diaphragm to indicate the mind, as well as for breathing. ... In most religions, chants and spoken prayers (intense exhalations) for the “unordained” and special breathing training for the priests, were and still are the rule. All over the world — in fairy tales, legends, in secret societies — breathing plays a significant role. (Speads, 1995, p. 39)

Inspiration and expiration symbolise the production and reabsorption of the universe, what India calls kalpa and pralaya, yang and yin.

Breath is the language of spiritual disciplines such as meditation and yoga. Two famous suttas in the Buddhist tradition are devoted to breathing exercises. These are the Ānāpānasati Sutta (Majjhima Nikāya, Sutta 118) and the Satipatthāna Suttas (Dīgha Nikāya, Sutta 22) in the Pāli Canon.

The Buddha is speaking,

“There is one dhamma, Monks, which when developed and practised frequently is very fruitful and deserves great praise. What is that one dhamma? It is mindfulness of breathing. And how, Monks, is mindfulness of breathing developed? How dies it become very fruitful and deserving of great praise when practised frequently?

This is how. A monk goes into the forest or to the foot of a tree or to an uninhabited place and sits with his legs crossed, and with his body erect he generates mindfulness and being mindful he breathes in and being mindful he breathes out.

As he breathes in a long breath he recognizes that he is breathing in a long breath; as he breathes out a long breath, he recognises he is breathing out a long breath. As he breathes in a short breath, he recognises he is breathing in a short breath; as he breathes out a short breath, he recognises he is breathing out a short breath.

He trains himself to breathe in experiencing his whole body and to breathe out experiencing his whole body. He trains himself to breathe in calming bodily activity and to breathe out calming bodily activity.

He trains himself to breathe in experiencing joy and to breathe out experiencing joy; to breathe in experiencing happiness and to breathe out experiencing happiness.

He trains himself to breathe in experiencing mental activity and to breathe out experiencing mental activity; to breathe in calming mental activity and to breathe out calming mental activity; to breathe in experiencing mind and to breathe out experiencing mind.

1 Silburn.
3 Dictionary of Symbols: souffle.
4 See Cranmer, 1994, p. 120; Weil, 1995, p. 204.
5 Dictionary of Symbols: respiration.
6 Idem: souffle.
He trains himself to breathe in pleasing the mind and to breathe out pleasing the mind; to breathe in concentrating the mind and to breathe out concentrating the mind; to breathe in releasing the mind and to breathe out releasing the mind.

He trains himself to breathe in observing impermanence and to breathe out observing impermanence; to breathe in observing freedom from passion and to breathe out experiencing freedom from passion; to breathe in observing cessation; to breathe in observing renunciation; to breathe out observing renunciation.

The sutta shows that our breath is our way into altered states of consciousness. Contemporary teachers too have observed that the breath is our way into the spiritual. Elsa Middendorf says,

If a person finds his way based on the experience of his breathing, he finds his own power and creativity. (Ilse Middendorf, 1995 i, p. 69)

Breath is a connecting force. It creates a bodily equilibrium and balance and helps us to make inner and outer impressions interchangeable. It connects the human being with the outside world and the outside world with his inner world. Breathing is an original unceasing movement and therefore actual life. The ineffable has given nature various autonomous laws which have still to come to fruition. Experiencing the breath means to start to live in a new way. Breathing became my “guide rope” that enables me to lead the body and with it the spiritual and mental into a new “opening” to life where meaning is, to achieve a wider consciousness and greater expansion in the inner and outer spaces. (Ilse Middendorf, 1995 ii, p. 77)

It is because the breath is the way into the spiritual that many forms of breathwork lead to similar spiritual experiences, for example, unity, forgiveness, and love:

I have seen many people have spontaneous experiences of love, forgiveness, and joy while doing breathwork. These feelings are all the more important because they have emerged from the body rather than from the mind. For example, many people have reported that, while they had previously understood the concept of forgiveness, it was only during breathwork that they actually experienced it internally.

I have also seen people breathe themselves to a sense of unity with themselves, others, and the universe itself. Deep spiritual experiences like these have great healing potential because they put the person in touch with a power greater than their normal ego consciousness. The highest potential of breathwork is in unifying mind, body, and spirit. (Hendricks, p. 30)

Breath is the language of trance states. Often in shamanic practice it is combined with dance and drumming. Felicitas Goodman, who induces trances using a rattle and postures from ancient figures and cave art, uses breath to prepare the concentration necessary for trance.

At the outset of the session, everyone was to take fifty relaxed, normal breaths, in and out, in and out. Only during inhalation could one feel the air passing over the septum; it was not perceivable when exhaling. This alternation was what the participants were supposed to observe. It was a natural, soothing rhythm... (Felicitas Goodman, 1990, p. 44)

Breath is the language of our commitment to life in this world:

Breathing and the circulation of air that it implies is the prefect metaphor of the obligation to live in the world, the obligation for exchange, sharing, giving, and also the common and shared dependence on the Law. As we must all be born and die, we must all breath, and in doing so, we must all share a common substance with others; whatever may be our desire for independence, autonomy, individuality (personalization), sometimes

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1 Majjima Nikaya III, pp. 82f. See the inspiring commentary on this sutta by contemporary monk and teacher Tich Nhat Hanh (1996). See also Manné, 1999 i.

2 See also Minett, p. 153.
Breath is the language of Energy

Breath is the language of energy, as Fried has so poetically said. This must be so, as it is through breathing that we receive the basic energy of life.

I have already given many examples how Conscious Breathing makes energy available for therapy. This is how conscious breathing works in a Rebirthing session to bring about an energy cycle:

In order to achieve a successful Rebirthing session it’s necessary to trigger a phenomenon known as “the energy cycle.” The energy cycle will begin to operate when a pattern of intense, relaxed and connected breathing has been attained. This pattern should be effortless, despite being far more powerful and intense than normal breathing. All parts of the breathing apparatus are, at best, utilized and the entire body is energized. When the relaxation of the body, in combination with the increased breathing, has led to a sufficient opening of the body, the whole system will be directly affected by the breath. The breathing and relaxation will reach and penetrate every part of the body. The body starts ‘to breath energy as well as air. This means that the body is starting to release inner, stored energy, while at the same time it is activated by the new energy brought in by the intensified breathing. This is a state referred to as “inner breathing” in the yoga tradition. When this state is reached, the energy sweeps through the body and “flushes out” all the previously stored energy. This energy as been stored in the form of organic chemicals or hormones which, when released, provoke memories. The energy cycle is the actual healing part of the Rebirthing process. (Minett, p. 30)

Conscious Breathing also enhances our ability to gain access to and to use energy simply for pleasure.

Conscious breathing activities also increase our ability to handle more energy. May of us have our positive-energy thermostat set very low, so that we do not allow ourselves as much pleasure as we could. Conscious breathing actually retrains your nervous system to tolerate a higher charge of energy... (Hendricks, p. 27-28)

Breath is the language of love

If breath is the language of spirit, it must also be the language of love.

Here is one of Hendrick’s case history that demonstrates the release of love energy through breathwork:

As I was doing the breathing activity, I began to feel a new energy flowing through my body. This energy brought with it a sense of love. Once I felt this natural love flowing through me, a thought popped into my mind—“I’m willing to do whatever I need to do to feel this love in my life all the time.” (Hendricks, p. 27)

Case histories like this are frequent in the breathwork literature.

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1 La respiration et la circulation de l’air qu’elle implique est la parfaite métaphore de l’obligation de vivre au monde, l’obligation de l’échange, du partage, du don et aussi de la dépendance commune et partagée à la Loi. Comme nous devons tous naître et mourir, nous devons tous respirer, et ce faisant nous devons tous partager une substance commune avec autrui; quelque soit notre désir d’indépendance d’autonomie, de personnalisation, parfois de coupure d’avec le monde, nous sommes tous soumis à la loi et à la communion du “respir.”

2 See the end of Section I.
Breath is the language of prayer

Each breath contains two blessings: life in the inspiration and the expulsion of the air in the expiration. Thank God, therefore, twice for each breath. (Gulistan de Saadi de Chiraz, dans Dictionnaire des Symbols)

Breath and Spirit: the task of the therapist/accompanist

Because breath is the language of spirit, Breathwork requires particular qualities and skills in its practitioners.

Breathwork induces altered states of consciousness, and clients in altered states require a particular form of accompaniment. Kylea Taylor has considered this profoundly in her important book The Ethics of Caring: Honoring the Web of Life in Our Professional Healing Relationships. Among the problems she has identified are those related to the intensity of the work, the depth of transference and unacknowledged counter-transference, the greater suggestibility of the client particularly as regards retrieval of memories, among other factors. Taylor is aware of the interface between altered states of consciousness and states labeled psychotic:

The difference between psychosis and a nonordinary state of consciousness is sometimes difficult to discern from the outside. The dramatic symptoms may be similar or different in each state. The client’s awareness of the process and his cooperation with it may be a key indicator that the client is in a transformative rather than a pathological process. Generally psychosis is a defensive pattern functioning to keep awareness and pain at bay. Nonordinary states...are openings for change and growth. Those experiencing nonordinary states are usually aware of the process they are undergoing and in some sense welcome the awareness and change that is happening. (Taylor, 1995, p. 32)

Unless the therapist has understood the problems of working with altered states of consciousness, there will be problems for the client. The client may be misled into misunderstanding the experiences that come up, including their relationship with ordinary consensus reality. Further, unless the therapist has made considerable progress with her/his own process of personal and spiritual development, s/he will be unable to support the client in these states.

VII. DIALECTS OF BREATH LANGUAGE

Breath language has many dialects, among them, relationships, sex and prayer, as I have said above. Sport is another and there are others that may surprise you.

Laughter is a Dialect of Breath Language

The International Journal of Humour Research published a study which demonstrated that laughter boosted the cardiovascular, respiratory, muscular, hormonal, central nervous or immune system — not the least by drawing more oxygen into the lungs.

1 Chaque respiration contient deux bénédictions: la vie dans l’inspiration, et le rejet de l’air dans l’expiration. Remerciez Dieu, donc, deux fois pour chaque respiration.

Laughter is good for health and well-being. There is a famous case of a person, who was also a doctor, and who was diagnosed as terminally ill with cancer. He took videos of Marx brothers and other humorous films home and spent hours watching them. The result was that he laughed himself to health again. This case is medically attested. As this is the section on laughter, I do not feel obliged to search out in the library for the references where I read about this. In any case, it is regularly cited and some people teach laughter therapy.

Singing is a dialect of Breath Language

The deep and complete breathing necessary for singing contributes to the good feeling people have afterwards. Through the tendency to match one’s own breathing rhythm with that of the singer the audience gets “breathed” by the rhythm and the phrases of the singer’s breath.

Music can be used in meditation as a means of guiding and deepening the breath:

Music for meditation .. creates an atmosphere conducive to stillness and inner contemplation. It is quieter and slower [that music for trance]; melodic phrase may last as long as the inspiration phase of breathing. Its purpose is to slow and deepen breathing, altering perception of time by focusing us on the present moment. (Fried, 1990 : 286)

Speaking is a Dialect of Breath Language

Our ease with our breath affects our ease with ourselves, and so with out ability to speak. As Daphne J. Pearce has said so succinctly, ‘Speech is the culmination of two essential human functions: breathing and communication.’ As our breath is connected with our emotions, our breathing is a reflection of our emotional well-being. The larynx, which is the physical apparatus of speech, can be affected by dust and fumes, and emotions. Pearce explains, ‘From the infant’s screams, to the quavering of senescence, the voice reflects feeling and well being; it betrays fears and doubts, and proclaims intentions.’ Problems with breathing may result in stuttering or other speech disorders.

We can use, misuse or abuse our voices — and our breath. We use our voice to project an image and to elicit a response, so our voice is a tool to control ourselves and the environment. The voice and the breath, can be abused through smoking and alcohol. In this dialect of breath-language, pauses are important.

If one wishes to carry breathing all the way to completion, it is necessary to be able to carry through the four phases of breathing: inhalation, pause, exhalation, pause. These pauses and the conscious feeling of them are of the greatest importance. The pause, or rest, after exhalation must not be lifeless. It should never be a matter of holding the breath. On the contrary, it should most closely resemble the pause we experience in music — which is the vital preparation for what is to follow. It is wonderful to see how inhalation emerges from this living pause. There is an opening of the cells: the air enters easily and silently and we feel fresh and toned up.

What happens, though, if we do not wait until the lungs have opened up? And when do we wait for it? Immediately after exhalation, we often take in air arbitrarily and try to pump the lungs full of air before they ask us for it. This is utterly inappropriate. We soon feel how the course of air in the lungs falters, and there occurs a thick feeling around the breast bone, the air is dammed up in the large bronchi and there is pressure and closure in the small ones. The air does not and cannot enter the lungs freely because the small

1 I thank my friend Brigitte Zellner who reminded me about this 'dialect.'
2 Pearce, 1994, p. 12.
3 Pearce, p.185.
lung vesicles have not yet opened. And it is these that must be supplied with oxygen while breathing. Access
to them, the smallest bronchia, is provided by vessels more delicate than hair, so naturally the attempt to press
the dammed-up air into them must fail. In addition, it often occurs that the air vesicles, at the time when the
air is prematurely pumped in, have not yet emptied themselves of the old supply of air. They now do that, and
the air stream trying to work upward and outward from inside collides with the air being pumped in from the
outside so that there occurs a kind of piling up, and the result is a pressed, constricted feeling. But if we wait
for the opening of the smallest vesicles we thereby permit a pause to occur completely. Then, as soon as the
vesicles become empty, they suck in air automatically. The air then easily penetrates the smallest, hair-fine
vessels. Nowhere does congestion occur, and nowhere is there a sensation of thickness or of lack of air. We
do not need to bring into action any special activity for inhalation. (Elsa Gindler, 1986-7, p.11f)1

In the dialect of breath language called speaking, not only the utterance of language-words is
important, but the fluency of the utterance, including the nature of its pauses. Pauses depend both on
physiological aspects of speech motor activity and cognitive processes. Surprisingly, pauses also occur
during the in-breath: “Physiologically inevitable pauses regularly occur during the inspiration phase of
respiration, since phonatory activity is intricately connected with respiratory activity.” These pauses
relate to the speaker’s health. As Zellner says, ‘weak respiration, low muscle tone, and slow articulatory
rate is associated with a greater number of pauses than a rapid articulatory rate and good respiratory
capacity.”

If we interfere with the length of the breathing pause, shortening it even slightly, we find ourselves feeling “rushed” and
“pressured,” that well-known state that interferes so often with our sense of well-being and is such a generally
acknowledged burden in our daily lives. We have all experienced how strained this kind of breathing leaves us. We pay
dearly for it in inefficiency, weariness, and irritability. (Speads, 1995, p. 47)

One variety of the breathing pause is the suspension of the breath that can happen in meditation.
Fields defines this phenomenon as “Periods of breathing apparently suspended between 15 and 30
seconds. Further,

Investigators who have reported such respiratory suspension periods equate it with the meditative state of
“pure consciousness.” Badawi et al. (1984) characterized it as having unique features differentiating it from
other states of consciousness. It is important to note that these features occur during typical EEG
configurations different from any found in biofeedback, relaxation, and hypnosis. (Field, 1993 : 275)3

Kylea Taylor has compared the breathing pauses that happen in Holotropic and other
Breathwork when the breathing stops or seems to disappear with breathing pauses from yoga.4

1 Interesting to do in therapy - if someone stops breathing, get them to take their pauses consciously.
respiratory suspension periods occurring during the practice of the transcendental meditation program.’ Psychosomatic Medicine
Farrow, J. T., & Herbert, J. R., (1982), ‘Breath suspension during transcendental meditation.’ Psychosomatic Medicine 44: 133-
135;
Kesterson & Clinch (1985)
Smoking Is a Dialect of Breath Language

Smoking is a dialect of breath language. The dialect of smoking speaks about dependence, traumatism and autodestruction, anxiety, sharing, sex, and shamanism.

Smoking is a dependence issue. On birth, the foetus’ dependence on mother is exchanged for the new-born’s dependence on air. Dependence on breathing is painless, but the smoker makes it painful. Nicotine dependency is light and disappears within 24-48 hours. So nicotine dependency is the voluntary submission to an object with the purpose of escaping the involuntary submission to life. Smoking speaks about painful dependence.

The dialect of smoking speaks about traumatism, autodestruction and the feeling of anxiety. The smoker repeats the first traumatic breath with every inhalation. Each time he feels aggressed by life, or “penetrated,” he attacks and penetrates himself with air which he has polluted, to show he has no fear of being traumatised: that he remains in control. Anxiety affects breathing. A good slow deep breath eases anxiety and permits a person to make contact again with his life-force. The smoker eases or prevents his attacks of anxiety through smoking. When he feels unease or tension, he creates “artificial respiration.” He knows he will not die because, through his cigarette, he knows that he breathes — as long as his cigarette burns.

Smoking is about sharing, and aggression. Air is communal, and to breathe is share this communal element. The smoker, however, subverts this communion. He demonstrates his power of the air by marking it, as if marking a territory, so that all others breathing it know that it was his first. Smokers poison and pollute the air for their neighbours. They are like babies who have not been successfully potty trained, leaving their “bad smells” and “bad objects” for others to see. They project the role of parent onto society, waiting for their “badness” to be received and transformed into goodness by the good mother who admires their kaka and makes it good and clean for them. They express their hatred by polluting the air. Air that smells of old cigarette smoke makes an atmosphere charged with tension and aggressivity. The smoker keeps what is good in breathing: the warmth, the fire, the burning, the smell, life; and puts out for the others the smoke and the grey ashes, the colour of the earth that evokes death and corpses.

Through smoking, the smoker separates himself from the world, protecting himself, marking his limits and his territory, fighting suffering with auto-erotic activity. But by preventing himself from feeling his suffering he does not learn to bear it.

Smoking speaks about sex. Smokers are giving themselves a symbolic penis, to compensate for a hidden, inadequate or missing penis. Smoking is a sexual act: inhaling causes the smoke to penetrate the mouth of the smoker; exhaling causes it to penetrate the communal air shared by all others. Smokers want to add to the neutral breathing, smell and taste: to make it good. They make a food of the air, something they can swallow, bringing air into an erogenous zone, the mouth through which enters the goodness given by the mother. Smokers try to get pleasure out of the neutral act of breathing, as if inhaling the 'mother-universe,' devouring it, absorbing it like a food and not surrendering it, allowing it simply to be there, supporting, containing, protecting.

Can only negative things, then, be said about smoking? No. Smoking is about fire. Smoking, like suffering, speaks about shamanism. Smokers want more of what air brings: more activity, more life. They want combustion in the form of fire, exchange, transformation; faster heart beat, more rapid neurone activity, quicker processes. More dependence, more pain, more pleasure, more everything. Hence many creative people smoke (Freud, Picasso) as if seeking inspiration, ... and to activate their inner fire.

1 The ideas in this section are largely inspired by Odile Lesourne's most interesting article, ‘Variations sur l’air, le souffle et le fumeur.’
And Farting?

Everyone farts, but as far as I am aware, although the biological reasons for farting are known, there are no serious studies regarding the when’s and becauses of farting. Surprisingly, the psychology of farting remains unexplored. I have heard people call farting “Le deuxième souffle” – “the second breath.” Is farting, I wonder, a dialect of breath language too?

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**GLOSSARY**

dyspnea – “can’t catch my breath. I feel like I am choking.” (Fried, 1990 : 83)
hyperpnea - increased respiration rate
hypocapnia - end-tidal carbon dioxide decreases
hypoxia - decrease in tissue oxygen
Tachypnea - increased respiration rate

**About the Author**

Joy Manné has been interested in Buddhist Psychology since she started meditating in 1965, and interested in combining meditation and contemporary breathwork since 1984 when she had her first Rebirthing experience. She is trained in Spiritual Therapy with Tilke Platteel-Deur and Hans Mensink. Joy is the author of *Soul Therapy* (North Atlantic Books, Berkeley, CA, 1997) and numerous articles on Breathwork. She is the editor of this journal, and of the International Breathwork Foundation Newsletter.

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This article is an investigation on different aspects of the relationship between breathwork and modern society using structural models of historical evolution, chaos theory and fundamental values. It focuses on the connection of breathwork and mainstream psychotherapy.

Although we often think that breathwork is avant-garde in the Consciousness Movement, there is an obvious gap between this view and reality and this deserves consideration. In this paper I present some ideas which bridge this gap.

1. The Structure of the Historical Process in Psychotherapy

History seems have its own time schedule. For example, as our way of looking at the world is schooled in liberalism by our society and culture, if we look at the contemporary Islamic world we are sometimes shocked by the rigidity and intolerance of the rules and laws that prevail in fundamentalist countries. If, however, we look back through the history of Western civilisation, we have to admit that these forms of social regulation are similar to those that prevailed in medieval times. The Christianity of that time, which was then 1300 or 1400 years old, so to speak, would have considered the contemporary Islamic “revolutions” to be modern social technologies. The Moslem religion is now 1377 years old. It seems as if civilisation itself needs a certain length of time in order to grow with regard to the development of power structures and the process of individualisation which is independent of the general process of development of human consciousness.

If we look at the history of psychotherapy and growth work, we can find the following parallels:
When psychoanalysis was 25 years old, in the early 1920’s, Freud’s theories were still harshly criticised by both the scientific establishment and large sections of society. The growing circle of his talented and committed students, however, as well as his own persistent publishing prepared the ground for the irresistible rise of psychoanalysis as one of the most important contributions to the modern way of thinking.

When Reichian bodywork was 25 years old, it had to cope with a serious crisis, namely, the trial, imprisonment and death, in prison, of its founder. Reich’s techniques and theories, however, were already widespread by that time and had attracted a considerable body of supporters. They developed efficient therapeutic techniques, structured trainings, freed Reich’s inheritance from its odd elements, and laid the foundation for the successful growth of bodywork. In the seventies, the seeds that Reich had sown grew and blossomed into a large variety of approaches and methods. A new paradigm in psychotherapy came into being and gradually found its way into the mainstream psychotherapy.

Rebirthing and Breathwork will very soon be 25 year old. After a period of incubation in the sixties, rebirthing burst into the self-development movement with tremendous force. By the beginning of the eighties every workshop leader freshly returned from Poona or Oregon would have his participants lie down on mats and – here we go! – ”Breath! Breath more! Stronger! Faster! As strongly and quickly as you can!” The results were usually astonishing and sensational, and sometimes terrible. Because the emphasis was on the intensity of the feelings, the spectacular breakthroughs, and the experience of blissful states (which substituted for those induced by drugs), the integration of the material that came up counted for very little. In contrast to the extensive development of practical Breathwork, its theoretical background remained barren and poor. The explanation of what was going on consisted of a small stack of concepts, more or less arbitrary piled up, that took from East and West whatever would somehow fit in. The consequence was that in the rebirthing movement there was nothing more than a patchwork of very few rules and instructions about how to breathe and a collection of various affirmation techniques for changing thought patterns.

A common explanation of what goes on in a rebirthing session is that the power of the breath overcomes the defences that protect suppressed feelings and transform these feelings into experiences of happiness and bliss (cf. Jim Leonard & Phil Laut, “integration into ecstasy”). The mind has to be put aside in this process as its main function is to reinforce the barriers erected through suppression. For this reason, many Eastern philosophies that consider control and discipline of the mind important on the path to the development of awareness are appreciated in the theory of breathwork.

If we examine the structure of a typical breathwork session, we find that there is an inherent explanation for the mixture of Eastern and Western concepts in breathwork theory. The power of breathwork is partly due to the fact that in practice its very process combines East and West, therapy and meditation. We often go from early childhood experiences of pain and suffering to deep spiritual experiences of Oneness, all in one hour. Material with therapeutic content comes up, we go through it and move on to release, and then, often, into blissful relaxation.

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1 Rebirthing. The science of enjoying all of your life. Trinity Publications, Cincinnati 1983, p. 66
As we usually reflect on a session with pleasure, looking back on it from the perspective of its ending, we underestimate the therapeutic process that preceded the closing meditative state and made it possible. Explanations of breathwork were often based on the ending of a session, explaining it from this perspective, and stating, reasonably enough, that the mind should be transcended, as the goal of meditation is the containment of the mind. In contrast to that, the purpose of therapy is usually to explore, strengthen, structure and educate the mind. The clarity of thought that concentration on the breath can bring and the therapeutic benefit that comes with this is often overlooked. In general, the relationship between meditation and mental activity remains unexplored, as does the relationship between mind and emotions.

Breathing is simple and the message of breathwork is simple: “Free your breath.”. Truth is simple, so breathing is the truth, we may conclude. We need to ask: Is the notion of simplicity with regard to breathwork an illusion? Do explanations of breathwork demonstrate a fear of complexity?

2. Evolution and Chaos in Society

In the Western tradition, there are two major general concepts for understanding the evolution of society:
2.1 Linear Progress

The first model holds that a more or less linear growth of awareness, consciousness, reflection and perfection is the driving force of mankind. This idea was formulated in particular by Hegel and Marx, and taken up by Ken Wilber who tried to include in it the realm of Eastern spirituality. Wilber describes levels of development of consciousness that are first reached by unique individuals, e.g. shamans and religious leaders, and then, over time, enter society’s consciousness and become a normal part of it. It is obvious today that more and more people are seeking the experiences and insights that were in former times the preserve of experts. Thus the meaning of the word esoteric – exclusive and secret – has now come to mean its opposite: you can buy the secrets of the ascended masters in every railway bookstore.

Breathwork includes this linear model of progress, starting from the simple fact that we usually ask clients to breath high up into the chest in order to raise their energy level and, through this augmentation, to progress with regard to the volume of their breath and the level of their vitality/aliveness. The result-oriented element of breathwork in particular corresponds to the idea of linear progress. The goal of breathwork has never been limited to clearing up the past but has rather always been oriented towards spiritual experiences and to higher levels of consciousness. Orr describes Rebirthing as Yoga for the West and considers it a quicker way to the divine. Many breathworkers

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would agree with Deike Begg, who writes in her recent book: ”The ultimate purpose for me in my work as Rebirther … is to make contact with this divine power that dwells deep within each and every one of us.”

This is the way of the sage.

### 2.2 Chaos and Construction

The second model is part of the sequence of development from the Greek Sophistry through the Nominalistic philosophers of the late Middle Ages to today’s postmodernist conception of society, and represents the liberal branch: “anything goes”. It is nominalist in the sense of the late medieval philosophers, like Occam, for instance, who made the razor sharp distinction between sensual experience and mental conceptualising.

According to this way of thinking, society does not develop through an innate process of growth from one level to the next, the former being naturally transcended by the latter, but consists of innumerable attempts by individuals and groups to structure their environment. It is against this background that modern constructivism has its particular attraction for many therapist and schools of therapy. This approach holds that there is no right or wrong opinions about the world, but that everyone creates their own reality according to their level of consciousness or unconsciousness. According to Wittgenstein we perceive reality in the way we describe it.

We find these “anarchistic” tendencies also in breathwork:

Anything can come up in a breathwork session; there is no predictability. Order is built up (by a certain breathing rhythm) and gets destroyed (by the next one); chaos is welcomed and should be appreciated. The destruction of fixed ideas through the power of the breath is one of the powerful elements of breathwork. Like the example from chaos theory which says that the shape of the smoke rising from a cigarette can only be predicted to a few centimetres after which there is no possibility of calculating the way the smoke will move in the air as there are too many influences interacting simultaneously. In the same way, as soon as we start to change some parameters in the way we breath, virtually all mind-body systems become involved and interact in unpredictable ways. Thus it is possible that images of early childhood can arise along with images of former lifetimes, and images of experiences from daily life intermingle with traumatic birth experiences, sometimes consecutively, sometimes simultaneously.

Traces of this anarchy can also be found in the theory of breathwork as I indicated above. Elements from Reich and Lowen, Buddha and Babaji come together into in a flow of thoughts and explanations. Levels of theory change quickly in discussions among breathworkers and clients sometimes have a lot to digest. In addition, some of these elements have the status of unquestionable truths, such as, for example, the idea that ”Thought is creative.” With a closer look, however, they turn out to be anarchistic concepts.

And this is the way of the fool.

We can go both ways – and we usually do – at the same time, and treasures can be discovered each way. We need the second model to correct the first one: evolutionary models tend to produce megalomania in those who consider themselves on higher levels and minority complexes in those who think they will never make it. The supreme rights given to the more evolved often served to justify a social structure

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that protected power and created dependency. There can be a lot of desperate striving when people try to climb the ladder in order to avoid being among those who will eventually perish because of their low level of development. The postmodernist and constructivist relativisations that reduce everything to spontaneous impulses must, however, be corrected through the logic of development and its implicit ethics.

Maybe the ultimate that we can achieve is the wisdom of the Buddhist koan: Go for enlightenment by forgetting about it.

3. The place of breathwork in society

An important task for the International Breathwork Foundation could be to define and redefine the place of breathwork in society, to further develop it, and to represent it. We can do this best by increasing its interaction with the following related fields:

- Medicine
- Complementary Medicine
- Psychotherapy
- Social Work
- Education
- Esoterics
- Spirituality

Each of these fields has its own way of breathing and its own language. When we ”share the breath,” it is important to sense the breath of the field with which we want to share. We need to speak the other’s language and not make assumptions with regard to the experiences that we bring in which are not common knowledge or self-evident. This is the way to avoid rejection, misunderstanding, scepticism and unfair criticism.

4. Psychotherapy and breathwork

As an example for a possible interaction between social areas, let us take a look at the possible bridge between breathwork and psychotherapy.

Psychotherapy has proven itself to be a successful brand in society with a respectable performance during the last decade. It has taken its place alongside classical medicine through adapting some of its standards and paradigms: the terminology of illness and healing, diagnosis and therapy; the model of knowledge used in the natural sciences, etc. Then, slowly, step by step, it has freed itself from classical medicine’s unidimensional way of looking at things, power system and its mechanistic concept of man. Austria has played a major part in the history of this development not only by giving birth to psychoanalysis and related approaches, but also by creating the first law on psychotherapy and playing a leading role in founding the European and the World Association for Psychotherapy. It has also organised two World Councils for Psychotherapy.

From the beginning Breathwork distantlyated itself from conventional therapeutical terminology
and still does this in many ways. Nevertheless, it cannot be denied that intensive breathing in an appropriate setting can have therapeutic effects on the psyche. Here, the bridging work could consist of bringing out the therapeutic in breathwork, and researching the possible role of the breath in other psychotherapeutic methods.

When interaction is fruitful, both sides have equal input and outcome. Let me draw attention to some of the elements in the exchange.

**What can breathwork offer the world of psychotherapy?**

- A holistic understanding of healing.
- A focus on one basic mechanism: the breath; which is easy to understand because it is immediate, directly accessible to personal experience, changes in a way that is easy to observe, and can easily be modified through conscious intention.
- Results that easily transfer to daily life.
- A method that can be used independently as self-therapy.
- A connection between therapy and meditation.

**What can breathwork learn from psychotherapy?**

- The importance of paying attention to the dynamics of the client-therapist relationship (including transference and countertransference and rules of abstinence).
- A classification of psychodynamic disorders and of the appropriate methods to deal with them
- The fruitfulness of an ongoing theoretical discussion on the philosophical and praxeological level.
- Numerous techniques for exploring and healing the psyche.

**What does psychotherapy require as entrance criteria?**

As I said above, psychotherapy has both supported the fundamental paradigm of western civilisation/society and at the same time has influenced it. The position of science holds an important place here. Over the last century science has fundamentally altered and shaped our ways of thinking and experiencing, especially as it has replaced religion as the institution responsible for explanations and making sense of life. Science means: logic; objective testing; the construction of reality; restrictions based upon essential and necessary principles ("principia non sunt multiplicanda praeter necessitatem"); exchange and communication of a particular nature within the scientific and world-wide research community, i.e., those characterised by a belief in the power of the better argument, and so forth.

To reject science is to skip an essential stage in the development of the rational ego. A person

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1 I have read this book in German translation and have not been able to track down the English publisher.

who does this risks being considered an incompetent and ignorant outsider by society. It is necessary to recognise the interrelatedness between scientific thinking and feelings that open the heart, and to have the understanding that both are necessary for growth.

To build bridges from breathwork to psychotherapy also means to accept scientific standards and to create research projects in those areas where breathwork can bring about new ways of healing. One of the prerequisites for making breathwork into a scientific discipline consists of improving communication and interlinking the different levels of communication so that misunderstandings can easily be dispelled and defence mechanisms calmed.

Sharing breath with society also means sharing language. (Wittgenstein: “Our language is as complex as our body.”) If we want breathwork to flow into society in a broader stream we have to work on our communication skills and find ways to reformulate our language, including a careful formulation and reformulation of the basic concepts in context-related ways. In the same way that we match our speaking and breathing with that of our client in therapy, we have to do the same with other sections of society.

Here are some examples:

1. “Rebirthing” is the most obvious example of a word that produces misunderstanding and distrust. Many people ask if this is a way to former lifetimes; some see it as a cult, and still others as an effortless and immediate way to a new life. Rebirthing is a technique that belongs to breathwork and so it is more correctly described with this term.

2. The term “hyperventilation” (HV) is often used in connection with holotropic breathwork or rebirthing. It evokes unpleasant associations for anyone with a medical background and disagreeable feelings in the general public. I propose that this term be left to the medical doctors for clinical use. The accelerated breathing that occurs in a breathwork session can have similar symptoms to the hyperventilation syndrome. However, it comes about under quite different circumstances and is resolved in a completely different way. It should therefore not be confused with ‘medical’ HV.

3. The term “heart” which is so highly loaded with metaphorical significance is often used in terms like “heart-opening” and “heart-centered.” These terms sounds familiar to many people and are understood intuitively, but are considered esoteric and unscientific by mainstream psychotherapy. One can read highly informative and complex books on psychotherapy which do not include the word ”heart” even once.

4. The term “energy” seems to be almost unreplaceable in breathwork. It can, however, trigger rejection in some other psychotherapeutic approaches which criticise the vagueness and ambiguity of this term (cf. George Downing: *The Body and the Word. A Direction for Psychotherapy*, 1994)

5. **Fundamental Values**

Let us look at another model for building bridges: the model of the polarity of fundamental values which derives from early Yogic writings and has its parallels in scholastic philosophy.

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If we look at this diagram not as a pyramid but as a table with three legs, we can see that each of the three angles needs to be equally weighted for the table to remain balanced and horizontal.

I think everyone would agree that breathwork has its starting point and its centre in the realm of BHAKTI. Many people are attracted to this approach specifically because it opens the heart, and heart-centredness is a basic quality in the International Breathwork Foundation and its Global Inspiration Conferences. Has there, however, been enough movement towards KNOWLEDGE and STRUCTURE? I have already discussed the theoretical muddle in breathwork. On the level of organisation and structure, there has been movement only within the last few years, with the creation of national and international organisations and associations. Rebirthing has had difficulties in building up an effective organisation, and we still face problems when introducing new ideas for structuring the International Breathwork Foundation more efficiently. The knowledge and scientific background with regard to what we are doing in breathwork is still weak. It is also true that some practitioners who take the spirit of love and beauty as their supreme value want to avoid knowledge and order.

This model is also used in systemic therapy. There it is taken into consideration that each angle of this triangle needs appropriate care and honouring in order to keep the whole in balance – just as a family is in harmony when each member has equal importance. If we trust the centre – WISDOM – we need
have no fear of loosing any of the beauty and openheartedness of the BHAKTI dimension of breathwork through opening up more to the dimensions of KNOWLEDGE and ORDER. On the contrary, we will enrich our ability to love by embracing more of the spirits of this world.

What does this mean in terms of breathwork and breath therapy? In order for therapy to be successful, structure is as important as openheartedness, reflection and insight as supportive as the sweetness of breath. Spirit in the form of wisdom is the centre of everything, and the ultimate goal is to arrive there, but the way is less linear than paradoxical. We thus need some kind of verbal interaction that connects experience with knowledge in order to help the client to more inner stability and clarity. The predominance of non-verbal interaction, which is a good means of accessing early childhood experiences has to be well-balanced with structure and reflective insight so that the whole person – the preverbal child and the verbal grown up - is included in the therapy.

We can also use this model to make better connections between different kinds of breathwork:

<table>
<thead>
<tr>
<th>Order:</th>
<th>Pranayama</th>
<th>control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Love:</td>
<td>Rebirthing</td>
<td>flow</td>
</tr>
<tr>
<td>Insight:</td>
<td>Breath therapy</td>
<td>reflection</td>
</tr>
</tbody>
</table>

This is an example of the fractality inherent in this model. Through it we can discover the interrelatedness of everything. Thus it will be no exaggeration to state that each breath carries society in itself. (Cf. Klaus Neubeck: Atem-Ich, Stroemfeld/Nexus, Basel/Frankfurt a.M. 1992, who claims that every notion and every thought is directly represented in a certain pattern of movement of the diaphragm). Every breathwork session is affected by society, and, of course, vice versa.

There is also a dynamic movement within these polarities of fundamental values. I can demonstrate one way that they connect through a personal example:

**Case History**

I come from a family with good order/discipline, that tends to rigidity. After school, I went to university to acquire more knowledge. This helped me to separate from my family and discover an important part of my own values and ways of doing things. My first intense loving relationship helped me to see the limitations of the reflective mind and resulted in the creation of a new order in the form of a family with two children. Problems in the relationship brought me to therapy where, in the beginning, I mainly obtained intellectual insights but also achieved some degree of access to deeper feelings. My first breathwork session gave me a kind of cosmic opening to a universal form of love and this guided me in a new direction and brought me to look for new forms of order ...

In this way you can perceive the wheel of life, you can become conscious of the cycles that guide you through a day, a year, a whole life in a fractal way. There is no point in stopping at any point, the movement is continuous as it is the nature and the essence of life.
6. Success formula for sharing the breath with society

To end with, I want to propose a “success formula” which will help breathworkers to integrate more with society, and thus open up a bright future for sharing the breath with it: I think the successful breathwork of the future comes from the realm of love and the heart, has a structure that works efficiently, and well-developed theoretical concepts.

We are a tiny fragment in this global society. We have an important message – whether we can add a piece of salt to this earth also depends on how we can communicate this message in terms of clarity and differentiation – and all this we can find in our breathing.
ABOUT THE AUTHOR

Wilfried Ehrmann, Ph.D., was trained as a breath-therapist by Leonard Orr and Seth Bartlett. He is a qualified psychotherapist trained in Rogerian counseling, Gestalt, energy and emotional work. In 1991 he founded and chairman of ATMAN, the Austrian Association for Integrative Breathwork and Rebirthing. He is the chief trainer in the ATMAN-trainings project for integrative breathwork, and the International Breathwork Foundation co-ordinator for Austria. Wilfried is the author of many articles on Breathwork.

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Preface

Between 18% and 25% of relationships are abusive and the vast majority of this abuse is perpetrated by men against women. This does not mean that women are incapable of this kind of behaviour. Women do abuse men and the rate of abuse is the same in lesbian relationships as it is in heterosexual relationships. Women also abuse children. But the way society is structured today, the fact remains that the majority of domestic abuse is by men against women. This is why, throughout this paper, I will be referring to women as the recipients and men as the perpetrators.

All my domestic abuse clients have been women. I’ve worked extensively in various settings with those women. I’ve also worked in rebirthing with the adult children of abusive relationships. But because the subject of adult children is so large and because I’ve never worked with abusers, this paper will be confined to suggestions for rebirthing the female recipients of domestic abuse.

Introduction: Elizabeth’s Story

The first time I encountered domestic abuse I was totally ignorant of the subject. I was a teacher in a Catholic school in Los Angeles. The school backed onto a office building that had once been used by the diocese as its centre of administration. There was still a locked passage between the two buildings. One day a sixteen year old girl called Elizabeth, a student in my history class, asked me to sneak her out of the school through the back way. She told me that her boyfriend insisted on walking her to school every morning and bringing her home every afternoon. That morning when she woke up she just felt like being on her own for a while. So she left home before he arrived to pick her up and came to school by herself. But now it was the second last class of the day. She knew he’d be waiting outside and she knew she’d pay for her independence as soon as he got her alone. I thought she was making it up, pulling some scam on the gullible teacher. To convince me she pulled up her skirt and showed me the bruises on her legs. I found another teacher who had access to the keys and together we sneaked her out of the school through the back way. She told me that her boyfriend insisted on walking her to school every morning and bringing her home every afternoon. That morning when she woke up she just felt like being on her own for a while. So she left home before he arrived to pick her up and came to school by herself. But now it was the second last class of the day. She knew he’d be waiting outside and she knew she’d pay for her independence as soon as he got her alone. I thought she was making it up, pulling some scam on the gullible teacher. To convince me she pulled up her skirt and showed me the bruises on her legs. I found another teacher who had access to the keys and together we sneaked her out through the office. But in our ignorance neither of us followed up on the case. A couple of months later Elizabeth became pregnant and dropped out of school. After she left some of the other girls in the class told me that in Elizabeth’s family, her father and two brothers regularly beat her mother. I didn’t know it at the time but Elizabeth’s story contained all the classic features of a domestic abuse relationship.

A few years later I went to work for Women’s Aid in Dublin. Women’s Aid is an international organisation founded in England in the early ‘70’s. It offers information, support and refuge to women

and children involved in domestic abuse. At first I worked on the telephone helpline and then I moved into one to one work with abused women. This involved going to court with women who were working their way through the legal system. It was during the hours I spent in family court that I got a full view of the horrible mess of emotional, psychological, legal, financial and social problems that makes up domestic abuse. About a year before I left Women’s Aid I qualified as a rebirther. The organisation began to send me clients. I lost almost all of them after one or two sessions.

I spent a long time analysing and blaming myself for ‘creating’ this problem. But over a period of time I came to realise that the real problem lay in the rigidity of the model of rebirthing I was using. Rebirthing is a fast therapy that gets to the heart of the matter quicker than any other technique I have encountered. I was using traditional upper chest, connected breathing focused on what rebirthers call ‘thought is creative’: the ownership of our own actions. It was far too much too soon. It was also doctrine rather than client centred and failed to take into account the many other, less personal, aspects of the issue that loom ominously over every woman and man involved in an abusive relationship.

Domestic abuse is a deeply personal issue, rooted in problems of self-esteem and co-dependence that go back to childhood, birth and earlier. This is the stuff of rebirthing. But domestic abuse is also a social problem. It is fostered, often condoned and its characteristics are at least partly shaped by society. And the way out of an abusive relationship can often be a very long journey through the legal systems, the social welfare systems and the cultural norms of society. Through trial and error I developed a way of working with domestic abuse recipients that integrates the deep and intense personal therapy rebirthing offers with techniques used to raise awareness of the broader social aspects of domestic abuse. In other words I let what I learned while working in society inform my practice and my practice changed quite noticeably.

The Causes

Domestic abuse is a very complex issue with a multiplicity of possible causes. For example, certain branches of feminism approach it exclusively from the perspective of a patriarchal society and the ultimate solution lies in dismantling the social, political and economic patriarchy. On the other hand, some rebirthers see only the influence of individual psychopathology and the solution lies in the individual embracing the concept of ‘thought is creative.’ Theories about the causes of domestic abuse fall into five broad categories1 and I have found an integrative approach paying attention to the broad range of causal factors by far the best way to inform my practice as a rebirther.

Individual Psychopathology:

This approach links domestic abuse to psychological disorders on the part of both the abuser and the victim. These disorders include immaturity, poor impulse/anger control, dependency, depression, developmental traumas, fear of intimacy, abandonment, jealousy and co-dependence. Both men and women suffer from these difficulties and attract intimate partners accordingly. Treatment lies in individual or group therapy focusing on resolving the deeply personal issues that lead people into abusive relationships. Rebirthing is one such therapy.

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Family Systems:

This approach sees domestic abuse as a part of a family dynamic which strives towards equilibrium and the maintenance of the status quo even if the status quo is dysfunctional. Abusive behaviour is maintained by all family members and is the result of the structure of relationships within the family. In more recent years family therapy has expanded to take into account that fact that the family cannot be separated from the society in which it exists. Society can and does influence the family. It contributes to and helps to shape the family dynamic. Treatment is through some form of systemic/family therapy.

Sociological Perspective:

Abuse is the result of stresses created by the social structure, e.g. unemployment, or by the socialisation process, e.g., the belief that violence is acceptable when directed at particular classes of people such as women, children, Jews, etc.

Social Learning & Cognitive-Behavioural Perspectives:

Aggression is a learned behaviour which works. It is culturally supported, modelled and rewarded and provides immediate release of tension. It is supported by often irrational justifications that frequently blame the victim for causing the violence (She shouldn’t have made me angry, for example, or He’s gay, he deserves it.). These justifications are ingrained in society and absorbed by the individual from childhood on.

Feminist/Socio-Political Perspective:

Domestic abuse is a method men use to subjugate women within society as a whole. The political and economic structure of society sanctions, maintains and rewards the dominance of women by men and this is reflected in the dynamic of intimate relationships. In the latter three approaches treatment has a wider scope than simply individual or family therapy. In addition to stress management, the developing of coping strategies and cognitive and behavioural re-education, these approaches involve broader, long-term social and political action.

There is truth in all five approaches. As a rebirther, I work primarily within the framework of individual psychopathology. We behave abusively or we attract abusive relationships out of our individual belief systems which in turn are the product of our experiences of womb time, birth, childhood and life since childhood. Changing society may help, but until each person involved in an abusive relationship recognises and resolves the deeply personal issues which got them into the relationship in the first place, they will continue to attract abuse. But focusing exclusively on this approach is limiting for three reasons.

1. The recipients of domestic violence are often difficult to reach on this level and any form of therapeutic work needs to employ a wide variety of techniques that ease the client into an examination of her life and personal issues. Focusing directly and immediately on the psychological causes excludes the valuable and less threatening avenues of approach that the other perspectives offer.

2. Domestic abuse is fostered to varying degrees by the societies in which it takes place. While
individual therapy may be the solution for each individual, unless social change takes place, future generations will continue to form relationships in the matrix of a society that condones relationship abuse.

3. Elements of all five schools of opinion can be found in the thinking of domestic abuse recipient. There are the personal issues of self-esteem and codependence that relate to the earliest days of life. But there is also learned behaviour, the acceptance of stereotyped roles for men and women, the dynamics of family relationships, and the acceptance and justification of abuse as a legitimate response in certain circumstances. Working effectively with domestic abuse recipients means working with issues that fall into all five causational categories.

An analysis of the characteristics of an abusive relationship will illustrate more clearly the need to underpin rebirthing work in this field with an integrative approach to the causes of domestic abuse.

**Characteristics of an Abusive Relationship**

Before going any further I think there is a need to define the word abuse in this context. There are many shades of grey between a bad relationship and an abusive one. Some people see abuse as a question of severity; an open handed slap on an odd occasion is not abuse, regular closed fist punching is. But this is a superficial distinction. At the heart of domestic abuse is one person’s need to control and dominate another as well as the recipient’s acceptance of that dominance. It is a dynamic that may never manifest as physical violence and so it can be difficult for an outsider, including a rebirther, to see and comprehend it. In my opinion there are three features that characterise an abusive relationship and they all have implications for rebirthers.

Firstly, abuse is not just the product of uncontrollable anger or alcohol or drugs. Both perpetrator and recipient might like to believe it is and there is also a statistical correlation between substance abuse and domestic violence. But while alcohol or drugs may exacerbate the situation, the fact remains that domestic abuse is often, although not always, deliberate, systematic and planned. Elizabeth’s bruises began just above her knees. They could be hidden by her school uniform or trousers. This level of planned, strategic abuse is very common and no rebirther working with domestic abuse clients should dismiss the issue of their client’s safety. If the client is still in or recently out of an abusive relationship, safety needs to be discussed because every action the client takes has safety implications.

Secondly, the abuse is justified by belief systems that are at least partially condoned by society. It is easier to abuse someone who is inferior in some way or who is not quite human. Race and religious hatred is made possible by dehumanising the object of hatred. This in turn justifies the abuse. Sexual stereotyping with the woman as the inferior is a common feature of domestic abuse. Re-education around gender equity is a major component of treatment programmes for abusers and may also form a substantial part of early rebirthing sessions for the recipients of abuse. Gender stereotyping may be part of the client’s world view and if this is present, it can run counter to any work on self-esteem. It may need to be addressed by the rebirther before proceeding to deeper work. Again Elizabeth illustrates the point. Because she was a woman and he ‘loved’ her, her boyfriend believed that she was his to command. So did she. I had many futile arguments with her and her classmates about letting their boyfriends tell them how to dress. The boyfriends also insisted that the girls stay at home every night and would call during the evening to make sure they were being obeyed. The girls insisted that this was the sign of a loving, healthy relationship. They could never see that by going along with it they were letting

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themselves be isolated and controlled. They had been socialised into accepting the stereotype.

**Cycle of Abuse:**

The third characteristic is that abusive relationships follow a cycle. There is a period when the relationship is wonderful. But very slowly this dissolves into tension, moodiness and bad temper. The tension builds until something snaps. There is an episode of violence or humiliation or verbal abuse. For most this is followed by remorse. In the beginning this remorse is genuine and heartfelt and the abuser is often very shocked by what he has done. There follows a honeymoon period of apologies, affection, gifts. The couple put the episode behind them, make a new start and life is wonderful. Then the cycle begins all over again. At first the honeymoon period forms the longest part of the cycle but it gets shorter and shorter until eventually it ceases to exist. This cycle has direct bearing on the work done with clients who are still in abusive relationships. No matter how well they’re doing in therapy the honeymoon period can draw them back into the relationship. It holds out the promise that maybe this time things will be OK. It also offers warmth, affection and the appearance of love to people who have been starved of these essentials because they have never been able to love or appreciate themselves. The rebirther may have to patiently support the client through many of these cycles before the issues are resolved.

**The Nature of Abuse**

What is the nature of the abuse itself? Abuse perpetrated within a relationship can be physical, sexual, emotional or mental. Physical and sexual abuse speak for themselves. They are everything from a slap to rape and murder. But among the survivors of domestic abuse there is unanimous agreement that mental/emotional abuse leaves the deepest scars. Mental and emotional abuse is the stuff rebirthers work with. It is also the most difficult to see and understand. It is varied, devious and often ingenious. It is domination by fear, hidden threats, looks that other people can’t see. It can involve everything from prolonged silence to self-mutilation and suicide attempts by the abuser, sometimes carried out in front of the children. It is isolation and humiliation, blame and the destruction of self-esteem. It is mental/emotional abuse that binds one person to another in a confusing, often inexplicable way. At a certain stage the woman may have become so isolated and stripped of self-esteem that her abuser is the central focus of her life and this creates the strange bond that is seen in the recipients of torture and in long term hostages. This plus fear of reprisal can cause the woman to defend her abuser from others even while he is beating her.

Abuse can begin with a little bad mood because they are late for the theatre – it wouldn’t have happened if she didn’t spend so much time deciding what to wear. More anger and hurt when she talks to or happens to glance at someone else. If she really loved him she wouldn’t want to look at anyone else. This view is often supported by the unrealistic notions of romance and true love that we grow up with on TV and in books. Then comes the pressure to stay at home and wait for his call when they’re not out together, to give up friends, to dress the way he prescribes. After they move in together this intensifies. Stories and lies are spread to family and friends. Gradually she is isolated from support, information, money - three of the most important currencies of power in our society. The isolation often involves being locked into the house for long periods. When Ronnie Spector, wife of famous music producer Phil Spector, toured with the Ronnettes she had to keep a phone line open to her husband all
night so that he could hear what was going on in her hotel room. There is often, in middle class families particularly, total financial control and the control of information. For example, a woman can be so isolated from real information about social structures that she often believes it when she’s told she’s a bad mother and social services will take the children away from her. Children are often used by both parents. Put downs, disparagement and blame undermine the self-esteem needed to take back control of her life.

Living in fear, being constantly watched and monitored, the recipient of the abuse often becomes her own censor. Even when they are away from their abusive partner, they control who they look at, what they say, how they arrange things in the house. They have bought into the dynamics of an abusive relationship playing out the role of victim, adapting their behaviour and way of thinking to fit the dynamic. Many have so forgotten what being free and autonomous is like, they accept the abusive behaviour as normal. For rebirthers who aren’t familiar with the dynamics of domestic abuse this can be hard to understand and easily missed.

### Working With Abuse Clients

Several issues are important when working with domestic abuse clients through rebirthing. The first is the question of pacing.

#### Pacing

Rebirthing is a fast therapy. Domestic abuse clients need time to recognise and get used to the idea that the way things have been for the last five or ten or thirty years is not the way they have to be, is not the way things are for everyone. They also need time to experience this practically, to be able to choose what to eat, what to wear, who to talk to, what to spend money on. This is sometimes a slow process and the rebirther needs to be conscious of moving slowly, discussing every day realities, focusing on practicalities and helping the woman orient herself to her new freedom. This is not the time to leap feet first into issues of co-dependence and co-creation. Let the client lead the way on these issues.

#### Facing Reality

If the client is still in the relationship, her greatest need, aside from safety, is to help her grasp the reality of her situation. Rebirthers are all familiar with the concept of ‘splitting off”. When a situation is too difficult to deal with, we can detach ourselves from it even while it is happening. We can use our breath to help us split off. At its most dramatic splitting off involves a complete blotting out of memories. In adult domestic abuse this often involves holding two polar opposite versions of reality in juxtaposition. “My husband beats me viciously. My husband loves me.” I eventually got used to women telling me about how their husbands fractured their skull, burned them with hot pokers or forced them to strip naked and have their bodies and sexual behaviour criticised in front of the children. But what I never got

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used to was that in the next breath the same women told me how their husbands really loved them. This is one of the effects of the cyclical nature of an abusive relationship. The beatings are very real, the honeymoon period between beatings is real too, yet the co-existence of both extremes lends everything an air of unreality.

The obvious question is, “Why don’t you leave?” At this stage there is no point in asking it. What the woman needs is to tell her story. She can do this verbally, through art, prose, poetry, even music if she is musical. She also needs someone patient enough to listen to her recount her experience over and over again, someone who won’t judge, get angry with her or ask ‘Why don’t you leave?’. Eventually, with skilful listening and probing by the rebirther, her own words will paint a picture that becomes more and more real for her. The co-existence of the two points - he beats me and he loves me - slowly becomes untenable until she finally realises that if he loved me he wouldn’t beat me. It is at this point that the women needs most support.

At this point she may make decisions about staying or leaving. Leaving means dealing with society. It means housing, money, children, lawyers and, ironically, it is also the time of greatest physical danger. Although it may appear otherwise, the recipient of abuse is pivotal to her abuser’s self-image, his self-esteem, his security and his life in general. Men become most violent and most prone to murder at the time when the woman is about to or has just left the relationship. All of these issues have to be dealt with. They don’t all fall under the remit of rebirthing. The rebirther can provide emotional support and therapy. Ideally he/she should also have some basic knowledge of the legal and financial situation pertaining to family breakdown that prevail in their country. But it is better to give no information at all than to give the wrong information so reathers also need to have referrals ready - the phone numbers of refuges, Women’s Aid, Men’s Aid, or other support groups for people experiencing abusive relationships. It would also be advisable for the rebirther to have the number of a good relationship counsellor handy as well as support groups for abusers. Some abusive relationships do work out if both parties are willing to change.

At the same time as the recipient of abuse is trying to make decisions about the practicalities of living in society, all the certainties of life come crashing down around her. Her past is a confusing, painful mess, her future has disappeared and her ability to make sound judgements, reliable perceptions, has come into question. What does she actually know about anything and how can she trust herself again? This is the stage most of my relationship abuse clients have come to me for rebirthing. Now is the time for the rebirther to help her make sense out of things, to see patterns, trust herself, to support and reassure. It’s a slow often frustrating process. She may go back and forth to her partner, she may despair of ever being able to make it alone. The practicalities of living in society, especially with children who miss their father, and having to re-learn self-sufficiency may seem just too much. She may drop out of therapy and come back months later. She may seem to not be moving at all. She may appear to be totally blind to the glaringly obvious. And for those who have never experienced a really abusive relationship, we may push too hard.

I have found the best route here is patient, non-judgement, and boosting self esteem at every opportunity. Looking at her accomplishments and survival skills can help. So too can things like drawing up a ‘Time for Me’ chart where she sets aside time every day to treat herself, even if it is only to smoke a cigarette or watch a soap opera. Looking at the role of women in society, the role the woman herself plays in her family and society, the differences between herself, her grandmother, mother and her daughters if she has any can also be empowering. It can be helpful to have a list of the roles people play in groups available. Another exercise I have found useful is to ask the woman to draw up a list of all the jobs she does during the course of an average day - teacher, nurse, cook, cleaner, etc. and then to put a market value on each of them - the going rate for the job. When she adds it all up, the imaginary wage she would be paid at the end of the week is usually startlingly high. A variation on this is an examination of the woman’s survival skills. She may be inclined to see herself a weak, a failure, when in fact she has
developed skills the average person will never need in their lifetime. The rebirther and client can use these exercises to begin work on awareness, one of the essential elements of rebirthing. Awareness of pleasure during ‘me time’ can lead to awareness of self-criticism. Awareness of self-criticism can lead to affirmations. Body awareness can lead to re-establishing trust in her own perceptions and gut instincts and everything leads slowly towards re-establishing her own identity and her sense of self.

Breathwork

The same slow pace needs to be applied to breathwork. From my own experience I would say that pushing a client into full conscious, connected, upper chest breathing at this point can be too threatening. I would settle for the conscious part of it. The type of introduction to rebirthing breathwork I would recommend is the system developed by Joy Manné and described in her book *Soul Therapy*. It is a gentle, phased build up where people learn at their own pace to trust and work with their own breath. If the client can only manage a few breaths into mid-chest without lapsing into talking, then so be it. Let her talk and gently coax her into another few breaths. Gradually the time spent breathing increases and the talking diminishes.

The reasoning behind such a slow build up with abuse clients is that they have spent large portions of their lives splitting off or containing terror. Restricting their breath is one method of doing this. Talking is another. Lying down silently and breathing freely is removing two of their most reliable coping mechanisms all at once. It is too much for many people. Some of them will tell you so straight out and if the rebirther is aware of the features of relationship abuse and is not tied into a rigid way of proceeding, a working relationship can be teased out. Others will hold their breath for most of the session but they may appreciate the relaxation this sleepy state offers. In my experience the majority of clients will say nothing. They just won’t come back for a second session.

Conclusion

Building up a relationship at the client’s pace and understanding the personal and social issues involved can allow the client to move as gently as possible through issues like co-dependence, guilt, childhood abuse and so forth, to a point where they are able to own the part they have played in their experience and move on from it. I suggest that this be done through letting the client draw her own conclusions by looking at various examples from her own experience. To put forward the theory of ownership (thought is creative) before the concept has been grasped is to heap guilt on someone already drowning in guilt - about herself, about her children, even about her abuser. Almost as long as she has been in the abusive relationship she has been told very clearly and often that she has created it, caused him to abuse her. She has been told this by her abuser as well as by many sectors of society. She does not need to hear it again from a rebirther even if that is not the way the rebirther means it.

But no matter how deep the rebirther’s level of awareness, dealing with domestic abuse as a therapist can be a tremendous test of empathy, patience, confidence and stamina. People involved in abusive relationships can be very skilful at drawing people into collusion, creating smoke screens and avoiding issues. And just when they seem to be finally standing on their own feet, empowered and self-reliant, they can take their abuser back and the cycle starts all over again. This happens with domestic abuse. It is the nature of the beast. But a rebirther who doesn’t know it can happen or who has an
investment in a particular outcome, may be bitterly disappointed and have their confidence shaken. The rebirther can use the experience constructively to study the subject, develop referral lists, find other ways of working with the issue. They can also benefit greatly from seeking out nurturing, informed support for themselves. This can help the rebirther to maintain an open, non-judgmental relationship with the client so that he or she feels free to return for more sessions whenever necessary.

**Maria: A Case Study**

**The Client**

Maria was a stocky, heavy-set woman in her mid 40’s with a brash, aggressive manner. She sized me up as soon as I opened the door to her and I could see by the look on her face that as a specimen of humanity I didn’t rate very highly. My offer of a cup of tea was met with an abrupt “No! Where do I go?” I lead the way to my rebirthing room. “What can you do for me?” she demanded. The anger was palpable and I was more than a little intimidated. This was a woman who didn’t suffer fools and who had experienced so much in life she could see right through any pretences and who could flatten me in any conflict. I was beginning to wonder whether we could work together effectively when I happened to glance down at her feet. Through her tights I could see that her legs were covered in bruises. Maria was not the woman she pretended to be.

She was referred to me by a friend of hers who had come for rebirthing nearly two years earlier. She had avoided giving any kind of details about herself on the phone. This may have been her natural caution and distrust of people or it could have been because her husband was within earshot. I asked her what got her interested in rebirthing.

“You looked at my legs. What the f*** do you think is wrong with me?” she shot back. It was a test. Would I be offended at her language, get angry back? If I did the game was up. “I’d say somebody is treating you very badly,” I replied a little lamely. “Very badly you call it. I’ll tell you what very badly is…” and she launched into her story. She needed no more encouragement from me. The angry monologue lasted twenty minutes. Maria didn’t make eye contact with me once throughout. It would take six sessions before she could look at me while describing her abuse.

From her disjointed monologue I gathered that she had been married twenty years, had two teenage children and that the physical abuse had begun during her first pregnancy although the attempts to control and isolate had been a part of the relationship right from the beginning. She had read all the self-help books and could see all this clearly, understood the strategies her husband used, the weaknesses in her that he played upon. But her only response was rage and defiance. Physical violence was sporadic and happened only once every few years. Maria had never worked outside the home and the latest attack was provoked by her getting herself a part-time job cleaning the pub where her husband drank. He was ashamed, embarrassed in front of his friends, but she refused to quit. She knew if she did give up the job now she might never take a step towards independence again. Two of the women at work advised her to leave home or to get a barring order against her husband. “How can I?” she asked me. “Where would I go? What would the kids do?”

**Introducing Breathwork**

We discussed the particulars of her situation and I gave her the Women’s Aid helpline number. I also suggested things like relaxation exercises. Then I asked Maria to do a little deep breathing while
sitting in the chair. She couldn’t close her eyes but did manage to progressively relax her body from the feet up. When I asked her to pay attention to her breathing she could only manage four or five breaths before talking. This lasted about ten minutes and she decided it was time to go. We made another appointment but Maria never showed up.

Eight months later she phoned for another appointment. This time she stayed for eleven sessions three weeks apart. When we met for the second time a lot of Maria’s anger had abated and her self-esteem was much higher. She told me she felt better about herself because she had been promoted at work from cleaner to food manager, a job that made full use of her natural talent as a cook. Now we had some ground to stand on.

Over the next three sessions we talked about Maria’s talents, how she managed to support her children in difficult times, her ambitions for the expansion of the food service at work. As she looked at her achievements and began to recognise her abilities, her strength grew and her manner softened even more. Her childhood experiences and family of origin were not open to exploration at this time and any time the subject of mother or father came up, she changed quickly to events in the here and now. Instead she made lists of her strong points, drew up business plans and generally focused on herself rather than her past or her marriage. In some ways this was good. It meant that between the first and second sessions she had detached herself enough from the relationship to focus on her own life as an individual and on building an identity for herself separate from her husband.

None the less, that relationship was always lurking in the background and there was always a fear that sooner or later her husband would put a stop to her new career. She was getting support around the practicalities of the law, finances and alternative accommodation from Women’s Aid. Although she wasn’t intending to take any steps to end her marriage or change her situation, her new awareness of the legal and financial options open to her seemed to give her both comfort and confidence.

Maria continued to breathe sitting up for increasingly longer periods interspersed with talking. On the fourth she managed over ten minutes without talking, and she was now gently connecting her breath and deepening it. She even managed to close her eyes and to recognise the rhythm of her own breathing, to feel it going in and out. She pronounced it “nice, relaxing” and began to do it at home.

**A road map of her life**

At the end of the fourth session I suggested that Maria take some time at home to draw a road map of her life. This is a symbolic representation of her life events with all the signposts, crashes, U-turns, etc. that have led her to her present situation. She came back for the fifth session with an elaborately coloured map three feet long made of pages carefully taped together. Honouring herself and her life in this manner had meant a lot to her. Finally we got a coherent picture of her whole life and, more importantly, life before her marriage.

The conversation zeroed in on the differences between men and women. Maria felt a great solidarity with other women and had always talked about men in a generalised, far from flattering way. In the fifth session the map led back to her father. In Maria’s opinion all men were “bastards” but her father wasn’t. He was gentle and kind and totally incapable of protecting Maria from her verbally and emotionally abusive mother. The shock of realising for herself that she had married her mother was visible in Maria’s body. She could no longer hate men. It was deeply confusing for her and had a destabilising effect.

**Full Rebirthing**

It was time for her to begin full rebirthing. Up to now her breath had been connected and
rhythmic but in mid-chest and shallow. I was afraid to ask her to bring it into her upper chest and to deepen the inhale but I had no other tool to offer that would help her resolve such a deep shock to her body. We both had to trust the breathing process and as usual it worked. By the end of the session she had come to terms with the fact that the anger at men which had been a foundation for her thinking and attitudes was no longer tenable and that she needed to move beyond it.

From this point on her sessions were done lying down, eyes closed with very little talking and some tetany. The issues that arose for her over the next seven sessions were all related to her self-esteem, deep feelings of worthlessness and her desperate need for closeness. In daily life she had managed to minimise this need because it had become obvious it wasn’t going to be met by her husband, but during the breathing it surfaced very strongly.

In the meantime her relationship with her husband was changing. She reported that he was “looking funny” at her and was afraid another episode of physical abuse was about to occur. But by now she was well versed in the law and made this clear to him. This can sometimes be a dangerous thing for a woman to do but Maria had gained a degree of confidence that made her a force to be reckoned with.

**Completion**

At this point Maria decided our work together was complete. She had attained fulfilment in job she liked, financial independence, a degree of freedom from the personal issues that had haunted her since childhood. Her husband was “leaving her alone” meaning they had separate bedrooms. They had arrived at a way of sharing a house that was workable although not amicable and was at times extremely tense. And when he tried to initiate the abusive mind games that had characterised their relationship from the beginning, she no longer played her traditional role. But Maria was not ready to face the prospect of leaving the relationship, of going it alone or getting involved with someone else. She wasn’t ready to deal the deeper issues even thinking about such moves would bring up for her – trust in herself and life, loneliness, the hostility of her children, her self-image as a wife and mother. Much of the pain had gone and that was enough for her.

About a year later she phoned me just to talk. Things were more or less the same as we had left them but her son had stormed out of the house after screaming at her that she was a lousy mother. She understood his feelings and how it was safer for him to blame her rather than the father he feared, but it still hurt. And what hurt even more was that she had blamed her own father in the same way. She wanted a little comfort and we talked for half an hour. I haven’t heard from her since.

**The Author**

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HOT WATER BREATHWORK

by

Tilke Platteel-Deur

It is good to remember that we are not able to integrate huge amounts of traumatic material or extremely heavy emotions in too short a period of time: If we were able to do that, we would not have suppressed and denied them in the first place.

Some history

In the seventies, when Leonard Orr started to do breathwork, it was always conducted in warm water. He immersed clients in a hot tub using a nose clip and a snorkel. In those early days Leonard even considered it was the warm water that produced the results. And the results were quite remarkable. People had memories of birth and early childhood, which was one of the reasons he called the process “rebirthing”. Their breathing rhythm would change and they would experience all kind of energy patterns running wild in their bodies. Afterwards, the clients felt elated – though nobody really understood what had happened to them – just that the whole process made them feel tremendously well.

It took some time to understand that it was not so much the warm water, which caused these interesting and sometimes beautiful experiences. Rather it was the breathing that had the tendency to become connected specifically while breathing through a snorkel. So the idea of “dry” rebirthing was born.

Holistic Integrative Breathwork

My colleague, Hans Mensink and I, have been teaching breathwork since 1979. Our vision was to put together a three-year training program for breathwork therapists. In 1987 we had reached our goal: From a five months course in ’79 the work had evolved organically into the three-year training program we had been aiming for.

After many years of working with the breath, Hans and I decided to rename our work into Holistic Integrative Breathwork Therapy. By doing so we disassociated ourselves from “Rebirthing” as we intended to focus specifically on the integration of thoughts and feelings, using breathwork as our primary tool. This enabled us to really set a quality standard for our work, ensuring that our students become qualified people who have had a thorough training and working experience.

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1 Leonard Orr & Sondra Ray: “Rebirthing in the new Age” 1977, p.41-42
2 Leonard Orr: Lecture in Bussum, Holland, May 1979
Philosophy

Life wants to be lived and experienced fully but many people live their lives as if they are half-asleep, and do not experience life’s fullness at all. Most of us are marked by the deep sense of separation that we suffered at birth. People have things happen to them in their lives that are so painful and/or frightening that we cannot deal with them and they become repressed. These repressed experiences are, however, stored up in our unconscious, waiting for an opportunity to be experienced to their conclusion and integrated. We all have repressed a lot of past sadness, fear, anger and other unpleasant experiences. This can have a serious adverse effects on our energy system and our feeling of well being. In some people it may manifest as a very low energy level that eventually can lead to a depression. Others, in order not to feel their repressed emotions, will experience a very high level of energy, which produces an urge to go into action, like i.e. a workaholic. In one way or the other, repressing our feelings, often without us being aware of it, may diminish our true sense of being alive.

The way we can use breathing to help us integrate suppressed thoughts and feelings is by connecting the inhale with the exhale in a rather gentle and relaxed rhythm. By doing this, our attention is guided into the body and therefore into the present moment, the here and now. When the breathing starts to become round and “circular”, it brings those thoughts and feelings to our consciousness that were previously repressed. One could say; thoughts and feelings that are not “rounded off” get the chances they have been waiting for to be re-examined and integrated.

As Leonard & Laut wrote: “Every thought in the mind has a corresponding feeling in the body, and, when you are experiencing any kind of emotion or feeling, you can “tune in” to exactly what it feels like and you can notice exactly where you are feeling it in your body.” Breathing supports us in a very gentle and subtle way to achieve just that. It easily accesses these hidden memories.

Warm Water Breathwork

Warm water breathwork is the way Leonard Orr started to do Rebirthing in the beginning. People breathe immersed in warm water, usually in a hot tub, large enough to accommodate 3 to 9 people. It can also be done in a bathtub, accompanied by someone sitting next to the tub.

It generally happens in the following way: Accompanied by one or preferably two other people, a person puts on a nose clip, immerses her/himself in water at about 37°C, then turns onto his/her stomach and breathes rhythmically through a snorkel. This is a rather rudimentary description of an beautiful and profound process. I will say more about it below.

Having people breathe in warm water – while the facilitators carry and support them carefully and lovingly – will often bring womb and birth-memories co consciousness. For example, blissful feelings of floating, a feeling of being trapped in too narrow a space, feeling the urge to push hard with the head and feelings of separation.

Because this powerful method brings up such deep issues, it has to be used with wisdom and care, and requires both personal experience and a proper knowledge of technique. Let me mention here that it is necessary to give our clients between seven to ten “dry” breathwork sessions to prepare them for this deeper form of breathwork. This preparation enables them to be at ease with their breathing, their emotions and with experiencing larger amounts of energy than they are accustomed to in ordinary daily life.

1 Jim Leonard & Phil Laut, Rebirthing, the science of enjoying all of your life. California: Trinity Publications, 1983, p. 23
We use the warm water breathwork for several reasons:

- It can be a wonderful experience of relaxation, pleasure and bliss.
- It may help to bring hidden, traumatic memories of birth to the surface, which need to be integrated.
- It helps us to regain a feeling of innocence with the closeness of other people’s bodies.
- It helps to regain a sense of appreciation for our bodies.

These are the most essential elements that must be taken into account in order to do this kind of breathwork well.

**Physical preparation**
- The body
- Cleaning in and around the tub
- The area for integration

**Naked or not?**
- How people feel about their bodies
- Careful and respectful holding

**Psychological preparation**
- Deciding upon a theme
- Fear of water and how to go into the water

**Being in the tub**
- Temperature of the water
- The amount of time spent in the water
- Positions in the water
- Going beyond boundaries

**Getting out of the tub**
- The way to the mattress
- Completion of the session and integration
- Being received
- Dealing with large amounts of life energy
How to prepare physically

The body and the cleaning in and around the tub

It seems obvious, but it needs nevertheless to be said, that before we get into the water we have to wash and clean ourselves thoroughly, and if our hair is longer than about 15 centimetres or four inches we need to bind it in some way. After a day of using the hot tub, even with a small group of people, we leave “physical stuff” behind (little particles of skin, hair, tears, and snot) as well as “psychic stuff” (non-physical energies such as emotions) that pollutes both the water in, as the air around the tub. This makes it necessary to use a fine fishing net to clean the surface of the water regularly, and to clean the atmosphere with crystals, incense or whatever you prefer to use for that purpose.

Preparing the area for integration

The experience of warm water breathwork is very powerful. People often feel very vulnerable after having been in the hot water and therefore need a safe and cozy space to lie down in to recover and complete their session. This place must be prepared before the session begins. A mattress or a couple of blankets to lie on, covered with towels to absorb the water, will provide sufficient softness and comfort. It is also useful to have some cushions at hand, not just to support the client’s head but his/her knees as well, so they can relax their stomach when they lie on their back. As in any breathwork session it is fine to experiment- if necessary- with different positions, be it on the back, on the side or sitting up. Lying on the side will help the clients to fell more secure, especially when birth memories come up and they want to move into a foetal position.

Naked or not?

There are several issues around nudity in hot water breathwork that need thorough consideration. How people feel about their bodies and the way we hold them are themes that influence each other very much.

How people feel about their bodies

People vary a lot in how they feel about their bodies. Some are totally comfortable being nude, whereas others feel extremely awkward and shy. Although it is rather common to do this kind of work in the nude, it is not a must and should therefore not be imposed upon a client. People who, for a variety of reasons, do not want to be naked can simply put on a bathing suit and, in respect for their feelings I will do so myself, so they are not confronted with too much nakedness. This is both a question of respect and also of having the right professional attitude. Trying to go further than a client is ready to go only slows down the process instead of supporting it.

Warm water breathwork reconciles people with their bodies. I have observed several clients who had many judgements about their bodies in the beginning of their process and did not want to be naked at all. Without exception, these clients, after a period of time, became so much more self confident and comfortable about themselves – and their bodies- that being nude was no longer an issue.
Careful and respectful holding

Holding and carrying clients in the water is a very delicate matter. It requires that we are conscious and very careful and highly sensitive about where we touch them and where our bodies touch, whether they are clothed or naked. If you had a child sitting on your lap you would not touch his/her genitals nor, for example would you touch a girl’s just-budding breasts. In the hot water we are working with the inner child, a part of us that is usually very timid. This part of us longs to be respected just the way it is. However much we, as grown up people, might think we are longing for sexual relationship, deep down our first need is safety, connectedness, being held, loved and cared for- it is not for being directly sexually touched. Many people have suffered abuse in one form or another. We would not want such experience to be repeated “unconsciously” and cause further retraumatisation instead of healing.

Case History

I receive a hot water session from a male colleague. Through the issues that come up I feel a lot of vulnerability and hurt. I lift my head out of the water because I want to cuddle and be held and he supports my process by doing just that. After some time and a lot of connected breathing I start to notice that he is very careful to not let my genitals touch his leg as I am sitting on his lap. I feel deeply respected and safe because of his carefulness. I become conscious that in other sessions my facilitator has not always been as precise and careful with me in his or her behaviour.

How to prepare psychologically and how to go into the water

Deciding upon a theme

The first time a client does hot water breathing, it is usually not necessary to decide upon a theme for the session. Just discuss whatever feeling and/or fears the client has and help him/her to relax. Later on in the process you may well work with a certain theme. Often this will turn out to be connected to some very early psychological material that the hot water will help to become conscious of.

Fear of water and how to go into the water

Many of us are unconsciously frightened of water. Even if, as adults we know how to swim and dive, the act of going into the hot water with the intention of experiencing ourselves on a deeper level can make old fears resurface. It is obvious that we can not force our clients to just go into the water; put on a nose clip, immerse themselves and start to breathe through a snorkel. (Although I still see that happen sometimes during a training when someone inexperienced is facilitating the session.) We have to talk and “play” a little to help the client adjust to these different circumstances, just as we would with a child who is anxious.

Case history

Mary is already trembling with fear as we go towards the tub for her first hot water session. She is a good swimmer and does not understand her own fear. I reassure her that we will not do anything she feels too uncomfortable with and that we will move into the water slowly. In exactly that moment Paul, who is already breathing under water, starts to kick and scream which makes her fear even worse.

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make her laugh a little, saying how exceptional it is that he is able to scream under water like a whale. Together we sit on the edge of the tub while I coax her to move her feet, her lower legs and then even her upper legs inch by inch into the water. Finally we are in, waist deep, I ask her to bend her legs and let the water rise up to her chin while I do the same. I keep making little jokes that make her laugh and when I see she starts to enjoy it we put our snorkels in and sink even deeper into the water so that our mouths are just under the surface. We keep eye contact, breathing calmly through our snorkels making faces to each other. It feels like two children playing together, trying out how far we can go. Suddenly she reaches towards the edge of the tub, picks up her nose clip and puts it on. I do the same. Our noses are in the water now too. She starts to really trust the process and I ask her if it is OK to turn her over so she can rest with her stomach on my knee and her head in the water. When she does, the session is well on its way and we have already worked through a lot of fears, which she has handled well. The way her breathing has relaxed and deepened, the way she finally has been able to turn onto her stomach with her head under water and her humour about the situation is a good indication that she has integrated her fears.

In the tub

Temperature of the water

The temperature of the water in the tub should be close to the temperature as we experienced in our mother’s womb: 37 to 38 degrees. When the water is cooler than this, the process slows down, which is not very helpful. When it is warmer the process sometimes speeds up so much that the client is not able to integrate the experience fully. Another reason that the temperature of the water should not be too high is to avoid taking risks with people who have any form of physical weakness, e.g. unknown heart conditions, etc. The right temperature of the water is also important for the facilitators, who need to keep a clear head in order to guide their clients skilfully through their process.

Because the water is warm, the same temperature as inside a human body, and because we are carried with caring and loving attention, once we are in the water we usually start to relax. We seem to float the way we floated in the womb. In some cases, this may last throughout the period we spend in the water. But it is quite likely that through this relaxation we also become aware of those areas where we have tensions. Sondra Ray mentions in her book *Loving Relationships*, - a key book in rebirthing – a mechanism, which she calls a law, “Love brings up anything unlike itself”. In the same way the mechanism “Relaxation brings up anything unlike itself” is at work here. These tensions may be physical and/or emotional, and sometimes very vivid images and memories may accompany them.

Sometimes a remarkable thing happens when there are “co-incidental circumstances” that start to bring up exactly those memories that are important and relevant for the client: circumstances such as some other people moving wildly in the water or making sounds. When we are able to keep breathing in a connected way and relaxing into whatever sensations come up, we will “breathe through” them. Through doing so, we stop suppressing the hidden thoughts and feelings and instead become conscious of them. This process leads inevitably to integration. The body relaxes, the emotions calm down and the mind will often come up with new insights in an ego-free way.

As I said above, when the water is a lot warmer than 38 degrees, the sensations we experience are more likely to become unpleasant and the amount of material being activated, i.e. brought to consciousness, in a short period of time may become too overwhelming. It thus becomes hard to relax into whatever is coming up and to bring it to integration. We then tend to go into acting out our feelings,
instead of feeling them and relaxing into them. Sometimes, like in any kind of therapeutical work, it is OK to act out for a while and to go into our little drama. But in my experience real integration takes place in relaxation and not in acting out the trauma or the drama.

It is good to remember that we are not able to integrate huge amounts of material or extremely strong emotions in too short a period of time. If we were able to that, we would not have suppressed and denied them in the first place.

This leads us to the point where we can see how very important it is to be precise about the amount of time any participant, whether client or facilitator, stays in the water.

The amount of time spent in the water

It is important to be precise about the length of time someone spends in the water. In the past we let people stay as long in the water as it took for the session to come to its natural conclusion. The result was that the sessions often took a very long time. In the end, people did reach some kind of integration but they often felt groggy and ungrounded. This did not help them much to get a clear mind and moreover, during a training it was hard to lead the students on into the next part of the program.

Besides that, even when the water was the right temperature, facilitators sometimes became so light-headed through the steam and the heat of the water that they lost their overview and sometimes nearly fainted. This is not really helpful when you want to be full of attention for your client.

We decided to experiment with the time that clients should stay in the water. We found that in most cases about 20 minutes is sufficient to bring up a manageable amount of material for integration after the person has left the water. Of course we do not sit by the hot tub with a stopwatch, but we advise those giving the session in general to take their client out after about 20 minutes. We also consider that when a facilitator no longer feels good in the water it is as good an indication as the feelings of a client to get out of the water and complete the session on a mattress.

Being in the warm water for about 20 minutes gives the therapist ample opportunity to correct the breathing rhythm (if necessary) and get tuned into and connected with the client on a deep level. Similarly the client has enough time to get the breathing rhythm well started, to get into the feeling of being carried and held, and to experience whatever is there for him/her to experience.

Positions in the water

If people are not yet very experienced in warm water breathwork, working in a team with two people, one leading the session & the other assisting, gives the client a wonderful feeling of safety and being abundantly cared for.

During the time in the water, the facilitator together with the client may choose various positions. One possibility is to carry our client face down, supporting his/her stomach on our knees or with our hand. Our free hand can keep the snorkel from slipping under the water and thus prevent water from getting into it. No one wants to choke their client! In this position you will notice that the more the client relaxes the more her/his body will bend over, with the head as well as the lower back sinking deeper into the water. Indeed, it is a good idea to help clients to relax that way by softly touching their neck and lower back.

If, however, clients remain fearful and we don’t succeed in “persuading” them to put their head under the water, we can simply carry them, lying on their back, supporting their head and eventually their knees in our arms. Sometimes it will be necessary, in order to give them a greater feeling of safety, that they are allowed to breathe in a sitting position. In both positions it is easy to communicate with them or to
have them open their eyes if there is emotion or fear coming up. Having their eyes open may increase the clients’ sense of security because they can see that they are not alone with what they are going through.

Case history
A young man, Tom, is breathing under water. After a rather long period he suddenly starts to cough and gets very agitated. He struggles to get his head out of the water. I hold him in my arms and he clings to me with all his might. I tell him that I will support him and that it is safe for him to have these physical memories about his birth. He relaxes a little and goes back to his breathing rhythm. His breathing becomes very strenuous. He opens his mouth wide and his breathing nearly stops. Around his neck a red mark appears and looking into his throat, I see how from deep down fluid starts to fill his mouth. He is very frightened and obviously feels as if he is suffocating. I ask him to look into my eyes, and I guide his breath by breathing together with him in a rather fast and shallow way. Focusing on this breathing rhythm, helps him to stay aware of his feelings instead of being subjected to them. Suddenly he shakes his head wildly back and forth, breathes in and lets out one loud scream. Then his breath comes in long, deep and free draughts. He looks very relaxed and happy. He then tells me that he was born with the umbilical cord twice around his neck and how the midwife had to ‘unwind’ it. He had an enormous amount of amniotic fluid in his lungs and nearly suffocated.

A few weeks later he reports that he feels much less ‘trapped’ in certain life situations and that his feeling of inner safety has grown enormously.

In various positions we can easily guide our clients’ breathing rhythm with our hands, softly pressing on the chest and the back in the rhythm we want them to go into and breathe with. Even with their heads under water, clients can understand an instruction when it is slowly spoken into the snorkel. In fact, when people become experienced in breathing through a snorkel they are even able to laugh, cry, scream or talk without lifting their head out of the water.

Going beyond boundaries

It may be clear that I consciously choose sometimes to work towards the point where clients will go a little bit beyond their well-known boundaries; boundaries that are determined by their fears and beliefs. However, we have all put up boundaries for a particular reason, and forcing someone to go beyond them would be “bad manners” in therapy and not really helpful. There is another moment in which going beyond our boundaries is important. It is the moment the facilitator begins to lead the client out of the water. We often observe how another very interesting process starts to occur just then – an element of the clients past is recreated. The moment for the client to come out of the water may seem to be determined by objective factors such as the temperature of the water, the time limit set by the trainers, or the gogginess of the facilitator(s). Throughout 20 years of experience with warm water breathwork I have observed that the moment of emergence is practically always the recreation of an aspect of the clients birth. We so regularly notice the synchronicity in these events that there seems to be a law at work here.

This brings us directly to the next item.
I have heard many times from a client, when I told a facilitator to take her/him out of the water, the words; “I don’t want to come out”, “I can’t”, “I am not ready yet”, “I want to stay in”. Other times there were comments like “I can do it all by myself”, “Let me out now, I can’t stand it anymore”, “It is too narrow in here”. The skill here is always to get the clients out, even if they do not yet want to leave the water. This obvious recreation of an essential element of a past experience is often just what we need to help the client to integrate that specific experience.

How often have we needed to carry a person out of the water! How often has the experience of this moment of getting out of the water appeared to be exactly what these clients felt so often in their lives before having to take a huge decision! How often, after asking their mothers, has it appeared to be exactly like the story of their births!

“Coming out of the water” normally starts a whole new process in the session. The transition from being carried, held and taken care of, to having to move on our own and to stand on our own feet seems to recreate the experience of having to start life and breathing on our own, in all its detail and with all the conclusions we came to and the decisions we made at that moment.

Frederic Leboyer and Michel Odent, gynaecologists in France, have done detailed research on how birth affects a new-born baby. They found that every baby suffers a high grade of inconvenience, discomfort and aggravation during and after birth. The baby is exposed to the forces of the contractions, to a large change of temperature and light, is physically examined, washed and dressed, and –most important of all – it gets separated from its mother.

It is this form of inconvenience that is often recreated when clients are coming out of the tub. The client has to go from the warmth into the cold and walk somewhere to lie down. The facilitators sometimes, unconsciously, will become rather clumsy, fumbling around with towels and bathrobes, giving verbal advice as to where to put their feet and not slip on the wet floor, while all the clients want is just to be supported and rest.

Case history

Account of a session I had in 1982: I am in the water. Two people are carrying me. I feel wonderfully light, happy and at ease. The sensation of floating is very pleasant. All of a sudden a tremendous urge to hurry up comes over me, “I have to get out, immediately”. My breathing moves faster and faster. I feel very hurried and as if I don’t have time enough. I struggle myself free from the two pair of hands that hold me. My head comes out of the water. Suddenly I feel a deep conflict, I need to get out now and on the other hand I do want to stay in, to take my time. I ignore this need to take more time and I climb out of the water by myself avoiding the helping hands, and ... I feel betrayed. The thought is: “People want me to hurry. No, it’s my mother who wants me to hurry.” I see in my mind’s eye, how many times in my life I did something faster than I really wanted.

Account of a session I had in 1984: I am in the water, held by someone I trust very deeply. I feel delicious, floating while breathing softly through my snorkel. Suddenly I get the same urge I know so well to go into action. My facilitator tells me to take as much time as I need. I relax into the urge to get out. I breathe slowly and comfortably. After a couple of minutes I come up from under the water very

Michel Odent, Prof. Harrie Biemans, Saskia van Rees, Congres “Lichaamstaal van de Geboorte” April 1983.
slowly, I turn over and I am supported so that I float on my back. Two hands are around my head and I feel like I am being ‘received’ into life, just the way I always wanted it to happen.

I start to go into an internal dialogue with my mother. I tell her that I now know that something inside of me was urging me to move that fast. I tell her that I will stop blaming her for being in a hurry. I now have the choice to move slowly or faster.

The way to the mattress

The way from the hot tub to the place that we have prepared to complete the session has to be taken slowly and carefully. Sometimes people have “weak legs” from the energy they experienced and may feel like small children or babies who are not able to walk yet. It may sometimes be necessary to physically carry them out, although this rarely happens. Furthermore, walking normally will help them to become more grounded.

Case history
I have been breathing in the water for some time and my facilitator wants me to get out. Slowly I stand up, get onto the edge of the tub and climb out. Again I feel the well-known feeling of wanting to hurry. My facilitator tells me to move really slowly and to take it one step at the time. The mattress I am led to is about 20 meters away and it takes me 15 minutes to get there! I have already had memories in previous sessions about situations in my life when I went faster than I actually wanted to. Now I have the chance to really experience the pain and frustration, which this has caused me. With the help of my facilitator, guiding my breathing rhythm while slowly walking towards my mattress, I can stay with the feelings. When I finally reach my mattress I feel as if this is the first time my walking has been exactly as slowly as I wanted it to be. My walking feels as a substitute for my way of life. In the weeks after this session I notice that I feel less stressed and hurried and that I have conscious choice about my tempo in life.

Completion of the session and integration

In the second part of the session, the lying (or sitting) down on a mattress gives the facilitator an easier opportunity than in the water to guide the breath and work towards the integration of all the material that has come up. This phase of the session may take between one and one and one-half hours. It may be necessary to go deeper into the content of some of the thoughts that came up, to do some visualisation work, or to use whatever other technique it may take to come to integration.

It is very important to keep the client breathing in a relaxed and circular rhythm so that s/he stays conscious during the integration process. As the body relaxes clients often have the tendency to drift off into a kind of sleep which might feel wonderful to them. What they miss out on, however, is the ecstasy of the integration process.

To facilitate a client’s process well, the facilitator must have an inner attitude that there is an abundance of time for the client.

Personal example
Although the issue about “unconsciously running through life” has been largely resolved, it still can happen -when I feel upset or stressed- that I slip back into this old behaviour. When I need to give a
session this would be very unpractical, to say the least. To handle this eventuality, I have developed a small “ritual”. Before I begin to work I sit down, close my eyes, breathe for a couple of minutes, tune into my client and ask for guidance, patience and healing. I often do this together with my client while holding hands. This helps us both to “relax” into the session.

I hope the examples above show clearly what a wonderful experience it is for clients to be “received” by the facilitator in just the way they would have wanted to be received at birth by their parents.

**Being received**

As I have said before, almost everyone comes into this life in a way that is not particularly welcoming. Most hospital-born babies are taken away from their mothers, washed –sometimes even with cold water- and put in a crib alone in another room. After having been in the womb for nine months, enclosed by warmth and fluid, such treatment is not exactly a “warm welcome”.

The result is that as adults these people often have great difficulty receiving the loving care that they long for deep in their hearts. It seems to embarrass them to be treated lovingly and in a welcoming way. However, if we as therapists treat our clients in a truly loving way, their resistance will melt in the long run. My observation is that, apart from a good technique in order to produce good therapeutical results, it is essential to treat clients with authentic, loving and caring attention. Our therapeutical technique may be the very best, but if our heart is not truly with our clients none of our technique will be of real help to them.

In a warm water session, we take our time to just be with the clients. We move slowly when we help them out of the water, even when they have the tendency to do it all alone. We support them physically: we dry them off carefully without bustle, help them to lie down, and cover them nicely. We also support them psychologically to integrate the emotions they have just experienced. If warm water sessions are done in this way, people easily integrate the material that comes up. After the session they will be well grounded and their heads will be clear. They will be relaxed and happy, although they will feel a bit tired because being with our emotions can be hard work.

This kind of work frequently brings our energy up to a high level, which is very intense to experience. People have to learn to deal with that.

**Dealing with large amounts of life energy**

“Normal” breathwork often brings the client to feel/experience large amounts of energy. During warm- (and also during cold water) breathwork, this effect can become even more intense. It is up to the facilitator to guide the client’s breath in such a way that s/he can handle the high amount of energy.

Young children usually feel a lot of energy in their bodies because their vitality is still intact. While growing up we all experience – some more than others – how our enthusiasm is controlled by our surroundings, and how, too, our feeling of being free and alive is diminishing over time. Finally, we get used to living in a more confined energy body. Later in life, on those occasions that we open up to more energy, something in us stays alert and on guard to check if it is OK to feel that way. We have become so used to keeping our vitality in check, that it becomes very unusual for us to allow a lot of energy to flow freely through our bodies.

When our body starts to throb with energy, when we tingle and feel radiantly alive, breathing with rather short, connected breaths that are of mid-depth and fill the upper chest helps us to be with the energy. This breathing rhythm is also used when there is a lot of fear, sadness or anger moving through
the body. The moment we start to feel at ease with all the energy that is there, our breath will slow down and become wider and deeper by itself. Then the breath fills the chest completely and moves like “waves of energy” through the body. We feel elated and our breathing happens without any effort. It is as if we are “being breathed”.

Basically, everything we feel is a form of energy, whether happiness or sorrow, fearlessness or anxiety, love or hate. We may not be there yet but I have noticed both with myself and with my clients that it is not only within our potential to integrate the so-called negative emotions, but also to experience fully that beautiful feeling of aliveness that is our birthright.

Breath releases repressed emotions.
Connected breath integrates them.
Liberated breath enables us to live life to its full potential.
This is our natural birthright.

About the Author

Tilke Platteel-Deur has been practicing and teaching Breathwork and the dynamics of relationship, since 1979. After intensive training in the Psychology of Selves with Hal and Sidra Stone, she incorporated the Voice Dialogue technique, as they developed it, into her work. Together with Hans Mensink she has created the Institute for Integrative Breath Therapy, (Das Institut für Ganzheitliche Integrative Atemtherapie). They offer a basic three year training and students have the option, after having worked at least a year as a practitioner, to take a fourth year to learn to become a trainer.

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BOOK REVIEWS

Jon Klimo, Channeling: Investigations on Receiving Information from Paranormal Sources.

This is Jon Klimo’s 1986 book of the same name revised and updated. Like its predecessor, it is a very important book. More and more people are seeking and having channeling experiences. How should these be understood and situated? How can people receiving channeled messages relate wisely to these messages without becoming superstitious and losing their contact with physical reality and with it their autonomy? The answer is, by reading this book.

In his preface to the 2nd edition, Klimo says, “Voting for the exploration and tolerance of channeling and other anomalous beliefs, phenomena, experiences, and abilities can contribute to a positive change in individual and consensus reality. …Though it seems like we all have free will, opening to our larger human potential, to new fruitful realms of experience, to our underlying spiritual identity and relations to an essentially spiritual Universe – and to God – is not possible within a stultified status quo.” For him, “Coming to grips with how this ability in humans could exist, or what the nature of it is, forces us to question basic premises of reality.” (p. xxi)

In his Introduction, Klimo defines channeling, “Channeling is the communication of information to or through a physically embodied human being from source that is said to exist on some other level or dimension of reality than the physical as we know it, and that is not from the normal mind (or self) of the channel.” This is a book about channeling information, not about channeling energy. (p. 9) For Klimo, channeling is “part of a spectrum that includes not only spirits of the deceased, alien disembodied intelligences, the higher Self, and the Universal Mind, but also such familiar concepts as intuition and creativity.” (p. 2) He says, “perhaps some aspects of channeling are the anomalies that could awaken us to a kind of lucidity within the waking dream of earthly existence, resulting in a conscious wakefulness of a kind higher than normal waking. (p. 3) He claims that accepting accounts of channeling means accepting that “much more open systems than previously believed.” This is an interesting point.

Klimo claims that channeling has always been part of human history and is “an essential element in the origins of virtually all of the great spiritual paths. … an important aspect of human consciousness, a crucial experience for human beings in all cultures and times.” I have to say here, that, according to the records in the Pali Canon, it played no part in the Buddha’s attainment of Enlightenment. Where Klimo claims that “channeling has always been controversial” (p. 7), I am not convinced. Chanelling is an essential and universal shamanic skill. In any case, Klimo advises an attitude of constructive skepticism.

Klimo includes God as a potential source of channeling: “most … of the early prophets and saints of the world’s religious traditions can be considered channels of extraordinary spiritual import;” and the phenomena open channeling, which includes; “intuition, insight, inspiration, and aspects of creativity and imagination.” (p. 10)

The terminology of channeling, including entities, planes, states and stages, is defined, which is very useful, although we are warned that there is no consensus among researchers on key terms. (p. 16)

The book offers an exploration and that readers can make up their own minds. The reader is advised of Klimo’s personal position and tendencies, which is very fair.

Section One is devoted to The Personalities – the people who channel and the entities that they
channel. Some of those discussed in Chapter 1 are Jane Roberts and “Seth,” The Course in Miracles, J.Z. Knight and “Ramtha,” and there is an interview with “Lazarus.” The question of channeling extra terrestrials. A companion volume on this subject is promised. In Chapter 2 the history of channeling as an historical phenomenon is traced. Here Klimo briefly discusses channeling in prehistory, Ancient Egypt, China, Japan and India, and among the Greeks. He addresses the question whether Jesus was a channel. In the part on the last two centuries, the spiritualists are discussed in general, and Edgar Cayce, Eileen Garrett, Alice A. Bailey and Arthur Ford receive particular attention. Chapter 3 is called **Who Does It?**. Here he discusses issues like the correlation with an unhappy childhood, stages in channeling development, what it is like to be a channel, and gives portraits in this context of Tam Mossman, Pat Rodegast, Jose Stevens, Sanaya Roman and Duane Packer.

Section Two is devoted to the Material and how it should be judged. Sections are devoted to different categories of channeled material including ‘Ageless Wisdom,’ ‘Guidance and personal messages,’ ‘Proof’ from discernate human spirit,’ ‘Descriptions of life in nonphysical realms,’ channeled prophecies, the channeling of artists and writers, and the channeling scientific material, health and healing. Chapter 5 discusses of who is being channeled with sections each on: the channel’s higher self, Gods and God, the Universal Mind and collective unconscious, group beings, Jesus Christ and other ascended masters, nonhumans – the angelic realm, devas, elementals, plants and animals, extraterrestrials, discernate human spirits and John Lennon. Chapter 6 concerns how it is done, with sections on full trance; sleep channeling; dream channeling; conscious channeling, light trance and telepathy; clairaudient channeling, clairvoyant channeling, including the Akashic record and scrying (gazing into crystal or any other clear medium); automatisms, including automatic writing, and the ouija board, planchette and pendulum; open channeling and physical channeling.

In Section Three, Klimo turns to Possible Explanations. Chapter 7 deals with possible psychological explanations. Klimo begins by setting the context, presenting some contemporary opinions that are either open or closed to considering the reality of this phenomenon. He reminds us that “the context of psychology triggers questions such as: What is the nature of the individual? Where do we draw the line between self and not-self? Once we draw it, what kind of interaction can take place across it? How open or closed is the individual system in this interaction? And what is the unconscious mind?” (p. 240) He then discusses early twentieth century views; closed models of the psyche; a Freudian view; Jung and the collective unconscious; Silberer’s autosymbolism and Progoff’s dynatypes; hypnosis, trance and cognitive psychology, including hypnotic age regression, reincarnation and spiritual hypnosis; clinical psychiatry with its concept of normal versus abnormal, including problems in using the DSM IV with its particular viewpoint – it is worth listing the issues he considers here: delusions and hallucinations, identity disorder, psychosis and reality testing, religious or spiritual problem, schizophrenia, factitious and malingering behaviour, depersonalisation and disassociation, multiple personality (disassociative identity disorder) and co-consciousness. He then presents recent psychological research. The list of eight hypotheses or researchable areas to explore from his 1986 book is here as is his list of then research methodologies with one new category: communication through electrical equipment. He discusses research projects on information supposedly coming through channels from the Challenger astronauts who were killed in the accident, and psychological tests on J. Z. Knight and Ramtha’s advanced students. There is a section on parapsychology and consciousness research which includes an experiment where people with no experience of channeling created a fictitious entity and succeeded in channeling it. The new discipline of clinical parapsychology is introduced.

Chapter 8 deals with the approach to explanations through Biology and Physics. The section on Biology includes problems such as the nature of the brain, and includes the work of Frank Barr on melanin, Andrija Puharich on breain resonance and the subatomic level, Bob Beck on brain tuning, and Jack Schwarz on psychoenergetic states. Issues such as brain synchrony and Robert Monroe’s hemi-sync technique are addressed. The section on Physics and Paraphysics – the attempt to physicise the mental
– deals with developing a spectrum of being; cross-band communication; radionics; and instrumental communication. There is a final section that provides an interesting metaphor which elaborates the theme that we are all sub-personalities of the Universal Mind.

The final section is on The Potential. Chapter 9, Open Channeling, opens with the idea that ‘we each have a relationship to the larger ground of Being; what we focus out of it is up to each of us.” (p. 365) Here intuition and creativity are explored, as is the artist as channel, including the poets Shelley and Blake, the author of The Aquarian Conspiracy, Marilyn Ferguson, and the novelist Alice Walker. The composers Brahms and Richard Strauss thought they were “in tune with the Infinite,” and Puccini thought God dictated Madame Butterfly to him. There is a section on clairparlance – ‘conscious, inspirational, extemporaneous speaking .. not quite just the speaker him- or herself” (p. 376) – a phenomenon familiar to all group leaders, I would think. The chapter ends with a section on how spiritual experience is received.

Chapter 10, Your Turn challenges readers by offering them an opportunity to test their abilities. It begins with Arthur Hastings imaginings of what a committee meeting of entities would recommend for the training of those who channel them. (p. 386) It advises discernment, explains self-preparation, raising vibrations and cleansing emotions, and teaches how to work with one’s physical body. There are sections on grounding, stilling the mind and letting go of the ego, setting intention and verbal self-programming, using mental imagery, attunement, becoming an open channel, and various sample procedures which include self-hypnosis, Hal Stone’s Voice Dialogue, and some recommendations from “Lazaris.” Finally there are warnings about the risks involved, including mental dissociation, and risks of receiving inaccurate, misleading and deceptive information.

In his Conclusion, Klimo says he has come to consider human dissociation in three respects: “intrapsychic or intrapersonal – experienced within the individual’s own consciousness, cognition, or control, including mind/body splits and conscious/unconscious relations and shifts; interpsychic or interpersonal – between humans and between humans and other beings; and dissociation experienced on the part of the individual with regard to the Universal, the one underlying psychoenergetic ground of being,” (p. 405) which he also calls spirituo-religious dissociation. Here he develops the challenging idea: “The Universe, All-That-Is, or God … is something like a universal dissociated multiple personality, from our frames of reference as Its own dissociated sub-personalities. That is, we are like the sub-personalities of God” (p. 406, his italics).

There are abundant references for every chapter, a selected bibliography, a glossary and an index.

The middle section of this review is for the most part only a list of chapter subtitles. The reason for this is that the author has succeeded in his objective: to share his explorations with his reader. The author is fair to all views so there are no points with which to take issue. The book is as fully encyclopaedic is it could be, and further volumes are promised.

This book enables us to look on the contemporary phenomenon of channeling with an informed eye, aware of the questions involved and the proposed answers or research directions.

These days there are ever more high level courses in subjects like Spiritual Psychology, Breathwork, and so forth. This book should be set reading in all of these courses, as well as those on psychology and religion. It is a out-standing and empowering book.

Samuel Weiser, Inc.: York Beach, Maine, 1999.

This book is an outstanding introduction to the use of intuition, which, for this author includes psychic gifts, healing, and creative visualisation. Gee trained at the Heartsong School for Psychic Perception in Berkeley, California in 1980, and is a renowned teacher of intuition, healer, breathworker and psychotherapist. As one would expect, she writes clearly and provides good learning exercises.

For Gee, developing one’s intuition is the beginning of an initiatory journey to find answers to the questions: “Who am I? Why am I here? What is happening? Where am I going?” (p. xiv) Although this is a beginners book, it is not facile or simplistic: even people who have already done some work to develop our intuition, will be challenged to go further.

Chapter 1 explains what intuition is, “If we imagine that instinct is a function of the awareness of the body, and intelligence is a function of the awareness of the mind, then we can understand intuition as a function of the awareness of the soul and spirit.” (p. 5) She especially makes the point that it is available to everyone, and that it is our own individual choice whether we neglect it or nourish it. To my surprise, Gee says, “The function of the intuition is not imperative to our survival…” I think it is, and know of no happy people who have *not* developed this function to some degree. Gee recognises four pathways for intuition: clairsentience, clairaudience, clairvoyance, and knowingness. (Chapter 2) She is realistic: we need courage if we want to develop our intuition; we have to take risks, especially the risk that we may be wrong. (Chapter 3) This is good sense. Intuition is a gift that we have forgotten through contemporary birth practices which do not recognise newborns as “beings with sensitivity and intelligence, as souls with stories.” (p. 26) Our birth traumas disturb our breathing and thus our functioning (p. 27); spiritual well-being is not given importance in our upbringing (p. 29); religions no longer satisfy our criteria “for what we feel religious experiences should or could be.” (p. 30) Gee sees a new beginning in the turn of the millenium.

Section 2 is called “The Dimension of body, mind and being: understanding and transforming our inner world,” Gee reminds us, “In the philosophical framework of the intuitive teachings, the body is considered a sacred instrument.” (p. 38) In Chapter 6 she points out that to use our intuition well we have to go beyond our fears, our fight or flight mechanism, and enter a state of trust. We will have to do our inner work in order to do so, particularly bodywork and breathwork. (Chapter 7) We will have to address our belief systems (Chapter 8) and our negative thought structures (Chapter 9). Particularly, we will have to discover our Personal Lie: the most negative belief we have about ourselves, and transform it. The notion of the “Personal Lie” is intrinsic to rebirthing. However, the postural exercises that Gee provides to free oneself from it are excellent and quite new, as is her beautiful expression for the affirmation that contradicts our Personal Lie; our Eternal Key. (p. 61) She devotes a chapter to explaining to the energetic body and the chakras. (Chapter 10)

Part 3 teaches “ritual of inner preparation” for opening up to intuition. This requires commitment to discipline, including grounding – the basic practice for any personal and spiritual development. The exercises in this chapter are a must for any practising or intending intuitive. Part 4 teaches the processes of entering into intuitive mode, receiving responses, interpretation of material including symbols, and meditation practice. Gee is sensible and practical, “Do not make the mistake of thinking you constantly have to learn new meditations in order to feel you are progressing. A variety of different meditation possibilities is interesting for the mind and appetizing for the spirit … but we must remember that too much change can lead to dispersion and superficiality.” (p. 135) She is so right.

Part 5 deals with using intuition with others. Gee gives clear warnings, “the danger of the ego and its propensity towards self-aggrandisement, territorial acquisition, and power games of domination...
and conquest,” “the ego needs to be perceived as... requiring management and limits.” She deals with projection and power and has many pertinent and subtle examples. (pp. 198, 204) I’m sure everyone, what ever developmental level they imagine themselves on, can learn something from these sections. She points out that “the trap of offering predictions is the trap of the power game.” (p. 205) The technique of giving readings and the practice of giving healings are clearly described with appropriate warnings.

The final section concerns the evolution of the soul, including a chapter each on past lives and reincarnation, and spirit guides, and one about her own school of intuition development.

This is not a soft-option book that promises easy results without effort. It is a clear and honest book with many good case studies that illustrate well the discipline and techniques it teaches. If one wishes to develop one’s intuition, one has to work sincerely at one’s own process to develop clarity.

Klimo, in his book on Channeling (North Atlantic Books, Berkeley, CA, 1998) defines Intuition under Open Channeling. It is useful to become aware of this context for Intuition. We live in an age where it sometimes seems that everyone wants to become an “intuitive,” and the many books that teach easy options to this goal, also attest their authors’ ill health, confusion, vanity and unreliability. If you sincerely want to develop your intuition, this is the book for you.

Joy Manné

Deike Begg, Rebirthing: Freedom from your Past.

This is a very good, enthusiastic book by an experienced, sensible, wise practitioner. Begg starts with an account of her first Rebirthing session, in which she relived part of her birth experience, and which was followed by a transpersonal experience which changed her life: she heard a voice say, “Hand your little will over to God,” a classical channeling experience. (See Jon Klimo, Chaneling, North Atlantic Books, Berkeley, CA, 1998) Such claims are not unusual for people who do rebirthing and they are honest and true (I, and many others, can tell one too!): rebirthing can considerably change one’s life for the better.

Begg defines Rebirthing as being “about the rebirth of the soul,” (p. 13) which is acceptable. It is not the definition in the first Rebirthing book, but then that was written in the 70’s when one did not talk about “souls.” She also provides a classical definition: “Rebirthing is a breathing therapy in which you consciously connect to the divine power of the universe so that it will cleanse and transform you.” By “classical” I mean comparable to the definition of Rebirthing by its founder, Leonard Orr, whom Begg acknowledges (p. 13), but whose book is conspicuously absent in her references.

When Begg says, “In Rebirthing you are taught how to consciously connect to your soul by connecting with spiritual energy and drawing it inside yourself with the breath,” and “every little step is an initiation for the soul,” (p. 13) it is clear that she is working in a shamanic way, and with her own definition of what rebirthing is. (see p. 14) She is rightly clear that Rebirthing is not hyperventilation, nor a method of relaxation, nor it “only paying attention to the breath and none to the thoughts that arise.” (p. 14) She has a proper respect for “talking” psychotherapy. (p. 180) Begg has a rich and well assimilated training background in Psychosynthesis, Jungian psychology, Gestalt, past-life therapy and astrology. She says, “My form of Rebirthing comprises all that I am, all I know and all that I have

experienced in this life and others. I myself am the tool that I use for efficient facilitation in Rebirthing work.” (p. 18) I wish all therapists had that level of insight and self-responsibility because this is the basic truth about everyone who practises any form of therapy! (See also p. 90)

Begg is enthusiastic, and her refreshing practicality, common sense and wisdom save her from accusations of hype and exaggeration. She says about an event in a case history, “Whether this was a past-life experience or whether Emma was symbolically giving birth to herself is not important. An experience has value in itself and does not need to be interpreted; its healing power will do its work just the same.” (p. 29) If only other past-life therapists were as objective! I wish I could find again the place where Begg says she does not know of a good birth. There’s no encouragement of victim consciousness in this book!

Although Begg says that Rebirthing is the fastest working therapy she knows (p. 14), she is realistic about the effort required on the part of the client for it to be successful, and the skills that have to be learned. She warns: “If you don’t breathe, nothing will happen,” (p. 19) and “You will have to learn to ‘get out of your own way’ and let a transpersonal process unfold.” (p. 22) She is also realistic about rebirthing sometimes being very slow, pointing out that for some people the first few sessions are taken up with encouragement from the facilitator just to keep the client breathing. Cell-consciousness is an important theme in consciousness literature. Begg explains what this is. She considers that rebirthing brings up cell-level memories that remain unreachable through other therapies. (p. 27, 31, 92, 125f)

There is no chapter devoted to technique, but good advice and explanation occurs throughout the book. The “dual consciousness,” the capacity to both experience and observe oneself experiencing, that is essential for successful therapy, and meditation too for that matter is well-explained. (p. 25)

Begg portrays well what might occur in a Rebirthing session. (Chapter 4) Her description of what she claims is the Rebirthing breath, as if it were the only form of breath used in rebirthing (p. 44), however, is idiosyncratic – I don’t know of anyone else in the field who would agree; other books on rebirthing describe many kinds of “rebirthing” breath. (Orr & Ray, Leonard and Laut, Manné, Minett, Morningstar, etc.) She is right, however, when she shows how easily rebirthing leads to past-life memories, and her chapters on working with these are strong. She is right, too, when she says that health improves after competent past-life work. (p. 61, 79f) Chapter 6 on birth memories, with which Rebirthing is often identified, is particularly interesting with regard to how different kinds of birth have their own influence. It is disappointing that she does not relate her own experience to that of others working in the field (Orr & Ray, Leonard & Laut, Ray & Mandel, etc.) Her use of the terms “eliminate” (p. 94) and “remove” (p. 117) with regard to birth memories seems strange as she agrees that these continue to be available to consciousness “as ordinary memories. (p. 94) The more usual term is “integration” – rebirthing enables the integration of traumatic memories so that they no longer have unconscious influence in our lives. It is typical of her common sense, practical approach that Begg recognises that there are methods other than Rebirthing that can change the negative effects of the birth experience. (p. 90)

Begg deals well with the important themes in therapy: projection, fear of change, and resistance.

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1 Orr & Ray.
3 Soul Therapy, op.cit.
6 op.cit.
7 op.cit.
She deals with events that can be problematic both to client and rebirther during Rebirthing sessions. These include breath suspension (p. 52f, 173f), where it is a serious omission that she does not know Kylea Taylor’s work on this subject, and sessions that lead to the dark realm (p. 179). The book is replete with good case histories, including those about quiet Rebirthing sessions (pp. 68, 74), which is refreshing as many books concentrate on the dramas. Despite Begg’s enthusiasm, she provides a significant quantity of case histories that show when Rebirthing does not work and why (pp. 23, 74, 75, 99). The essence of success is participation. Rebirthing is an active technique: the client has to do the work; it cannot be done for him/her by the therapist, and yet, as she shows, however one tries, one’s birth trauma may remain an obstruction. (p. 99) She is right to say that rebirthing can be a rapid therapy, and it is very honest of her to show the cases where it is not. (p.133)

It occurs to me that Begg may be better at dealing with certain events that occur in rebirthing sessions, like the suspended breath, and weaker in dealing with some other events (see p.99), which brings up the question of specialisations in rebirthing. I don’t think the question of rebirthing/breathwork specialisation has been discussed anywhere yet. In a technique as powerful and all-encompassing as rebirthing which brings up experiences of birth, death, and everything in between, this seems like a natural development.

The spiritual side of Rebirthing is respected throughout this book, including the discussion of the breath (Chapter 5), in which the practical element that the breath is a means of elimination is included, and the soul and issues like reincarnation and karma. (Chapter 7)

This is a very good book by a knowledgeable person who has thought about the subject which makes its lacunae particularly obvious and all the more regrettable. I’ve mentioned above the problem of the author’s definition of Rebirthing. A further lack is that although there is a good index, references are meagre. Of the three books referred to in the preface by Roger Woolger, only one is to be found in the selected bibliography. Not all of the essential and basic books about rebirthing that I have referred to in this review can be found there either. In a “New Agey” book, in the derogatory sense – i.e. one whose purpose is to promote the author’s own glory, and whose author poses as “the authority” and to that goal neglects anyone else’s work – this reviewer would not bother to make this observation. This is, however, an informative, sound book whose lack of cross reference is its major defect.

Rebirthing has been written about for over 20 years. It has its own literature, as the references in this review show. There are guidelines for trainings provided by the International Breathwork Foundation.[www.ibfnetwork.org] There is a considerable body of scientific research into birth trauma psychology, including the Association of Prenatal and Perinatal Psychology and Health which has its own website, and publishes both a newsletter and a journal.[www.birthpsychology.com] If people have a real, rather than a sensationalistic interest (something she discusses in Chapter 3) in rebirthing, they will want to learn more and thus to read further. This is a serious book about Rebirthing, a good book written by a knowledgeable author. As such it owes its subject the support of references to the existing literature. This is but respectful.

It is obvious throughout this book that Begg knows very well what she is doing, and is doing it very well. She is a therapist who works on soul level. Reading this book inspired me to book a session with her. I could not give it any higher recommendation.

Joy Manné

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2 The Association of Prenatal and Perinatal Psychology and Health, see www.birthpsychology.com.
Nancy Zi. The Art of Breathing: Six Simple Lessons to Improve Performance, Health and Well-Being.

By Vivi Company, Glendale, CA, 1997


Nancy Zi is a singer and voice teacher. She has developed her own method which she calls Chi yi – “the art of breathing,” influenced by chi kung, the ancient Chinese art of breath manipulation, and aimed at generating what in the latter is called “inner vigor,” and “encompassing the ancient Chinese understanding of disciplined breathing as a means of acquiring total control over body and mind.” (p. 3) This is an excellent, comprehensive book about breathing directed primarily at singers and public speakers, but extremely useful for breathworkers too, as is clear from Zi’s remark: “it is how we breathe in between the first and the last (breath) that greatly impacts how well we live this life.” (p. 5)

In Part One, ‘The Promise of Chi Yi,’ she introduces the idea of the core, the centre of coordination and balance of the body, 2-5 inches (5-12 cms) below the navel. Deep breathing means abdominal breathing which “does not mean tha the air enters into the abdomen but rather that the abdominal muscles and the sides and back of the lower torso expand outward to induce the lowering of the diaphragm, thus creating the appearance of an inflated abdomen.” (p. 13) The benefits of breathing well include building confidence, enhancing one’s personal presence, more stamina for sport, zest for living, better co-ordination, and easier childbirth. Better communication results from better breath control as “breath is the foundation on which the voice is built.” (p. 23)

Part Two consists of the six lessons, preceded by suggestions for practice. Each lesson comprises four exercises. Instructions are very clear and although it takes time to get familiar with the exercises, Zi says that with practice, lessons take 5-10 minutes each. Each exercise is clearly illustrated. Besides the physical exercises, there are many Imagery Drills throughout the book to help teach the sensations she is looking to teach us.

I love the exercises. I have been working with both the book and the video. Sometimes I found that the breathing rhythm on the video was too fast for me, but then, once I became familiar with the exercises, I practised them in my own rhythm. I especially enjoyed growing consciousness of my core and the enhanced physical balance and breath awareness that came with it.

Part Three concerns ‘Applications of Chi Yi,’ with exercises for relaxation, to do on waking up, and for achieving all the benefits outlined in the first chapter: athletic prowess, personal presence, relieving aches and pains, and so forth.

Part Four, ‘Questions and Answers About Chi Yi.’ I quote from Zi’s comments on smoking: “I often wonder if part of the satisfaction of taking a big puff on the cigarette is due to the act of taking a deeper breath. The cigarette works as a prop for inhaling deeper than the smoker otherwise would. … Not only the withdrawal from nicotine, but the withdrawal from the act of a deeper breath brings on the unbearable withdrawal symptoms.” (p. 189) She also advises healers to “be certain that your mindful healing intention flows as you exhale deeply. Maintain a magnetizing consciousness at the core – not gripping but easy and glowing.” (p. 199)

In her Epilogue, Zi tells something of her history and heritage, a combination of Chinese and American. She has certainly taken the best of both worlds. What fascinated me in this section was her concept of her grounded form, which is nourished on oxygen and nutrition and her vital form which is nourished on “the supply, condition and flow” of chi. The core is “the pivotal point on which both forms peg and interweave.” Zi says, “Without the capacity to practice abdominal deep breathing and establish the core, taking advantage of the double-form concept is ineffective or unworkable.” (p. 235) Having
tried her exercises, I believe her.

The Video is an excellent support for the book. It is useful to see the exercises and to hear the sounds that accompany some of them. However good the book, it is hard to spell sounds! Besides, the video offers an opportunity to watch Nancy Zi doing T’ai Chi – one can see the energy moving through her beautiful gestures. Hers is a pleasant energy to have in one’s home to accompany and encourage one to exercise.

For Nancy Zi the body is a sacred temple which she delights in tending. (p. 229) If you are interested in breathing, enjoy breathing exercises, need to improve your breathing or have clients who need to learn better breathing habits, or are interested in improving your health through breathing exercises, this set of book and tape will be useful and fruitful.

Joy Manné


Margaret Emerson says, “the basis of Taoism, out of which T’ai Chi Ch’uan was born, is humankind’s attempt to harmonize itself with nature. It seems to me the first step in this odyssey is to harmonize with my own nature.” (p. 1) She seems to me to have largely succeeded. The book is full of harmonious, integrative expressions and images:

“My subconscious and my conscious are the two halves of the yin-yang symbol. …The conscious observing of the subconscious has an effect on it. It’s as if it is always waiting to be recognized, and without that recognition, without being released to the surface, it festers and does its damage. Even the so-called “good’ emotions can be destructive if they are not allowed to circulate throughout the entire self. A continuous flow from conscious to subconscious—from mind to spirit—is imperative for maintaining good health.

This circular flow is catalyzed and enhanced by the uninterrupted sequence of T’ai Chi Ch’uan. Even the breathing, which draws air down into the centre—the abdomen—and then sends it back up to the head, without ever stopping, back and forth, encourages this sort of exchange.” (p.3)

It is sensible and poetic at the same time, “feelings like sadness, despair, anxiety, and anger may not be good for my health, but they’re appropriate responses to life in the world, as are joy, love, compassion, and humor. . . I can’t divide my life into what I like and what I don’t like and then pretend to live only what I like. If I’m alert, I’ll see and address it all.” (p. 9f)

Emerson describes T’ai Chi Ch’uan as an exercise in visualization, and explains the relationship between the poetic names of its movements and the images they evoke. (p. 19) She explains the nature of Chi and its relationship to the breath, how it cleanses the emotions (pp. 25-31); how she uses her experience of the center – Tan T’ien: the belly-breathing keeps drawing her attention there and this is grounding (pp. 33-37); silence, diet and attention (pp. 39-42); and disappearance into herself. (pp. 43f) Her attitude to mistakes is wholesome and we can all apply it to our lives,
“I continue as if I’ve never made a mistake, or as if I’ve made so many that one more is of no consequence. Since I perceive all my practice as one big circle with no beginning and no end, I can “begin” anywhere I choose. So I begin again immediately after a mistake. … I’ve made many mistakes and Ill make more in the future, but my practice is bigger than those mistakes.” (p. 51f)

She is very sound on gurus: Teachers and forms can only take me so far” (p. 78), and, “I’ve noticed there are plenty of people who long to turn themselves over to a teacher. They want to find someone they can trust unreservedly, who will tell them how to act and what to think—someone who can remove any responsibility for decision making on every level, from the mundane to the spiritual. This is laziness.” (p. 80)

About life, Emerson says, “I believe life is a martial art and requires precisely the training of mind and body that I derive from my practice.” (p. 81)

This book is a pleasure to read, whether one already has experience of T’ai Chi Ch’uan or not. It is a book to pick up when life is hard, to browse in, to give as a present, and to suggest to clients—specially if one is not into playing guru: reading it will surely empower them.

Joy Manné