

A Clinical Report of Holotropic Breathwork in 11,000 Psychiatric Inpatients in a Community

Hospital Setting

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ABSTRACT

Context: Holotropic Breathwork is a powerful, spiritually oriented approach to self-exploration and healing that integrates insights from modern consciousness research, anthropology, depth psychologies, transpersonal psychology, Eastern spiritual practices, and many mystical traditions.

Objective: Holotropic Breathwork offers many opportunities that may enhance treatment, including entering non-ordinary states of consciousness to seek healing and wisdom via a natural, non-addictive method, a direct experience of one's Higher Power, and for physical and emotional catharsis associated with stress and prior trauma.

Design: The experiences of 482 consecutive patients were documented.

Patients and Setting: 11,000 psychiatric inpatients from a variety of psychiatric units dedicated to various diagnoses participated in Holotropic Breathwork over 12 years at community hospital.

Main Outcome Measure: Transpersonal ("mythopoetic") experiences were reported by 82% of participants.

Results: This procedure was well received. No complaints of adverse reactions were recorded during the sessions nor afterwards on the clinical units.

Conclusions: Holotropic Breathwork offers a non-drug alternative for the induction of psychedelic therapeutic experiences.

INTRODUCTION

After a hiatus of several decades, research into psychedelic therapies has returned to psychiatry due, in large part, to the advocacy efforts of the Multidisciplinary Association for Psychedelic Studies (MAPS). Holotropic Breathwork was developed by Stanislav and Christina Grof during this interval as a non-drug alternative to psychedelic therapy. The Grofs designed Holotropic Breathwork to give cathartic, therapeutic, transpersonal experiences similar to the psychedelic experiences induced by LSD, DMT,

mescaline, psilocybin, MDMA, ayahuasca, and other entheogens [*Editor's note: from the Greek, "manifesting the divine within"*]. Group Holotropic Breathwork sessions were offered weekly in a community hospital to a psychiatric inpatient population over 12 years.

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Mandala drawings from Association for Holotropic Breathwork International members Martha Calhoun (top), Mojca Studen (bottom right), Maria Avila (bottom center), and anonymous (bottom right).

METHODS

Holotropic Breathwork, as developed on the basis of psychedelic studies by Stanislav and Christina Grof,^{2,3} has six elements: (A) introductory presentation of a map of experiences in consciousness based on four themes of perinatal birth experience in four different realms: somatosensory, perinatal, biographical, and transpersonal;² (B) enhanced breathing (hyperventilation); (C) evocative music; (D) body work focused on amplifying somatic blocks until they resolve spontaneously; (E) mandala drawing of the experience; and (F) supportive group sharing of experiences without analysis or interpretation. Holotropic Breathwork induces a non-specific amplification of a person's psychic process facilitating the psyche's natural capacity for healing and utilizes precautionary measures similar to the medical use of LSD.²

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

Hospital staff music therapists selected patients, after screening each one based on four exclusion criteria: severe cardiac disease, severe musculoskeletal disorders, pregnancy, and paranoid ideation.

The Holotropic Breathwork session was structured for a two-hour time slot. This allowed for a five-minute presentation of the experiential map, 90 minutes of music-Breathwork,

10 minutes for drawing, and 15 minutes of sharing without interpretation of the experiences. This followed the 1988 Holotropic Breathwork format from the first certification training in Breckenridge, Colorado. The 90-minute music-Breathwork session format was the standard of that time. This allowed inclusion of a two-hour music-Breathwork group into the psychiatric hospital activity schedule.

The patients received a five-minute orientation to the Grof's map of Breathwork (psychedelic) experiences; many did not know what they were about to experience. They may have had preknowledge from other patients who had attended that the "music breathwork therapy" was a good group. These experiences are quite non-ordinary and unusual,² and participants were encouraged not to share them with others who had not been in their session.

This was a spiritually naïve population. Some patients were in 12-step programs and had some psycho-spiritual background, but none had previously experienced anything similar to this. We routinely

asked if anyone had done any Breathwork or had a meditation practice; not one person reported that they had.

The self-reports of 482 consecutive inpatients were re- corded during the sharing periods. Their experiences were rated according to the four experiential realms which Grof developed during his LSD studies:² (1) physical-sensory, (2) perinatal, (3) biographical, and (4) transpersonal. Often these were reported with different experiences mixed together. If they reported transpersonal experiences, that category was selected. If there were no transpersonal or perinatal themes but biographical sto- ries were reported, they were listed as biographical. If they had perinatal plus biographical but not transpersonal experience, the

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experience was rated as perinatal. If only sensory experiences were reported, they were listed in that category. These ratings were determined by the music therapists.

RESULTS

82% of the 482 psychiatric inpatients reported having transper- sonal (mythopoetic) experiences. 16% reported experiencing prior life experiences, including what was reported as perinatal experiences in two patients. 2% reported “no experiences.” There were no adverse reactions or unresolved negative out- comes.

Among the 11,000 inpatients, the experience was well tol- erated. There were no reports of problems with the experience during sharing periods. Furthermore, there were no nursing staff reports of untoward sequelae or complaints after the ses- sions during this 12 year period.

Specific DSM diagnoses and symptoms profiles were not obtained from the medical record; hospital rehabilitation music therapy staff screened patients for the contraindications.

TWO EXPERIENTIAL CASE REPORTS

(1) A 14-year-old adolescent was admitted with severe major depression. He had attempted to kill himself twice by cutting his throat. The second time he came close to succeeding. He had a significant issue with shame and guilt. He'd gotten the sheriff 's daughter pregnant in his community. No one in the town would talk to him; nor would she. He felt rejected and isolated. In the hospital he received fluoxetine; he breathed with four other clients in the first inpatient group in 1988. He reported that he re-experienced the night when he tried to kill himself. This time he experienced death, successfully complet- ing the suicide in his process. He then he became the universe. His drawing had a bloody knife on the side with a mandala circle containing a bunch of stars. Since this was a new therapy, a guarded approach was taken to his quick remission of affec- tive symptoms. He stayed another week and participated in the Holotropic Breathwork again. After that session, he reported that he “became the universe right away.” Then he became “pure consciousness,” in his own words. Then he “became pure consciousness and the universe together.” I considered this to be a significant experience for anyone, especially a 14 year old from a small town in the Missouri Ozarks. He was asked, “Do you know who Aristotle is?” “No.” “Who Buddha is?” “No.” “Ever heard of Shiva?” “No.” “Jesus?” “I’ve been to Sunday school twice!” So this adolescent boy

was spiritually naïve, but he had profound metaphysical experiences. He did well for nine months living with his uncle in another city. When he returned to his parents' hometown, he again became dysphoric, but he was not seriously depressed nor was he suicidal.

(2) A 31-year-old woman with suicidal major depression had a history of alcoholism and polysubstance abuse. She first experienced Holotropic Breathwork after she admitted herself due to the deterioration of her mood and to prevent an alcoholic relapse. She had been abused by her stepfather during the

ages of 12–14, and later became a runaway living on the street as a drug addict after her older brother, her main support in her family, died in combat. She had recovered in her early 20s but continued to cycle through severe major depressive episodes as an anniversary reaction to the loss of her brother. At admission, she was being treated as an outpatient with fluoxetine (60 mg) and trazodone (50 mg). Her medication was unchanged during her two week hospitalization except for an increase in trazodone to 75 mg due to insomnia. After her first Breathwork session she refused to draw or share. Her affect, however, appeared improved. The next week, after hearing the reports of others in the group sessions, she decided to share her experience: "This is too weird, but here is what happened: In the first session my dead father and dead brother showed up. They lifted me out of my body and took me to a wonderful place full of light and joy; I was so comforted. But then they dropped me back into my body. I just couldn't talk about it, it was just too weird! In my second Breathwork session, my father and brother showed up again. This time they held my hands and stayed in the room. I could see them with my eyes open; I thought you could see them too." Her Breathwork facilitator reassured her that he could not see them but that did not invalidate her experience. This woman did well for over three years after which she was lost to follow-up; by that time she had become a leader of a 12-step program in her community.

DISCUSSION

The structure of Holotropic Breathwork allows the experiences to be private, in a safe and supportive environment, non-directive, and spontaneous. It is a non-intrusive therapy and offers significant benefits in terms of emotional catharsis and internal spiritual exploration, according to the participants. The lack of even one single reported adverse sequelae in more than 11,000 Holotropic Breathing in-patients over more than 12 years, indicates that Holotropic Breathwork could be considered a low-risk therapy to assist patients with an extremely broad range of psychological problems and existential life issues.

These reports support the proposition that therapy with non-ordinary states of consciousness is safe, when done in a supportive therapeutic environment. Specific therapeutic efficacy deserves further research. Holotropic Breathwork and other non-ordinary states appear to be a valuable therapeutic tool.

FURTHER DISCUSSION OF THE 2% WHO REPORTED "NO EXPERIENCE"

No other explanation may be proffered than an uneventful session. "No experience," or consciousness without content, is a description of the yogic state of *turiya* (Sanskrit, fourth state). *Turiya* occurs in Holotropic Breathwork sessions with some frequency. Due to time restrictions for sharing in the groups of twenty patients, further questioning was not pursued regarding whether *turiya* criteria were met. These criteria include cessation of thought, and the suspension of breath while remaining awake, without sleepiness or fatigue afterwards.¹ *Turiya* also is

reported to occur as part of the mindfulness meditation experience and is described variously as "the space between thoughts" and "choiceless awareness."⁶

The inpatients' endorsement in 1989 of Holotropic Breathwork as their best therapy at Hyland Behavioral Health exit interviews swayed the hospital administration to assign extra music therapists to assist in the groups. The four extra music therapists allowed groups of 20 patients, with one facilitator for every four patients. The groups were oversubscribed and filled every week.

Hyland Behavioral Health Center was publicly supportive of this work. Their Training Institute sponsored Holotropic Breathwork workshops for the professional therapists in the Saint Louis area. Some of the hospital administrators eventually also participated in the breathwork sessions.

ADDITIONAL THERAPEUTIC EXPERIENCE WITH HOLOTROPIC BREATHWORK

Epworth Children's Home, an adolescent residential program, also introduced Holotropic Breathwork after one of their adolescents returned from the hospital where he had a transformative transpersonal experience (conscious contact with his higher power) during the inpatient sessions.⁴ Epworth's music therapist, Hallie Huber, trained with the author of this article. We then offered Holotropic Breathwork to interested residents as individual sessions. Huber noted that approximately half of the 52 children-in-residence participated. She also noted no untoward experiences among the adolescents.

Holotropic Breathwork is similar to meditation/contemplation practices, but much more intense. Some participants termed it a "crash course" in spirituality. That enhanced breathing and evocative music can give experiences similar to LSD, or other psychedelic therapies, is remarkable and largely unknown to professionals and the general public.²⁻⁵

The experiences of 482 consecutive Saint Anthony Medical Center psychiatric inpatients with Holotropic Breathwork were presented at the Washington University Department of Psychiatry Grand Rounds in 1991. They were also presented to the American Psychiatric/Italian Psychiatric Association in Sienna in 1997, as well as the weekly University of California, San Francisco Depression Seminars in 2007.

REFERENCES

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ABOUT HOLOTROPIC BREATHWORK

Holotropic Breathwork (HB) provides a non-pharmacologic means of attaining non-ordinary states of consciousness (NOSC). HB is a powerful approach to self-exploration and self-healing that integrates insights from modern consciousness research, anthropology, various depth psychologies, transpersonal psychology, Eastern spiritual practices, and other mystical traditions of the world. HB combines rapid, deep breathing, evocative music, focused body work, artistic expression and group sharing in a safe, supportive environment.

Holotropic Breathwork was created by the Czech-American psychiatrist and LSD researcher Stanislav Grof, MD, and his wife Christina Grof in the 1970s after studying the use of NOSCs in various cultures and settings.

“Holotropic,” or “moving toward wholeness” is derived from “holo,” meaning “wholeness,” and “tropic,” meaning “moving toward.”

ONLINE RESOURCES

Association for Holotropic Breathwork International (ABHI)

grof-holotropic-breathwork.net

Grof Transpersonal Training

holotropic.com

3. Grof, S., & Grof, C., 2010. *Holotropic Breathwork: A new*