

A psychotherapeutic exploration of Holotropic Breathwork®

By

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To my parents and Urszula.

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Abstract

Holotropic Breathwork® (HB) is a special breathing technique that can foster healing and support the psychotherapeutic process. “Holotropic” comes from the Greek and means “oriented towards wholeness”. The Czech psychiatrist and psychotherapist Stanislav Grof, together with his wife Christina Grof, established the procedure to bring about a healing state of consciousness. The focus is on the processing of traumas and coping with the past, back to pregnancy and childbirth. The goal of the technique is to achieve mental healing.

The aim of this investigation is to develop and contribute to existing HB research by analysing the interviews of three psychotherapists who are also HB facilitators. The interviews were analysed utilising interpretative phenomenological analysis (IPA) to obtain deep insight into the experiential world of the facilitators.

From this analysis, three themes emerged: HB; integration of HB and psychotherapy; healing trauma, and transpersonal.

Analysis of the interviewees indicated a notable positive attitude towards HB and its environment. The participants described their experiences as facilitators and presented a meaningful insight into what appears to be a complementary nature of HB and psychotherapy. A profound quality of healing through this breathwork was highlighted by the interviewees. This included a suggestion that HB is also powerful in healing trauma.

A psychotherapeutic exploration of Holotropic Breathwork®

1 Introduction

The study of unusual states of consciousness such as those induced by psychotropic substances and their involvement in therapeutic work is at the centre of the scientific interest of psychiatrist and psychotherapist Stanislav Grof. Grof has been conducting studies since the 1950s with lysergic acid diethylamide (LSD) and other psychotropic substances (Grof, 1994). Because of restrictive US legislation on psychedelic drug research, Grof, together with his wife Christina, started developing Holotropic Breathwork® (HB) since the 1970s (Grof & Grof, 1980). HB is suggested to be a method of in-depth self-awareness that has transforming and healing powers (Holmes, Morris, Clance, & Putney, 1996). These powers can take place even without pharmacological substances and are linked to ancient spiritual and shamanic traditions of healing. “Holotropic” means “moving towards wholeness” (translated from Greek *holos* “whole” and *trepein* “orienting oneself”, “aligned to wholeness”) (Borden, 2017, p. 50). It is a way of experiencing self-awareness, in which through deepened respiration, subconsciously appealing music, the painting of mandalas and bodywork, untreated feelings and experiences can be relived and cured by the non-ordinary states of consciousness (NOSC)¹ (Grof & Grof, 2010).

According to Grof's knowledge, traumatic experiences before or during childbirth often take on a significant position in terms of unresolved conflicts (Grof & Grof, 1980). These can be mobilised by the work of breathing and be solved or integrated by the activation of the inner-psychological self-healing powers. Prerequisite for the process of self-healing is

¹ All acronyms are listed in Appendix A.

the willingness to reflect on oneself and allow inner and outer change. The actual healing comes from the deep positive experiences that are felt inside. This is often felt like a spiritual experience. The function of the sitter is to accompany the process through emotional support and, if necessary, body contact, but not in the interpretation of the experience.

HB is offered in individual and group sessions as well as in workshops and is suitable for people who want to make deep experiences on the path of self-discovery, for people in life crises and concomitantly during a psychotherapeutic treatment.

1.1 Stanislav Grof

Stanislav Grof was born in Prague in 1931 where he studied medicine and medicine philosophy. During his psychoanalytic training and specialist qualification as a psychiatrist, he worked in psychiatry at the Prague University Hospital on LSD research. In 1967 he accepted the invitation from the United States where he lives and works ever since. There, he founded with Anthony Sutich, James Fadiman and others the “Association of Transpersonal Psychology” (Powers, 2011). This movement soon broke the narrow framework of psychology and found diverse connections to other branches of science such as quantum physics, biology, embryology, genetics, brain research, ethnology, religious studies, mythology, and others. The developing contact and exchange with so many different scientists and thinkers like Ken Wilber, Fritjof Capra, Gregory Bateson, Joseph Campbell and others led to the founding of the International Transpersonal Association (ITA) in 1978, which he presided over for many years. In this function, he organised ITA congresses in the US, Ireland, India, Australia, Brazil and the Czech Republic.

During Grof's work at the psychiatric research centre in Prague, he explored the effects of psychedelic substances (including LSD) on patients and on himself (1988).

Especially in the 1950s and 1960s, LSD was seen in medical psychiatric research as a means of inducing a so-called model psychosis and thus should provide insights into psychosis in general (Grof, 1980). After the use of LSD was banned for research purposes in many countries, Grof developed together with his wife the technique of HB, a technique for the treatment of mental, psychosomatic and psychiatric disorders (Grof & Grof, 2010). HB is a method of altering consciousness that combines deep breathing, evocative music, and bodywork. They also launched the Spiritual Emergency Network (SEN), an international organisation that provides help to people in acute mental, especially spiritual, crises. In this context, Grof deserves acknowledgement to have crucially advanced the knowledge about the differentiation of psychosis from a spiritual crisis (Grof, 2019). Along with Sigmund Freud and Carl Gustav Jung, Stanislav Grof is one of the key depth psychologists, who has significantly contributed to our knowledge about the human psyche and the unconscious and has challenged it to a great rethinking (Grof, 2019).

Grof has published over 100 scientific articles in journals and has written numerous books, including: *Realms of the Human Unconscious* (1975), *The Human Encounter with Death* (1977), *Beyond Death* (1980), *LSD Psychotherapy* (1980), *Beyond the Brain: Birth, Death, and Transcendence in Psychotherapy* (1985), *The Adventure of Self-Discovery* (1988), *The Stormy Search for the Self* (1992), *The Holotropic Mind* (1992), and *the Psychology of the Future* (2019).

1.2 Holotropic Breathwork

HB takes place in a calm atmosphere and a specially protected frame including, for example, dim lights, cushions and mattresses, and a suiting room or environment (Grof, 1988). Participants will be informed about what to expect. Questions will be answered and first-time participants will be properly informed of the structure of HB. Following this opening circle, the participants will group into pairs (Grof & Grof, 2010).

The breather lies on a mattress and is supported by another participant (sitter). A special relaxation guide is given to help the participants to become calm. Specially selected evocative music, with a flavour of rhythmic intensity that is almost like the call to adventure, lets the breathers slide further into the depths of their experience. Usually, the selected songs are initially of a moderate tempo and the music becomes gradually more evocative. After some time, depending on the length of the HB session, a climax is reached and plateaus. This plateau can last for about 1 hour, again depending on the overall time of the session. After this, the music gradually becomes quieter. During this period, because of the nature of the songs, they can evoke sadness or states of bliss (Grof & Grof, 2010). Likewise, the deepening and acceleration of breathing help – just as it is needed by the individual.

In doing so, the important leadership to the inner self is increasingly transferred and experienced (Fuller, 2008). Grof (1988) suggests the most emotionally relevant material for the breather is automatically selected by the process taking place in each HB session. In the “holotropic state of consciousness”, the everyday consciousness recedes into the background. In most cases, simply by stopping the faster, deeper breathing, the breather can

quickly return to the everyday consciousness. Occasionally, if the experience is intense, it can take longer to return to the everyday state.

What is experienced during HB can be revealed in great inner clarity: images, thoughts, feelings, physical perceptions, memories, movements convey a strong sense of authenticity and truth of the experience.

Content and experiences from a person's life story or from the time of birth can emerge. Under the protective and supportive guidance of experienced facilitators, breathers can for example mourn old grief, express and rid themselves of years of pent-up rage, and recognise and feel inner sources of strength, and joy. Experiences from the transpersonal realm (Rowan, 2013) as well as spiritual experiences (Fonger, 2013) can surface. The "transpersonal unconscious" or collective unconscious (Jung, 2014) is suggested to be an area that redeems a human being from isolation and connects them to the collective psyche. Jung (2015) writes:

He has plunged into the healing and redeeming depths of the collective psyche, where man is not lost in the isolation of consciousness and its errors and sufferings, but where all men are caught in a common rhythm which allows the individual to communicate his feelings and strivings to mankind as a whole (p. 7238).

In transpersonal consciousness, there can be hints and perspectives to find ways out of a hopeless situation – as well as the knowledge and wisdom of the collective unconscious. Difficult experiences can be mastered with great support from within and also from the surrounding stimulating energies (Allison, 1999).

The inner path through the experience is shown to us with great clarity. However, there is always enough control over what happens, so that the breather can clearly decide internally for or against the next step of the experience.

If the experience reveals physical blockages or discomforts, these can be resolved and overcome through targeted bodywork, like light pressure in the affected area provided by a group facilitator or sitter (Grof, 1988).

When the breathing experience comes to an end, the breather slowly returns to their individual consciousness and unconsciousness and leaving the NOSC behind. There is the opportunity to talk about the experiences with the sitter, or the experience can be written on paper. Initially, the experience is approached on a visual level by drawing a mandala to be understood later on.

Participants can feel relaxed, joyful, and lively or, they can feel sad, overwhelmed, or upset after the experience (Grof & Bennett, 1992). When people feel upset it is important that they become grounded (Nick, 2003).

The first analysis of the experiences in the holotropic consciousness takes place in small groups, in which the participants can support each other. Further work is done in a larger group where a possibility to share what happened while breathing is provided. People can also talk about their mandalas here (Gilligan & Simon, 2004).

The HB experience is supported by the holding environment provided by the group facilitators and by the sitter (Miller, 2009). Meditating together can also help the participants to become more grounded (Towers, 2018).

If the HB process was complete, i.e. a breather got the chance to complete working through a specific experience, they may report an increase in their self-confidence out of the sense of feeling safe and 'lighter' (Alvarez, Ingruber, & Koppensteiner, 2018).

By regularly participating in HB, a transformation is possible that leads to personal unfolding (Brouillette, 1997). This can allow the breather to make meaning out of their lives and to put it into context (Grof, 1988).

2 Literature review

The breathing technique comes from pranayama yoga (Jamieson, 2007) and is an intensified accelerated breathing (Jacobs, 2016). As psychic resistances are usually coupled with impairment of breathing and vice versa (Reich, 1961), the acceleration and deepening of the breathing lowers the resistance and a NOSC is opened. The electrical brain activity during HB shows mainly theta and delta waves (Earleywine, 2005).

In HB, the organism reacts to the changed biochemical situation through deeper and faster breathing by bringing various low-lying tensions or blockades to the surface in the form of more or less stereotyped patterns and releasing them from peripheral discharges (Grof, 1988). It consumes enormous amounts of energy and simplifies its functioning by releasing it (Grof, 1988).

Valverde (2018) suggests that transpersonal states of consciousness can have a deep healing effect and support our physical, mental, emotional and spiritual health.

2.1. Transpersonal states

“Trans”-personal means going beyond the person or beyond the *I*. The boundaries between I and Thou, the limits of linear time, three-dimensionality, logic and individual biography are not absolute (Shorrock, 2007). It is suggested that consciousness is able to transcend (Jahrsetz, Hess, & Miller, 2018).

When the basic needs of life are fulfilled, a sense of sufficient coping with life can be achieved (Fowler, 2009). This can leave room for a longing for liberation and a search for meaning (Frankl, 1985). People in the middle of their lives often deal with existential questions about meaning and suffer from an existential vacuum (Frankl, 1985). The development of consciousness, its deepening, enlargement and clarification is the common concern of psychotherapy and spirituality (Schmidt & Jordan, 2013). The question who a human being is independent and beyond their body, thoughts and self-image leads to a fundamental shadow aspect of the ego, its factual non-existence (Wilkinson, 2019).

Spiritual practice can help to overcome the polarities of life and to transform the ego (Hernandez, 2012). It is suggested that the self is what holds the soul together, the original power that drives us to personal development and fulfilment (Horney, 1968).

For transpersonal psychology, the self is open to experiences beyond the individual's conscious and unconscious. For Erich Neumann (2004), it is the directing centre from which all processes are initiated, directed, controlled and balanced. According to Jung, the transpersonal self carries within itself the spark of the cosmos and can also be called God within. On the way from the ego to the self a person passes through the "ego death" – a paradox, because it creates at the same time the breakthrough to life (Jung, Read, Fordham, & Adler, 1953). The result can be an intense, vibrant sense of life, unwavering confidence in life itself, an effortless being in flux with oneself (Jahrsetz, Hess, & Miller, 2018). Deep contentment and the ability to live life in all its facets and to be simple with an open heart (Fuller, 2008).

The term transpersonal psychology was coined in America by the humanistic psychologists Maslow, Sutich, and Grof in the 1960s (Llc, 2010). Going beyond the humanistic approach,

they incorporated the religious or spiritual dimension of the psyche (Friedman & Hartelius, 2015). Taking into account *philosophia perennis* (world heritage in philosophy), Ken Wilber (2000), Stan Grof (1975), Roger Walsh (1990) and Frances Vaughan (Vaughan & Walsh, 2008), among others, developed a differentiated theory of transpersonal psychology. With a delay, it reached Europe and conquered a permanent place next to the already established psychology of Jung (2015), the logotherapy of Frankl (1985) and the initiation therapy of Graf Dürckheim (2016).

Certain existential questions like: “Where do we come from and where do we go?” “What is the meaning of our existence?” “Why is there suffering in this world?” can arise in a human being (Pickering, 2019). Frequently, these questions can go under in the hustle and bustle of everyday life. Every now and then, they may break up when a severe crisis or moments of happiness are experienced (Tzu, 2014). For example, when a person feels connected to nature, sitting quietly on the beach, enjoying a sunrise or looking up at the starry sky and touching the vastness of the cosmos or experiencing the deep encounter with a loved one. Then the everyday worries can fade into the background, and embeddedness in an overall context can be felt (Berman, 2017).

In HB, the sitter and facilitator(s) take on a passive role that allows the breather to be as independent as possible while still being in a holding environment (Miller, 2009). Therefore, it is recommended for sitters to not stand in the way of the creative process. Transpersonal work relies on this comprehensive power that goes beyond the personality (Prophet, 1998). It is assumed that who and what a human being is, is not limited to the personality, however, if that human being identifies him- or herself only with the body, the ego, the persona and adapted roles, then this provides a limited, too narrow view of the self

(Grof, 1988). Transpersonal psychology postulates that the boundaries between *I* and *Thou* (Buber, 2012), the boundaries of linear time, three-dimensionality, logic and individual biography are not absolute (Valverde, 2018). Consciousness is able to transcend it (Hawkins, 2013). For Grof (1998), transpersonal means the experiential expansion of consciousness beyond the ordinary boundaries of the body-ego and the limitations of space and time. Transpersonal can also be associated with the appreciation of the spiritual side of the psyche (Daniels, 2016). Transpersonal psychology incorporates into its ideas the experience and ancient knowledge of spiritual traditions, whereby this kind of religiosity is not based on dogmatic teaching but on the inner relationship and personal experience (Gollnick, 2005).

Historically, the term transpersonal has been derived from transhumanist. With transhumanism, Maslow (1970), the founder of the psychology of being, describes the motives of well-developed people, whose actions are directed more towards the overall good of humanity than to personal need satisfaction. Spiritual masters are examples of this (Farina, 2002). Maslow (1970) also discovered that self-actualised humans reported peak experiences in which they experienced spontaneous ecstatic states of consciousness and feelings of oneness similar to those mystical experiences that have been repeatedly reported at all times and in all cultures (Campbell, 2011). The corresponding explanations for this were first found in Eastern traditions, so in the late 1960s, many transpersonal researchers turned to the spiritual orientations of the East (Shorrock, 2007).

This made it clear that NOSC are not pathological but support our health, a fact that has long been known in shamanistic cultures (Holmquist, 2009). In psychotherapy, border crossers of other kinds are known. People who are fragile as a result of traumatic

experiences and are flooded with impulses and sensations (Minton, Ogden, & Pain, 2006). This type of personality awakening should not be described as transpersonal, but rather as prepersonal (Daniels, 2016), even if the conditions often have similarities (Wilson, 2007). Transpersonal assumes the persona and consists of “trans” and “person” together. In this sense, personal and transpersonal work or psychotherapy are not competing disciplines, but they need each other and complement each other (Shorrock, 2007).

When the boundaries between inside and outside are no longer fixed, the experience of transpersonal space is possible (Washburn, 1994). Instead of the person, according to Osho (2011), and later Wilber (2000), the supra-individual witness, who observes the stream of events, appears in a creative and distanced way, since s/he is not identified with either the inner or the outer world. This state is known from meditation (Holmquist, 2009). For example, the first higher state of consciousness is described as the meditation state or state of transcendental consciousness (Cardeña & Winkelman, 2011).

2.2 The transpersonal work of breathing

The transpersonal work of breathing can be an intense path of experience based on the ideas of transpersonal psychology, which is therapeutically effective and enables spiritual openings (Cortright, 1997). Even if, according to the findings of neurophysiology, the myelination of the cerebral cortex is not completed until after birth and thus the memory of experiences that are before the 4 years to 8 years of life can be absent on a conscious level (Pressley & McCormick, 2007). The experiences and memories may be stored in a collective unconscious (Jung, 2014), in morphogenetic fields (Sheldrake, 2009) or on an energetic level (Reich, 1961).

2.2.1. The accelerated breath

As is well known from psychotherapy, mental resistance and restrained emotions always lead to impairment, in the sense of reducing and restricting respiration (Reich, 1961). Using this knowledge, the work of breathing is based on the reversed assumption that an accelerated and deepened respiration loosens the resistances and blockages and thus opens spaces of consciousness (Sturgess, 2014). An explanation for this could be that during HB the electrical brain activity shows mainly theta and delta waves (Borck, 2018).

Contrary to this, beta waves triggered mainly in stress or anxiety states and the alpha range is the bridge between the outside world (beta waves) and the inside world (theta waves) (Galvez, 2008). In the state of theta waves visionary spaces are activated, delta waves provide the stimulation of self-healing powers (Galvez, 2008). It can be imagined that the breath permeates the physical, mental and emotional levels (Sturgess, 2014). It thus can be the link between gross and subtle processes. It speaks to the material and the subtle, energetic body also known as chakras (Dale, 2014).

The accelerated, recessed breath is not to be confused with the hyperventilation syndrome known from medicine, a bodily response to superficial breathing (Grof, 1988). Hyperventilation syndrome is considered to be a treatment-requiring condition in medicine during which cramps typically occur on palms and soles because more carbon dioxide is exhaled than metabolism can produce (Bradley, 2012). The symptoms are accompanied by biochemical changes in the blood, higher alkaline content and a decreased ionisation of calcium (Bradley, 2012). The treatment consists of a combination of coaching the breathing and supplemental oxygen therapy (Margolis & Surgeons, 2003). The observations of recent

years show that the concept of hyperventilation does not apply (Simpson Jr & Bick, 1996). There are many people for whom even massive deep breathing and accelerated breathing does not result in hyperventilation syndrome (Passie, Hartmann, Schneider, & Emrich, 2003). If cramping occurs and breathing is simply continued, the tension moves to a climax, then dissolves and leads to deep relaxation (Grof & Bennett, 1992). This can contribute to intense sexual sensations or even lead to mystical experiences (Grof & Bennett, 1992). The organism reacts to the altered biochemical situation by bringing deep-seated tensions to the surface in the form of stereotyped patterns and then freeing them from discharges to the periphery. This elimination of pent-up energies in holotropic sessions occurs in two ways: first, in the form of dramatic body movements, tremors, muscle twitching, coughing, choking, vomiting, laughing, screaming or other vocal utterances, or increased autonomic nervous system activity (Grof & Bennett, 1992). Second, deep-seated tensions come to the surface in the form of prolonged contractions and spasms. By maintaining such a degree of muscular tension over an extended period of time, the organism consumes enormous amounts of pent-up energy and simplifies its functioning by simply releasing that burden (Mijares, 2015).

Breath can reach the spiritual side of being. It has been known for a long time in spiritual schools that profound changes in consciousness can be brought about by special guided breathing techniques (Rama, 2009). Examples are the pranayama exercises of yoga, the dervish dances and songs of Sufism (Toussulis, 2012), the throat singing southern Siberia (Grawunder, 2009), the baptism ritual of the Essenes (Johnson, 2007) or the Congos in the Kalahari desert (Schadeberg & Hulme, 1982), which heated the kundalini (spiritual energy) by breathing fast (Minett, 1994).

Grof found out in long years of practice and experimentation that a special breathing technique is less significant than allowing the breather to breathe faster and more effectively than usual, focusing his consciousness fully on the internal processes (Grof & Bennett, 1992).

HB in the clinical setting requires careful preselection of participants according to indication. Because of the intense and ecstatic quality, the method is recommended only for people with normal physical and mental capacity. Due to the burden of HB, contraindications are epilepsy, severe asthma, severe cardiovascular diseases, glaucoma, surgery and severe bone and joint problems or severe infections of unwanted complications (Taylor, 1994).

Hyperventilation may also occur unintentionally outside of HB in the context of anxiety disorders and panic attacks, and then be accompanied by severe cardio-vegetative anxiety symptoms (Andrews *et al.*, 2003). Therefore, panic attacks can also be triggered by hyperventilation. The problem here is flat shallow breathing, which can accompany panic attacks. In HB, the emphasis is placed on deep breathing. From the perspective of the breather, occurring panic symptoms can be regarded as accompanying circumstances of the transformation process.

It is important for facilitators to pay attention to a good working atmosphere (Grof & Grof, 2010). Regular meditations, the playing of spiritual music, even in the breaks, the reading of spiritual texts, the inner invocation of the transpersonal self and the accompanying support of the participants allow a quiet opening and deepening (Bartley, 2011).

The facilitator supports the experiential process by encouraging participants to relax control, allowing themselves to be guided by the self-control of the inner process, and ready

for new and surprising experiences (Grof, 1988). It is important to put off ideas, expectations and hopes and get involved in what is coming. The facilitator does not fuel the process, but assists the breather when needed and consciously puts her- or himself at the service. This attitude is only possible through consistent work on one's own person, inner openness and one's own spiritual practices that facilitate the letting go of expectations and evaluations and support an inner openness (Grof, 1988). The goal is to open up and focus on the transpersonal space from which this work takes place (Grof & Grof, 2010). It uses the transpersonal space to gain access to a collective level of transformation and to the important archetypal themes that arise in the networking of the experiencer in the common morphogenetic field for processing.

The collective breathing field supports the individual (Grof & Grof, 2010). The deep inhalation animates the deep structures, the exhaling facilitates a letting go and allowing, the invocation of the inner wisdom, the transpersonal self, allows the guidance through the various stages of the work. Solidified and deposited things are dynamically returning to consciousness.

2.3 Contraindications

HB requires generally good physical and mental resilience, especially if there is no therapeutic support available (Grof & Grof, 2010).

There is an absolute contraindication for epileptic seizure disorders and acute psychoses from the schizophrenic group. Likewise, HB is not indicated during pregnancy. The method should not be used for high blood pressure, cardiovascular diseases, psychiatric disorders, glaucoma and epilepsy (Grof, 1988).

As with all cathartically oriented methods, HB, in particular, requires a risk assessment by the psychotherapist in the case of dissociative disorders, emotionally unstable personality disorders, complex or early traumatisations and severe structural deficits in the sense of OPD-II (Winter, 2015). When under risk, participation should be rejected. The holotropic work of breathing with these disorders may only be carried out by experienced psychotherapists within the framework of a strong-holding clinical group setting.

2.4 Holotropic Breathwork and Psychotherapy

HB sessions and working with NOSC are well suited as a supplement to ongoing psychotherapy (Grof & Grof, 2010). Immediate access to body memory often brings to the surface hard-to-reach, deeply repressed conflicts and issues that can be resolved on a physical-emotional level as well as made accessible to therapeutic work-up (Reich, 1961). This form of therapy is particularly effective for chronic pain conditions (Grof, 2006). Furthermore, the work of breathing is regarded as an intensive means of self-exploration, since it opens the emotional body (Grof & Grof, 2010). People who take a spiritual path often experience spiritual openings (Ellens, 2009).

It is known from traditional psychotherapy that the integration of split-off traumatic experiences decisively advances the inner transformation process (Kalsched, 2014). In HB sessions, there is an authentic reexperience of unfinished life situations (McInnes & Schaub, 2018; Petersen, 1997). Violent body reactions to neurological infantile reflexes can occur. Surgical pains that have been eliminated by anaesthesia are retrieved from the body memory and lived through. Even the appearance of bloodshot welts after early maltreatment were observed (Kalsched, 2014). In her study entitled “An Argument for the

use of Holotropic Breathwork as an Adjunct to Psychotherapy”, Watjen (2014) comes to the conclusion that “emotional contraindications are both the challenges and the potential healing benefits of using HB as an adjunct to psychotherapy” (p. 109).

Rhinewine & Williams (2007) ask the question if HB can have positive effects on common psychiatric conditions. As examples of psychiatric conditions, anxiety and depressive disorder are specified. It was found that Holotropic Breathwork significantly changes the central nervous system activity, which was measured by various methods. The authors suggest that this type of hyperventilation may facilitate generalised extinction of avoidance behaviours, resulting in therapeutic progress.

2.5 Perinatal matrices

With the term perinatal matrices (*peri*: Greek for “around”, *natal* from the Latin *natalis*: “belonging to the birth”), Grof described four basic patterns of experience, which in his view take place going through biological birth and correspond with psychological experience patterns (Grof, 1975). These matrices can be understood as internalised control systems that determine the experience of an individual, as long as they are activated by current events, for example in an HB session. Then emotionally charged, hallucinatory scenes full of symbolic condensations can arise – much like in the dream state. These matrices are designated according to the various physical situations of the fetus during the birth process. Hanscarl Leuner, a pioneer of LSD research, has described the so-called transphenomenal dynamic control systems experience patterns that are comparable to Grof's perinatal matrices (Leuner, 1997).

Grof (1988) defines the following four perinatal matrices:

- Perinatal matrix I

The purity with the mother

Predominant is the feeling of being in a womb. The feelings are positively experienced, including oceanic feelings, feelings of union with God or nature. It is about the experience of the original symbiotic unity of the fetus with the maternal organism in the intrauterine existence. However, Grof also claims that sometimes bad emotional situations can prevail and then determine this matrix. Causes can be the stress of the mother, alcohol consumption or somatic reasons.

- Perinatal basic matrix II

Antagonism with the mother

Decisive here is the painful experience of onset labour, characterized by uterine contractions and the opening of the uterine mouth. Ideals of hell arise, feelings of endless suffering, of being locked up and senselessness. As a threat, bruising of the head is experienced or the feeling of monsters threatened and injured. In particular, the PM II is associated with hellish fantasies, in which unending body torments, extreme pain, the idea of hot, narrow spaces and the hopelessness of this situation are characteristic.

- Perinatal matrix III

Synergy with the mother

This matrix arises in the second clinical phase of biological birth; the uterine mouth is dilated, allowing for a gradual movement of the fetus through the birth canal. Moving through the birth canal is central, combined with feelings of titanic struggle and massive mechanical pressure. Disasters, war moods, destruction, especially

through the effects of water. Fantasies of ritual murder, sadomasochistic orgies and sacrifices dominate the scenarios. Often, excessive sexual arousal occurs during activation of the PM III, as well as scatological elements and the feeling of being hurt by fire.

- Perinatal basic matrix IV

Separation from the mother

This matrix arises from being born and leaving the maternal body. This corresponds to the third clinical birth phase, i.e. the delivery phase. The agonizing birth battle is over. This separation from the mother can be experienced as salvation, but also as total annihilation, as ego-death. At the end of the birthing process the “stepping out into the light of life” can be felt.

According to Grof, if there is insufficient integration of the respective patterns of experience, certain disturbances may occur. He assigns them to the perinatal basic matrices:

- PM I: Schizophrenic psychoses (paranoid symptomatology), feeling of mystical union; hypochondria; hysterical hallucinosis.
- PM II: Schizophrenic psychosis, severe inhibited endogenous depression, irrational inferiority and guilt feelings, hypochondria.
- PM III: Schizophrenic psychosis (sadomasochistic elements), agitated depression, sadomasochism, obsessional neurosis, neurasthenia, organ neuroses.
- PM IV: Schizophrenic psychosis (death and rebirth experiences, delusional mission awareness²).

² A sense of mission is the conviction of a person or grouping to extend the values, teachings or political-social orders he aspires to others and make them binding. These can be carried by individuals, a religious or ideological community, a people or a political association, such as a party (Eisenstein, 2013).

2.6 Systems of Condensed Experience (COEX)

Grof (1988) has created so-called COEX systems (“systems of condensed experience”) to describe thematically identical patterns of experience. A classic example would be the above mentioned perinatal matrices, which are by definition not directly a COEX system, but rather represent a higher level structure. Perinatal matrix #1: The unborn embryo swims in the uterus and feels just fine. In a letter to Freud, Romain Rolland called this experience an oceanic feeling³ (Roberts, 2016). It is a state that comes close to the paradisiacal description. The fetus swims in body-warm water and is constantly nourished. All needs are constantly met. A generally positive experience pattern provided that no poisoning, abortion attempts, etc occurred. Another example, this time rather negatively occupied, would be the perinatal matrix #2: Here ends the paradisiacal state by the onset of labour pains. The baby is driven out of paradise and this opens the fight or the motive of the heroic journey (Campbell, 2003). The unborn child often fights for his life and experiences strong fears of survival. In our later lives, these imprints determine how a human being reacts to situations involving, for example, external pressure (such as the angry boss). Is the person staying calm because they have learned that they can do it or panic because they may

Missionary awareness is especially regarded as part of missionary religions. Especially in Messianism and Messianic movements, the expectation of a Savior and Redeemer (Messiah) becomes the subject of a mission.

³ Mais j'aurais aimé à vous voir faire l'analyse du sentiment religieux spontané ou, plus exactement, de la sensation religieuse qui est...le fait simple et direct de la sensation de l'Eternel (qui peut très bien n'être pas éternel, mais simplement sans bornes perceptibles, et comme océanique) (Masson, 2012).

Translation: But I would have liked to see you doing an analysis of spontaneous religious sentiment or, more exactly, of religious feeling, which is...the simple and direct fact of the feeling of the 'eternal' (which can very well not be eternal, but simply without perceptible limits, and like oceanic, as it were) (Parsons, 1999).

unconsciously remember this terrible struggle for survival? The autonomic nervous system reacts extremely sensitively to mental stress. A person may get diarrhoea, become sleepless or have a headache. Many psychosomatic pathways are possible. Thus, certain basic moods are biographically shaped sometime for the first time. In subsequent similar situations, these basic moods become active again, since the experiences are similar in content and can thus form a pattern of experience. An experience already made can be condensed by confirmation or neutralised by falsification. Emotionally charged situations of life can be classified as COEX systems (Scotton, Chinen, & Battista, 2009).

3 Methodology

In this part of the thesis, the methodological choices made in the study are explained and justified. The researcher first elaborates on aspects of the choice of a particular method before describing how the researcher went about collecting the data. Furthermore, the researcher elucidates the choices he has made in the analysis work, before making statements on how the quality of research is controlled. Finally, the researcher reflects on his own role.

3.1 Research method: Qualitative Research

The research method is an instrument helping to acquire knowledge based on the researcher's interests. According to Johannessen *et al.* (2011) and Ryen (2002), the problem at hand is the guiding principle for the choice of method, which then determines how successful the research project is, as it is the indication for the question this study is expected to give an answer to. Based on the problem the researcher wants to elucidate, a qualitative approach was chosen.

Denzin & Lincoln (2000) state that the central research perspective of a qualitative method is that the participants' perspective should be made visible. A qualitative method is used when the researcher wants to gain a greater understanding of a social phenomenon and insight into the informants' own experiences of, and experiences with, the phenomenon (Kvale & Brinkmann 2009). The researcher wanted to get hold of how the interviewees experience being an HB facilitator as well as a psychotherapist. He sought to gain an insight into the interviewees' understanding of reality and tried to understand how they construct meaning and see relationships. Hopefully, the task added new and useful knowledge to the field of HB, and transferred value to transpersonal therapy in particular and psychotherapy in general. In order to facilitate such a transfer of value, according to Denzin and Lincoln (2000), it is important to ensure rich descriptions of the interrelational world the interviewees are in.

3.2 Research Strategy: Interpretative Phenomenological Analysis

The aim of this study was to understand a phenomenon through the individual or even idiosyncratic experiences of facilitators who participated in an HB session. According to Merriam (2009), qualitative research is the most appropriate method since participation in an HB session is experiential (Holmes, Morris, Clance, & Putney, 1996). This study focused on the search for an understanding of the meanings that individuals give to these experiences. The form of analysis used in this qualitative research was Interpretative Phenomenological Analysis (Smith, Larkin & Flowers, 2009).

IPA focuses on investigating how people, in this case, the interviewees, give meaning to experiences (Smith, Larkin & Flowers, 2009). IPA starts from the basic assumption that a person who has experienced a particular event is also an expert on their experiences (Claes

& Van Hove, 2011). IPA attempts to provide the researcher with insight into certain experiences by trying to understand people with a shared experience (Willig & Rogers, 2017). IPA, therefore, focuses on exploring personal experiences and is interested in the individual perception of a person about a certain event (phenomenological view). Here, it is observed that the participant speaks within a social context (symbolic-interactionist vision). The method accentuates that exploration is a dynamic procedure where the researcher assumes an active role. He wants to come close to the personal world of the participant. Access to that personal world depends on and is complicated by the views and background of the researcher: these are necessary to give meaning to that other personal world through a process of interpretation. We can speak of an interpretation process on two levels – a ‘double hermeneutic’. The participants try to give meaning to their own world and the researcher, in turn, tries to give meaning to how participants give meaning to their world (Smith & Osborn, 2008).

Due to an increasing interest in the sense construction of certain aspects of illness (how somatic and mental symptoms are perceived), IPA has been particularly recommended for the exploration of health psychological issues (Smith, 1996; Smith & Osborn, 2008). However, this recommendation for a subject-centred approach to experiences of a disease, which has coincided with an increase in patient-centred research, has been understood to stem from the fact that IPA has historically been used mostly in health psychology (Brocki & Wearden, 2006). With a general increase in the number of published studies using IPA, the approach has been applied to a number of areas such as trade (organisational psychology), sexuality, and important transitions in life as, for example, becoming a mother (Smith, 1999).

3.3 Data acquisition: Semi-structured interviews

Semi-structured interviews were the best choice for conducting this research (Claes & Van Hove, 2011). The semi-structured interview was used for both exploration and hypothesis formation. The interview contained a series of open questions so that the participants could give a comprehensive and detailed answer in their own words (Claes & Van Hove, 2011). A guideline contained all relevant aspects of the researched questions so that it was ensured during the interview that these are covered. Furthermore, introductory questions were noted. These served to create a pleasant atmosphere for discussion and contained issues that had to be dealt with in any case. In this way, the interviewer was free in the specific formulation and was able to direct the conversation spontaneously, for example, by ad-hoc questions in certain directions. Open conversation is a clear advantage of this type of interview in terms of validity. This way, the interviewer was able to allow for a more natural flow of the interview. In addition, respondents were individually approached and their own frame of reference (by inquiries, etc.) was recorded. This allowed the researcher to address interesting themes where they occurred (Smith & Osborn, 2008).

The interviewer acknowledges that this required a significant amount of time and placed high demands on the interviewer – whose greater influence, in turn, allowed for distortions. The results of such an interview were evaluated by IPA. As with all open procedures, attention was paid to the highest possible objectivity in the evaluation. Interviews were taped and transcribed verbatim. Each interview lasted approximately an hour.

3.3.1 Pilot Interview

A pilot interview was conducted to test the interview questions. It allowed the researcher to test the reaction of an interviewee to these questions. Using the results from the pilot interview, it was possible to optimise and refine the interview questions to allow for logical order and a natural flow. The final version of the interview questions can be found in Appendix C.

3.4 Sample

McLeod (2001) suggests that qualitative research requires a small sample group. For IPA, a homogenous group with a sample size of $n = 3$ is recommended (Flowers, Larkin, & Smith, 2009). This sample group was purposefully selected to account for compatibility of experiences to the topic under research. Experiential compatibility allowed the participants to elaborate in detail on the research topic.

3.4.1 Recruitment

The researcher had identified several locations within Ireland where HB is conducted. Participation in HB workshops and word of mouth led to identifying three suitable candidates. The requirement for these candidates was that they are HB facilitators and also psychotherapists. The researcher decided against acquiring any other demographic since this would have taken the focus away from the question at heart.

3.4.2 Ethical Considerations and Data Protection (GDPR)

Information regarding the research was provided to all participants (Appendix D). This included the possible risks and benefits of participating in this research, the features of the design of this research, and their rights as participants. The rights included a consent form (Appendix E), the voluntary nature of this study, the right of the interviewee to choose what to disclose during the interview, and the right to withdraw from the study.

The above-mentioned points were provided in written form to the participants prior to the interviews. This included an invitation to the interviewees to raise queries regarding the research or the provided document itself.

Before the interview, participants were briefed in more detail about the nature of the research and the purpose and procedure of the interview. This was done in accordance with the guidelines suggested by Kvale (2008).

The identities of the participants are protected to ensure confidentiality. Throughout all documents, pseudonyms were used to disguise identities. Any identity-revealing information within the transcripts was either removed or replaced with pseudonyms. This was done without influencing the meaning of the data content. Any interview recording is only accessible by the interviewer. Access to these recordings is only possible by means of a password/passcode only known to the researcher.

All data acquired during this research is stored and processed according to Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement

of such data, and repealing Directive 95/46/EC (General Data Protection Regulation) (Text with EEA relevance), 2016.

3.4.3 Demographic Questionnaire

An initial questionnaire was conducted to collect certain demographic information about the participants (Appendix F). The questions focused on the psychotherapeutic education of the interviewees and their HB training. The result of the questionnaire can be found in Table 1.

We have two of the participants, John⁴ and Maria, with significant experience in psychotherapy whereby Sebastian is at the beginning of his career. The initial psychotherapy education varies among the interviewees. Sebastian's education is in psychoanalysis (McWilliams, 2004) and he stated to be an integrative psychotherapist (Erskine & Moursund, 2011). Maria gave an eclectic account of her educational background including integrative, psychodynamic, person-centred, and Reichian psychotherapy as her initial learning. John and Sebastian, both completed the Grof Transpersonal Training (GTT) (Baum & Pounds, 2019). Maria said her HB training is ongoing.

Sebastian and Maria did additional training of integrated bodywork (Rowan, 2005), and John holds a degree in addiction studies.

⁴All names of interviewees changed.

Table 1: Demographics of interviewees.

Name ⁵	John	Sebastian	W02
Initial psychotherapy education	Integrative	Psychoanalytic	Integrative; psychodynamic; person-centred; Reichian
Years practising as a therapist	15	1	15
Extra training	Addiction studies	Integrated bodywork	Integrated bodywork
HB training ⁶	GTT-2008	GTT-2016	Ongoing
Years HB facilitator	11	3	5

3.4.4 Data analysis

In this IPA, data collection is not used to test hypotheses, and this is also reflected in the analysis of the interviews. In the data analysis, the researcher reflected on his own preconceptions of data and tried not to be influenced by these in order to understand the experience and experienced world of the interviewees. The hermeneutic perspective means that the researcher explored the interviewee's construct of thought (Larkin *et al.*, 2006) so that the researcher had to construct the meaning of the interviewees' experience. This created a double-hermeneutic.

The analysis in IPA will be inductive. That the analysis is inductive means that the researcher derived codes from the data, rather than using already established theory to categorise the data. This study used IPA since theories or hypotheses are not tested and this

⁵ anonymised

⁶ Grof Transpersonal Training (GTT) - qualified in (year).

study could be used to further develop already established theories. IPA challenged the researcher to create an open dialogue with the interviewee, which caused the researcher to see the phenomenon he is studying in a new light.

After the data was transcribed, the researcher worked closely and intensively with the transcribed text, gave thorough comments on the text (“coding”) in order to gain insight into the interviewees’ experiences. After the comments to the text had been put in place, the comments were categorised and the researcher searched for patterns of meaning and similarities (ideas, thoughts, feelings) between the comments of the text and between the comments and the interviewee’s statements in the transcribed text. A sample of a coded transcript can be found in Appendix G.

Themes were identified from both, the statements that are subject to concern and statements with significance, that are important to the interviewees.

Some of the identified topics were grouped under broader themes that can be called overall themes. Under the overall themes, sub-themes were found. The final categorisation of the topics was summarised and included in a table where references and quotes to empirical evidence from the transcribed text were included to substantiate the topics that had been derived from the analysis.

4. Findings

4.1 Introduction:

In this chapter, the relationship of the interviewee towards the facilitation of HB sessions are explored. Furthermore, the impact of HB on the facilitators' and participants' lives is reviewed. The world of the participants (Willig, 2008) was approached through a hermeneutics of empathy (Kaplan, 2003). This allowed to establish an understanding and subsequently captured the interviewee's experience.

Themes that chronologically emerged throughout the analysis of the interviews can be found in Appendix H. These themes were then clustered and coded which led to 9 different categories (Appendix I). The categories were then clustered and the findings are presented in 3 themes (Appendix J). These are laid out in a narrative account which is supported by the participants' verbatim quotes:

- Theme 1: Facilitators experience of HB
- Theme 2: Integration of HB and Psychotherapy
- Theme 3: Trauma and Healing

4.2 Theme 1: Facilitators experience of HB

All three interviewees did not have any prior experience with HB before they participated in their first session. This allowed for quite different reactions to their first HB session.

- Sebastian particularly liked being a sitter in the first session.
- John fell in love with HB within 24 hours.
- Maria became fearful after the first HB experience. It took her six months before she returned – she has been practising now for 17 years.

The participants showed enthusiasm when talking about HB. They mentioned that HB is a powerful technique for healing. For example, John suggests that HB has the potential for large shifts:

(HB) helps people shift large blocks of stuff if you want to call it that, you know. Go through quite a lot of experience in one day.

This was supported by statements from the other two HB facilitators. Maria expressed the opinion that a single session of HB is worth one year of traditional psychotherapy.

Generally, participants agreed that psychotherapy and HB complement one another. More details on this subject can be found in “Theme 2: Integration of HB and Psychotherapy”.

4.2.1 Contraindications

The interviewees talked about the contraindications of HB. John and Sebastian explicitly named psychosis. For John, the recent bereavement and discharge from an addiction treatment centre were also contraindications:

There are people that obviously that it's contraindicated, for you know, if you have any sense that a person is psychotic if you have any sense that a person is very recently bereaved you know, very recently discharged from an addiction treatment centre. And you know, this might be too much.

According to John, the reason for this is that psychotic people are not grounded enough to come back to their everyday experience:

They don't have the ability to come back on track, you know, that grasp, that anchoring in reality, you know, that you need. They go into their psychic, into their psyche and not come back.

The issues of time constraints of an HB session and of the environment was highlighted by the participants. It was indicated that one-day workshops allow for less integration and grounding than longer sessions such as weekend-long workshops. They also all appeared to

suggest that when more time was available, deeper integration and better grounding could take place.

The interviewees described emotively situations when they felt they had failed HB participants due to time constraints. Sebastian highlighted the account of an assumed paranoid person participating in an HB session:

So, it's contraindicated first psychotic subjects. First of all, after that we provide. Now, I've seen this happen on breathwork weekends and stuff, where somebody came with a ... and to my clinical mind, this person, I surmised, was paranoid, for example. Now, what happened, in that case, was the person required a lot of attention throughout the whole weekend?

They basically from start to finish of that weekend, they needed almost constant guidance through the process. And from the moment the breathwork session started, that person found it very hard to stay with their breathing and do like everybody else did, because the, because by doing that, they were putting themselves in a very dangerous position, you know? So, I mean, I have personal experience of that. That's the number one contraindication for breathwork, is that psychotic subjects need to be screened out.

The accounts by the interviewees appear to support the suggestion that HB requires an average of good physical and mental resilience (Grof & Grof, 2010) and that there is a contraindication for acute psychoses (Grof, 1988).

This also highlights the importance of facilitators' ability to 'hold the therapeutic space'.

John remarks in relation to this:

Ethically, you are bound to consider well, can I hold this space? – You know. And can I hold these people? And if they, if one of them gets into a really altered state and doesn't come out of it. What am I going to do? And have I thought about that? And have I figured out a way to make sure that the client is going to be okay.

These statements indicated to the interviewer that a concern of what to expect in the HB session can be present in the facilitator.

John also warns about certain other exclusion criteria such as acute physical pain:

What's contraindicated is like, and then some physical injuries as well. Yeah. No, like I mean, if somebody says, oh, well, I have a really sore joints. And I'm after taken, uhm, you know, four or five painkillers today you know, so I could do the

breathwork, I'd be saying no because then they can't feel the physical pain. The breathwork is a physical, mental, and psychic experience.

John highlights here that HB is a physical, mental, and psychic experience which is supported by the answers of the other interviewees as well.

4.2.2 Change introduced by HB

The interviewees point out changes that HB has brought about in them. Asking John whether the shifts and changes felt during or after an HB session, he replies

Well, certainly the memory ones are permanent. Once a person unstoppers the part of the brain that is holding but not remembering the memories. Once people start to remember, they generally can't unremember, in my experience, you know. As regards to physical things. Sometimes, people would say they're freer or lighter, you know. But, I wouldn't make any great claims for physical healing.

He highlights that breathwork is more of a release than a cure:

(...) it's more of a release than a cure if you know what I mean?

(...)

Like, so somebody comes in, and for argument's sake, they've got arthritis or, you know, a medical thing which, maybe one of knees or ankles or joints is out of kilter. I rarely felt so that be cured you know.

(...)

What people do say they get released and they get ease.

John says that HB is not like surgery:

You know, so, and sometimes you see people just being lighter and freer an easier, but it's not like yeah, not like surgery.

He points out a peculiar observation that scars become a deeper colour and even marks from forceps deliveries can show up:

See, sometimes people have them from the forceps deliveries. You'd see like the red marks come on the sides of their forehead and then they go away again.

He admits that some of these observations are still unexplained:

You know, after. It's got to do with the power of the whole system, you know. Some of this is obviously unexplained.

Maria remarked that without HB today she would be on pain medication.

4.3 Theme 2: Integration of HB and Psychotherapy

In this theme, the relationship between psychotherapy and HB is examined. All participants put emphasis on the complementary nature of HB and psychotherapy. Maria suggests that she would not do HB with clients where she thinks the relationship in the therapy room is fragile. She highlighted that the relationship with the client needs to be really solid to suggest to a client to participate in HB.

4.2.1 Stuckness in Psychotherapy

All three participants suggested that HB is beneficial for clients in therapy who feel stuck in their life, who feel stuck in the therapy room. For example, John said that about psychotherapy

On a Regular basis, you show up, you see your therapist, and you speak and you form a relationship and, you know, through trust and positive regard and through, you know, empathy like a healing takes place, a growth takes place and awareness is engendered. That's one thing. As well as that then, because of transference and countertransference, I guess, as much as anything, people get stuck.

It was further indicated by him that clients become derealised from their own process:

People get into denial, people get into, you know, sort of fake amnesia, stuff like this. You know, they get derealised somewhat from their own process.

He says that, after a client is in therapy for some time, it becomes difficult for the client to mention certain topics.

Other things that in those early sessions become almost taboo, become almost like the unspoken, you know, they've never been mentioned. And we know each other for two years, or four years or six years. How do you want to mention the big secret now?

He believes that the difficulty to speak about the unspoken arises from the defence mechanisms and sees HB as a means to overcome this stuckness.

Like sometimes that kind of thing happens in the therapy room for an example. Or there's, there's as many defence mechanisms as you care to study up on, you know, like, you know, obviously, denial and the derealisation and sublimation and those kinds of things are the main ones. And HB gets you away from that.

Sebastian talks in this context about the “direct access” HB provides. The NOSC allows access to a part of himself which he usually would not be in touch with:

I liked the feeling that the experience of breathwork gave me the feeling of direct access. That is to say that the altered state of consciousness that breathwork provided me with gave me access to a part of myself that I wouldn't ordinarily be in contact with.

He suggests that this direct access bypasses the ego defences. His idea is that the NOSC dissolves the ego and hence also its defences:

So, that's what that's what it was, for me, you know, the idea of direct access and the idea that somehow, uhm, my ego dissolved somewhat, or that it the defences and ties and binds of my ordinary waking ego stage loosened up quite a lot.

This loosening up provides wider access to a wider self. According to Sebastian, this wider self is

The one, the one that helps you function in, in your world ...

John and Sebastian both recommended participating in HB sessions within the frame of psychotherapy. Sebastian feels that HB gives a profound experience that needs to be grounded in an ongoing therapeutic process:

I think the traditional therapy is an important way of maintaining a continuity. And, also being able to have a space in where we can talk about the experience of holotropic breathwork on an ongoing basis. I think traditional therapy can be a frame for breathwork. And maybe, and that's been my experience, as well, I should emphasise that I've been doing traditional therapy, always alongside regular enough breathworks, you know. So, I see that they both can work hand in hand. I think you need a framework for breathwork, I think breathwork is basically experiential. So, I think you need also to, to talk about the experience, you know. So I don't see ... I see the breathwork, it gives you access to a, an immediate, sometimes profound

experience. But I also think that you need to ground that experience in, in an ongoing therapeutic process.

Sebastian expands on his understanding of the word profound. He indicates that profound for him can go as far as to what Grof calls spiritual emergence. Sebastian also talks about retraumatisation during the HB process that allows some form of release. He even goes as far as calling it catharsis.

In such a situation, he would like to receive as much support as possible from the HB facilitator as well as from his therapist:

As much support as you could want, in a way, I needed sometimes. Because those experiences are quite profound. And you, you are quite, you're not the same person afterwards, as before, I think. I think what happens is you kind of go into, you become retraumatised or something. And the retraumatisation allows something, some kind of catharsis or cathartic experience, that allows possibly something of the original trauma, to release, to be released. And I think that's why the fear, you feel it like the subjective, you know, the fear, you feel the feeling of fright and fear. Terror sometimes, I felt. I think that's, that's some of the effects of the original trauma releasing some kind of way.

In regard to follow-up care, the statement provided by Maria reflects a common theme expressed by all three facilitators. Below, she was answering the question: "How would you know if participants get enough follow-up care or integration in the breathwork process?"

You don't know. Unless they're my clients. Or, unless they choose to tell us if they're coming back time and time again. But, we always, uhm, at the end of every breathwork, we would, they have our phone numbers, they have our emails, if they're struggling, please ring us. (..)

I know in Westport, they tried to set up a support group that would meet once a month. That was just there. You don't even have to book. You could just turn up and people would support each other integrating the stuff. A lovely idea, but, but it didn't last. Why? I don't know. Yeah, I know with my clients because I get them to bring the mandala, we, we do suggest, you know, some people may need therapy. Go, you know, they are going to see a therapist, maybe, try to find somebody that would understand breathwork. Or, they don't necessarily have to have done it but that they would respect the work that you're doing. (That they might) people that they might need body support. Go have your osteopathy or your massage or you have your other forms of healing. Or, ways of supporting yourself, do it, you know.

(...), the post-workshop guidelines, you do all them, like, what we recommend. But we don't know. Maybe that's where it falls short on the one days. You have, people are more integrated after the residential.

In this response, a challenges relationship of the HB facilitator to the not knowing of the level of aftercare of HB participants can be seen. It is also highlighted more time to integrate and for grounding are a concern.

4.3 Theme 3: Trauma and Healing

In this theme, the emphasis will be on looking at trauma and its healing in the holotropic state.

4.3.1 Trauma

All three participants put significant emphasis on healing. This includes the healing of relational trauma. In this context, Maria talked about her experience of breathing on a mat in HB:

And, I got to reexperience maybe trauma but there was healing this time around.

She described the experience of her very first HB session as follows:

I had no idea what it was about. I went in blind. I just did as I was told, and it was an old lady in her 70s, who was a psychotherapist, seeing my fear. And she said you will breathe with me. And, you'll go first. After that's what I did. And stuff I had buried for years came up. I had touched off it in psychotherapy, but it was just a story. It was just a throwaway comment, no feelings attached. And, I realised I was full of trauma. Full of hurt, full of sadness. And I cried for three hours. And, when I came out, who was that? – that wa..., I don't, I don't do that. And, I went back to my therapist, and I told her. She said, Maria in five years with me and you've never cried. And six months later, a curiosity (about HB) came up in me.

Although all interviewees appeared moved by the healing capabilities of HB, the observation of the interviewer was that Maria had the deepest understanding. The excerpt above in regards to her first session indicates this well not only in word but also in the tone she used.

All interviewees mentioned that HB can induce healing by reliving trauma. It is suggested that Sebastian described this with a strong emotional connection to the topic:

You're just experiencing some profound sense of fear, terror, overwhelming, you're feeling these quite overwhelming feelings, that without support you'd find difficult to manage on your own. The only sense I could ever make of what I was experiencing was that I was reexperiencing some kind of trauma, you know, like, like, my body was traumatised on the way in, and I was feeling all this fear and terror, as it was releasing on the way back out.

In relation to trauma, all participants talked about the experience of reliving birth processes during HB sessions. Answering the question “How would you know the experience is real and not just the result of wild imagination?”, she described reliving trauma and birth experience in the following manner:

You couldn't make some of the stuff up.

You couldn't. And, there's a pattern. There is, uhm, I think when people, as you can see, people in birth process on the mat, it's the same, it's the same movements, it's the same sound, you know. Nobody's given a script, to know, it's, uhm, you say, oh wow this is (birth process). Wow, you are there. Oh, you can't make that up! It's, it's too bizarre to make it up. Uhm, you can't fake trauma. You know, people sometimes have huge emotional releases but they may not even have a story attached to it. Doesn't matter. You know, get it out. The story may come after(wards). --- People will rediscover memories that have gone underground. But, that's what people do with trauma. You know. So, years ago breathwork, Ireland was afraid of breathwork. The Catholic Church didn't like it. And, I'd say because a lot of abuse came up. I do. I really really say because of abuse came up. And, abuse goes underground. And, I've seen it working with clients. You know, when it starts to come up, and that's not the breathwork but when it starts to come up for them. It's slow. Slowly, slowly, slowly, slowly. So, you can't make that stuff up. You can't, I don't believe you can make that stuff up. People can tell you stories and they may not be true. People don't tell the stories on the mat. They reexperience stuff on the mat. (That's what I see.) Yeah. And, it's, they reexperience as if it's happening for the first time. And, at the age it was, you see a grown man, you know, crying like a two-year-old in a cod. Like, someone comes to mind. (But,) you look at this like, oh my god what's happening. The, but he's back to when he's two. And, he's behaving like a two-year-old. You see people on the mat and they are in, you know, (...) in the room. You see all, make it up!? – I don't think so. I don't think so, no. You look at men, and it looks like they are giving birth. (They like reexperience their own birth but they are giving birth to them.) No man understands that.

4.3.2 Healing

John highlights that HB sometimes provides a totally alternative solution to healing. This is a strong statement which showed the love that all three participants appear to associate with HB and its facilitation. The reader might find a reflection of such love in the following answer that was given to the question “What is it like for you when you observe an ongoing breathwork session?”

Oh, I love it. As much as I love to breathe, I love the facilitating. Healing happens both ways. There is an exchange. Maybe, kind of get a big upsurge, (...), I always feel very humbled, and very blessed that people will trust you with their most fragile parts of themselves. I'm always struck by people's bravery. Now, to call them up on the phone a breathing tomorrow. We have five first-timers, you know. Jesus love them, they haven't a clue, you know. Three of them I know, they haven't a clue what they're going in for. And they, they're not clients. But, I just admire their bravery. And I really, I, I never cease to be touched, ever. Yeah, I never..., it it feeds me in some..., and I get so much out of. I just love it. I love being part of it. I love giving something back. – Yeah, if I didn't love, I wouldn't be there. You know, we've provide a space, I think, because of..., we believe in the work. Just, yeah, I, I, just, I absolutely love it. I can't explain it. I just..., it feeds myself (my soul). It really, really does. Oh my god, on so many levels. So whether I'm breathing or facilitating, I know I'm part of something good. I know I'm part of something bigger. And, you don't get that many places. Stumped. I love it, yeah.

Here, the interviewer felt a deep feeling of Maria's deep appreciation for being part of an HB session and her love for facilitating.

Sebastian makes this deeply humble statement about the work as an HB facilitator:

I mean, I have to do the work, you have to have a sense of humility, really, that I'm not, there's nothing I can do here. Or there's nothing I'm doing, you know. I don't have healing hands. You know, I don't. I don't have anything in particular, that I can bring to this experience that I can make your experience any better than what you can do for yourself.

John highlights strongly that

(t)here is no cure. There is only healing and growth. We are never cured in psychotherapeutic terms, I don't believe so. So, I tell people to (keep coming) back. And, I tell people that, you know, it's all process, process, process, not cure, cure, cure.

Chapter 5: Discussion

5.1 Introduction

Ricoeur's Theory of Interpretation and hermeneutics of suspicion (Kaplan, 2003) creates a tension that allows extension beyond the interviewees' accounts leading to the creation of a fuller understanding of the research question. In this chapter, theoretical concepts are used to examine the interviewees' accounts using a lens of questioning (Flowers *et al.*, 2009).

Respect is hereby given to the interviewees' worlds and experiences.

The findings from the previous chapter are examined in the following order:

- Facilitators experience of HB
- Integration of HB and Psychotherapy
- Trauma and Healing

5.2 Facilitators experience of HB

The findings of this study are mainly consistent with previously published experiential results (Boroson, 2012; Grof, 2009, 2019; Grof & Bennett, 1992; Grof & Grof, 2010).

Table 2 compares the results of these qualitative studies with the results presented in this work.

HB is a technique that does not involve any form of psychotropic substances. In that regard, it could be described as 'pure'. The facilitator takes mainly on a passive role. He or she might apply bodywork on request. Therefore, the facilitator is not a healer. According to the interviewees, if time constraints allow it, the facilitator might provide a holding environment for clients that have difficulties to self-regulate.

Table 2: Comparison of qualitative results of “Characteristics of HB” with literature.

Facilitators experience of HB	IAHIP⁷	Grof⁸	Current Study
Non-involvement of Drugs	Yes	Yes	Yes
Facilitator as a healer	No	No ⁹	No
Is HB a kind of shamanism?	No	No	No
Is there a prescribed ‘order’ of experience?	No	No	No
Is HB addictive?	No	No	No
Can HB be a substitute for psychotropic substances?	Yes	Yes	Yes
Does HB require bodywork?	Case by Case	Case by Case	Case by Case
Do participants leave the workshops ‘ungrounded’?	Possible	Unclear	Possible
Does HB induce NOSC?	Possible	Possible	Possible
Is HB just about reliving trauma?	No	No	No

⁷ (Boroson, 2012)

⁸ (Grof, 2009, 2019; Grof & Bennett, 2009; Grof & Grof, 2010)

⁹ Wisdom of the inner healer (Grof, psych of the future)

Shamanism is a more directive approach. For example, emphasis might be put on ‘the hero's journey’ (Campbell, 2008). Shamanism also focuses more on specific symbolism (Ryan, 1999). From the participants’ accounts, it became clear that an HB session is unlike a shamanic session. HB is non-directive and does not incorporate a specific symbolism. The music in HB, however, follows a certain pattern with an introduction, a climactic plateau, and a phase of fading out. This can be seen as a ‘journey’.

Although one of the interviewees had been participating in HB sessions for 17 years, there is no indication that HB is addictive in the sense that it leads to physical or mental symptoms of withdrawal. I would like to suggest that HB compares more to a necessity that the breather needs at a particular time in their life. HB can lead people away from certain substances, for example, psychedelics, and can, therefore, be a purer substitute.

From the literature review as well as from interviewees’ accounts, it became clear that bodywork during an HB session is optional. If requested by a breather, gentle bodywork that fosters healing through an increase in the breather’s sensation can be useful. This underlines the facilitative nature of those monitoring an ongoing breathwork session.

All three participants suggested that time constraints may lead to a situation where the participants do not succeed to become grounded enough after a breathing session. This is confirmed by the account presented by IAHIP (Boroson, 2012). It is unclear how Grof relates to this topic. In the interviews, it was claimed that one-day HB sessions allow for less integration and potential for becoming grounded in comparison with residential two-day or longer sessions. It can be agreed that HB has the potential to induce a NOSC. Grof describes this frequently and in detail. Other sources (Boorstein, 1996; Crowley, 2005) as well as the accounts presented by the interviewees, confirm this. It is impossible

and would certainly be incomplete to describe the experience of NOSCs. Grof (2009) himself suggested it to be a microscope or a telescope that allows for a different perspective. I would like to suggest based on the interviews' analysis that this might be the vehicle to overcome feelings of stuckness that can arise in life and specifically in the therapy room. All interviewees confirmed that HB can be helpful at certain times during the therapeutic process to overcome stuckness and foster healing.

Based on the case study analysis, we conclude that HB has good potential for healing trauma. HB can also lead to resurfacing of repressed trauma which then would need to be processed in, for example, psychotherapy and further HB sessions.

5.3 Integration of HB and Psychotherapy

The interviewees all agreed that the relationship between psychotherapy and HB is of a complementary nature. Their suggestion is that psychotherapy has limitations that HB can overcome (Table 3). The interviewees said that this limitation is a feeling of stuckness that clients can experience. HB can help overcome this stuckness. Various theories (eg Reich, 1980; Perls, Hefferline, & Goodman, 1994; Assagioli, 2000), ego defences (Freud, 1992), and concepts like Freud's psychic apparatus (Freud *et al.*, 1953) could be named to explain a potential genesis of feelings of stuckness during the psychotherapeutic process, however, here the author would like to see it as a given. A question which arises is what allows a person to overcome this feeling of stuckness through HB?

Comparing the setting of psychotherapy with the environment within an HB session takes place, the author would like to present the following main differences:

- The sitter and facilitator(s) take on a passive role and react only upon request of a breather;
- loud music is played during HB sessions;
- a NOSC is induced in HB;
- biochemical changes in the blood;
- eye masks are worn in HB, the breather has the eyes closed;
- the breather is not talking.

From this list, NOSC and biochemical changes in the blood are suggested to be the favourable candidates for overcoming feelings of stuckness in psychotherapy. Comparing LSD psychotherapy and HB, which both induce a NOSC (Boorstein, 1996), no evidence was found that LSD leads to changes in the alkaline content and to decreases in ionisation of calcium in the blood. This finding supports evidence that NOSC at least a medium that allows the overcoming of stuckness.

One of the interviewees, Sebastian, said that HB allows overcoming of ego defences, this is supported by Ch. Grof (1993) and Grof (1988). Boroson (2012) from IAHIP says about this:

Grof (2009) believes that there is an inner ‘radar’ function in the psyche that, when given the opportunity, can choose the most relevant experience we need, at that moment, for our evolution. No one can know what that experience is, in advance. For example, consider a client locked in a pattern of anger at her mother: what would be the best prescription for her? A bioenergetic therapist might encourage her to express her rage. A Buddhist teacher might encourage her to practice compassion. A Jungian might encourage her to dialogue with the image of her anger. A Kundalini yogi might encourage her to channel the anger into a higher form. But a Holotropic Breathwork facilitator would say simply, “keep doing the breathing and find out what is emerging for you.” The answer is specific to the client and to the time.

Table 3: Comparison of qualitative results of “Integration of HB and Psychotherapy” with literature.

Integration of HB and Psychotherapy	IAHIP¹⁰	Grof¹¹	Current Study
Does HB complement traditional psychotherapy	Yes	Unclear	Yes
Can HB provide the experience to an individual's story?	Implied ¹²	Yes	Yes
Is it recommended to stay in therapy while participating in HB sessions?	Yes ¹³	Unclear	Yes, at least for beginners
Can HB participation foster the therapeutic process?	Yes	Yes	Yes
Can people get stuck in psychotherapy?	Yes	Implied ¹⁴	Yes
Can HB release stuckness?	Yes	Yes	Yes
Can HB bypass ego-defences?	Not present	Not found	Yes

¹⁰ (Borson, 2012)

¹¹ (Grof, 2009, 2019; Grof & Bennett, 1992; Grof & Grof, 2010)

¹² “They (the breathers) learn how to trust the deep wisdom of their own psyche, and to stay open to its ever-evolving story.” (Borson, 2012)

¹³ It is written that HB facilitators frequently refer participants to therapists.

¹⁴ In an interview, Grof provides shortcomings of psychotherapy that imply a client or patient or analysand or person may not be able to get certain answers in psychotherapy. Those answers could be needed to allow that person to progress in the process. (‘The Birth of LSD with Dr. Stanislav Grof, Father of Transpersonal Psychology - #428’, 2017).

This idiosyncratic experience that a breather feels can also provide the experience for the story that was told in the therapy room. Grof (2009) describes many case studies in which a person experienced something in an HB session that later on would be confirmed by a story. Boroson (2012) writes “They (the breathers) learn how to trust the deep wisdom of their own psyche, and to stay open to its ever-evolving story”.

There is a theme of the pairing of psychotherapy and HB throughout the interviews. The suggestion is that HB sessions embedded in therapy sessions help the person to become grounded and foster integration. It was also mentioned that it might not be necessary to combine HB and therapy sessions all the time. More advanced breathers might decide to discontinue their personal therapy and continue with HB. The advantage of embedding HB in personal therapy is also present in Boroson’s paper (2012).

It appears to be strongly indicated by the interviewees that HB can foster the process in the therapy room. The above-mentioned overcoming of feelings of stuckness in the therapy room was given as the main reason.

5.4 Trauma and Healing

The reexperiencing of trauma during HB sessions was recorded by the interviewees and confirms previous results and experiences (Table 4). They also mentioned that deeply repressed trauma can resurface. This includes trauma induced by child sexual abuse and sexual abuse in general. In her article, Walden (1993) provides an account of a woman who had been sexually abused in the past and who then participated in HB sessions:

I felt a strong build up of tension in my genitals and bladder area. As it built I got extremely angry and sexually frustrated. My body was filled with it. First it was my rage and frustration. Then my body was filled with my mother's as well. Then, my grandmother's and finally that of all womanhood throughout time (1993, p. 173).

This report highlights the transpersonal nature of the experience. Walden (1993) says that reexperiencing this trauma can lead to healing by completing a Gestalt (Perls, Hefferline, & Goodman, 1994). Petersen (1997) supports the idea that the reexperiencing or resurfacing of trauma can have healing aspects for the individual. It is important to know that the person reexperiencing a long forgotten trauma or experiencing a repressed trauma consciously for the first time can be very upset. This is why grounding after such an experience has significant positive implications for a person having gone through strong emotions.

When a breather is going through an intense reexperience of trauma, interviewees gave different answers regarding their knowledge of what is going on for this person in that moment. For example, Sebastian said that he would not lay claim of knowing what is going on with a breather. Contrary to this, Maria said that she recognises when a breather would go, for example, through a rebirthing experience. She indicated that the movements are

similar between breathers going through the same rebirthing process. During the interview, Sebastian talked about his feelings of humbleness towards the HB process which could be a reason for his answer of not laying claim on what is going on. In contrast, Maria seemed certain when it comes to relating particular processes of a breather on a mat to a rebirthing experience.

Table 4: Comparison of qualitative results of “Trauma and Healing” with literature.

<i>Trauma and Healing related Findings</i>	IAHIP	Grof	Current Study
Is it possible to reexperience trauma in HB?	Yes	Yes	Yes
Can HB reveal repressed trauma?	Yes	Yes	Yes
Can HB heal trauma?	Possible	Possible	Possible
Can HB intensify the look of physical scars?	Not present	Not found	Yes

In addition to dealing with trauma, HB can provide access also to other areas that can foster healing or provide meaning. Maria described a case in which an experienced breather who is also in therapy went through a rebirthing process three times during a single HB session. The conclusion the breather drew from this was that he had enough. He had enough not just of the rebirthing process but also of how he related to life outside of the HB session. HB thereby helped the breather to break out of something which appears to be a repetition of a birth process.

In regard to physical trauma, John said that he observed breathers who show marks from forceps deliveries they went through when born. These marks would not show in everyday life. He hereby confirmed that surgical pains that have been eliminated by anaesthesia are retrieved from the body memory and lived through (Kalsched, 2014). This can be seen as a reexperiencing of trauma on a physical level. Maria said that she would be taking painkillers today if it was not for HB. She thereby clearly indicated her belief that HB can at least slow down the detrimental effects of physical trauma.

Chapter 6: Conclusion

6.1 Summary of Findings:

In this qualitative study on “A psychotherapeutic exploration of Holotropic Breathwork”, three holotropic breathwork facilitators who are also psychotherapists were interviewed. The interviews were of a semi-structured nature and the results were analysed using interpretative phenomenological analysis. This led to the finding of three themes:

- Facilitators experience of HB,
- Integration of HB and Psychotherapy, and
- Trauma and Healing..

The first theme clearly highlighted the appreciation and respect of the facilitators towards HB. Contraindications of HB from the literature were supported by the interviewees. A strong sub-theme in this context was the grounding of participants after an HB session has come to an end. It became evident that residential HB have an advantage over one-day HB sessions since participants have more time for grounding and integration.

The second theme showed a complementary nature of HB in psychotherapy. If applied correctly, an HB session can be beneficial for the therapeutic process. The interviewees suggested that HB allows overcoming feelings of stuckness in the therapy room.

In the third theme, Trauma and Healing, the benefits of reexperiencing trauma in HB became apparent. The interviewees provided accounts of rebirthing experiences which has the potential for a breather to work through the trauma and complete a Gestalt. HB appears to also address physical trauma. Here, it is not entirely clear whether the destructive nature of a trauma is slowed down, stopped, or reversed.

All in all, the researcher found it difficult to identify adverse effects of HB on participants. Even though grounding was a concern of all interviewees, their accounts indicated that the facilitators' support of a breather outside of an HB session is rarely needed.

The answers given by the interviewees had an overall positive connotation. This positive connotation was particularly emphasised when the interviewees spoke about healing and spiritual aspects.

6.2 Strength and Limitations

Strength:

The strength of the study was the ability to interview HB facilitators who are additionally trained as psychotherapists. This allowed for accounts that highlighted the relationship between HB and psychotherapy and their complementary nature. This gave insight to where HB can help fostering the psychotherapeutic process.

The study also shows the practical advantages and limitations of HB and the importance that grounding of a breather plays after their HB experience.

Limitations:

All interviews seemed to a certain extent enthusiastic about HB. This suggests a bias towards HB. The researcher is also aware of his own potential bias towards the topic. Another limitation of this study is its qualitative nature. Here, the number of interviewees could be increased in future studies to also account for a quantitative analysis.

6.3 Implications for Psychotherapy

The study confirms that HB can be useful in overcoming stuckness in psychotherapy and healing trauma. The analysis of the interviews showed that psychotherapists who are also HB facilitators carefully select their clients suited for HB. This significantly reduces the chances of a client experiencing negative effects during holotropic breathing.

Areas like the preverbal and perinatal

6.4 Suggestions for Further Research

The analysis of the HB technique along with the study's strengths and weaknesses helps us identify opportunities for further research. Some of the areas which would benefit from further in-depth investigations include quantitative research into brain functions of a person during the process of HB and comparison with recent brain studies of people under the influence of LSD (Carhart-Harris *et al.*, 2016; Carhart-Harris *et al.*, 2016). This comparison would allow understanding the similarities and differences between LSD and HB.

HB can also be compared quantitatively to other breathing techniques such as pranayama yoga. This could then link breath frequency and amplitude to brain function.

References

- Allison, N. (1999). *The Illustrated Encyclopedia of Body-mind Disciplines*. Taylor & Francis.
- Alvarez, J. E., Ingruber, D., & Koppensteiner, N. (2018). *Transrational Resonances: Echoes to the Many Peaces*. Springer.
- Andrews, G., Creamer, M., Crino, R., Page, A., Hunt, C., & Lampe, L. (2003). *The Treatment of Anxiety Disorders: Clinician Guides and Patient Manuals*. Cambridge University Press.
- Assagioli, R. (2000). *Psychosynthesis: A collection of basic writings*. Synthesis Center Inc. (in cooperation with the Berkshire Center for Psychosynthesis).
- Barcalow, E. (2000). *Open Questions: An Introduction to Philosophy*. Oxford University Press.
- Bartley, T. (2011). *Mindfulness-Based Cognitive Therapy for Cancer: Gently Turning Towards*. John Wiley & Sons.
- Baum, L., & Pounds, B. (2019). *The National Directory Of Psychotherapy Training Institutes*. Routledge.
- Berman, M. G. (2017). *Nature and Environment: The Psychology of Its Benefits and Its Protection*. Frontiers Media SA.
- Boorstein, S. (1996). *Transpersonal Psychotherapy: Second Edition*. SUNY Press.
- Borck, C. (2018). *Brainwaves: A Cultural History of Electroencephalography*. Routledge.
- Borden, M. E. (2017). *Psychology in the Light of the East*. Rowman & Littlefield.
- Boroson, M. (2012, May 9). Twelve Things You Should Know about Holotropic Breathwork™. Retrieved 20 June 2019, from IAHIP website: <https://iahip.org/inside-out/issue-55-summer-2008/twelve-things-you-should-know-about-holotropic-breathwork>
- Bradley, D. (2012). *Hyperventilation Syndrome (Rev Ed): Breathing Pattern Disorders and How to Overcome Them*. Penguin Random House New Zealand Limited.
- Brocki, J. M., & Wearden, A. J. (2006). A critical evaluation of the use of interpretative phenomenological analysis (IPA) in health psychology. *Psychology and Health, 21*(1), 87–108.
- Brouillette, G. (1997). Reported effects of holotropic breathwork: An integrative technique for healing and personal changes. *Unpublished Doctoral Dissertation, Institute of Transpersonal Psychology, Palo Alto, CA*.

- Buber, M. (2012). *I and Thou*. eBookIt.com.
- Campbell, J. (2003). *The Hero's Journey: Joseph Campbell on His Life and Work*. New World Library.
- Campbell, J. (2008). *The Hero with a Thousand Faces*. New World Library.
- Campbell, J. (2011). *Myths to Live By*. Joseph Campbell Foundation.
- Cardeña, E., & Winkelmann, M. (2011). *Altering Consciousness: Multidisciplinary Perspectives: History, Culture, and the Humanities. Biological and psychological perspectives*. ABC-CLIO.
- Carhart-Harris, R. L., Muthukumaraswamy, S., Roseman, L., Kaelen, M., Droog, W., Murphy, K., ... Nutt, D. J. (2016). Neural correlates of the LSD experience revealed by multimodal neuroimaging. *Proceedings of the National Academy of Sciences*, 113(17), 4853–4858.
- Claes, L., & Van Hove, G. (2011). *Qualitative Research and Educational Sciences: A Reader about Useful Strategies and Tools*. Pearson.
- Cortright, B. (1997). *Psychotherapy and Spirit: Theory and Practice in Transpersonal Psychotherapy*. SUNY Press.
- Crowley, N. (2005). *Holotropic Breathwork - Healing through a non-ordinary state of consciousness*.
- Cvetkovic, D., & Cosic, I. (2011). *States of Consciousness: Experimental Insights into Meditation, Waking, Sleep and Dreams*. Springer Science & Business Media.
- Dale, C. (2014). *The Subtle Body: An Encyclopedia of Your Energetic Anatomy*. Sounds True.
- Daniels, M. (2016). *Shadow, Self, Spirit: Essays in Transpersonal Psychology*. Andrews UK Limited.
- Denzin, N. K., & Lincoln, Y. S. (2017). *The SAGE Handbook of Qualitative Research*. SAGE Publications.
- Dürckheim, K. G. (2016). *Zen und wir*. FISCHER Digital.
- Earleywine, M. (2005). *Mind-Altering Drugs: The Science of Subjective Experience*. Oxford University Press.
- Eisenstein, C. (2013). *The Ascent of Humanity: Civilization and the Human Sense of Self*. North Atlantic Books.
- Ellens, J. H. (2009). *The Healing Power of Spirituality: How Faith Helps Humans Thrive [3 volumes]*. ABC-CLIO.

- Erskine, R. G., & Moursund, J. P. (2011). *Integrative Psychotherapy in Action*. Karnac Books.
- Eyerman, J. (2014). Holotropic Breathwork: Models of Mechanism of Action. *Journal of Transpersonal Research*, 6(1), 64–72.
- Farina, J. (2002). *Great Spiritual Masters: Their Answers to Six of Life's Questions*. Paulist Press.
- Flowers, P., Larkin, M., & Smith, J. A. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London: Sage Publications Ltd.
- Fonger, C. (2013). *Illumination: Spiritual Emergence and the Evolution of the Soul*. BalboaPress.
- Fowler, S. W. (2009). *Coping Strategies*. Xulon Press.
- Frankl, V. E. (1985). *Man's Search For Meaning*. Simon and Schuster.
- Freud, A. (1992). *The Ego and the Mechanisms of Defence*. Karnac Books.
- Freud, S., Strachey, J., Freud, A., Rothgeb, C. L., Richards, A., & Scientific Literature Corporation. (1953). *The standard edition of the complete psychological works of Sigmund Freud*.
- Friedman, H. L., & Hartelius, G. (2015). *The Wiley-Blackwell Handbook of Transpersonal Psychology*. John Wiley & Sons.
- Fuller, A. R. (2008). *Psychology and Religion: Classical Theorists and Contemporary Developments*. Rowman & Littlefield.
- Galvez, E. R. (2008). *Self-Healing Medical Chi Kung Meditation: For Combating Cancer and All Illnesses*. Wheatmark, Inc.
- Gilligan, S. G., & Simon, D. (2004). *Walking in Two Worlds: The Relational Self in Theory, Practice, and Community*. Zeig Tucker & Theisen Publishers.
- Gollnick, J. (2005). *Religion and Spirituality in the Life Cycle*. Peter Lang.
- Grawunder, S. (2009). *On the Physiology of Voice Production in South-Siberian Throat Singing: Analysis of Acoustic and Electrophysiological Evidences*. Frank & Timme GmbH.
- Grof, C. (1993). *The Thirst for Wholeness: Attachment, Addiction, and the Spiritual Path*. HarperSanFrancisco.
- Grof, C., & Grof, S. (1992). *The Stormy Search for the Self: A Guide to Personal Growth Through Transformational Crisis*. Putnam's.
- Grof, S. (1975). *Realms of the Human Unconscious: Observations from LSD Research*. Souvenir Press Ltd.

- Grof, S. (1980). *LSD Psychotherapy: Exploring the Frontiers of the Hidden Mind*. Hunter House.
- Grof, S. (1985). *Beyond the Brain: Birth, Death, and Transcendence in Psychotherapy*. SUNY Press.
- Grof, S. (1988). *The Adventure of Self-Discovery: Dimensions of Consciousness and New Perspectives in Psychotherapy and Inner Exploration*. SUNY Press.
- Grof, S. (1998). *The Cosmic Game: Explorations of the Frontiers of Human Consciousness*. SUNY Press.
- Grof, S. (2006). *When the Impossible Happens: Adventures in Non-Ordinary Realities*. Sounds True.
- Grof, S. (2009a). *LSD: Doorway to the Numinous: The Groundbreaking Psychedelic Research into Realms of the Human Unconscious*. Simon and Schuster.
- Grof, S. (2009b). *When the Impossible Happens: Adventures in Non-Ordinary Realities*. ReadHowYouWant.com.
- Grof, S. (2019). *Psychology of the Future: Lessons from Modern Consciousness Research*. SUNY Press.
- Grof, S., & Bennett, H. Z. (1992). *The holotropic mind: The three levels of human consciousness and how they shape our lives*. HarperSanFrancisco.
- Grof, S., & Bennett, H. Z. (2009). *The Holotropic Mind: The Three Levels of Human Consciousness and How They Shape Our Lives*. Harper Collins.
- Grof, S., & Grof, C. (1980). *Beyond Death: The Gates of Consciousness*. Thames and Hudson.
- Grof, S., & Grof, C. (2010). *Holotropic Breathwork: A New Approach to Self-Exploration and Therapy*. Excelsior Editions.
- Grof, S., & Halifax, J. (1977). *The Human Encounter with Death*. E. P. Dutton.
- Hernandez, W. (2012). *Henri Nouwen and Spiritual Polarities: A Life of Tension*. Paulist Press.
- Holmes, S. W., Morris, R., Clance, P. R., & Putney, R. T. (1996). Holotropic breathwork: An experiential approach to psychotherapy. *Psychotherapy: Theory, Research, Practice, Training*, 33(1), 114.
- Holmquist, A. (2009). *Alternative States of Consciousness in Shamanism, Imaginal Psychotherapies, Hypnotherapy, and Meditation Including a Shamanism and Meditation Inspired Personal and Professional Training Program for the 21st Century Psychotherapist: A Cognitive, Intrapsychic, Experiential, and Transpersonal Research*

Project and Program. Universal-Publishers.

Horney, K. (1968). *Self-Analysis*.

Jacobs, S. (2016). *The Art of Living Foundation: Spirituality and Wellbeing in the Global Context*. Routledge.

Jahrsetz, I. B., Hess, R. U., & Miller, J. (2018). *The Intimacy of Consciousness Exploration and Transpersonal Psychotherapy: Coming Home*. Cambridge Scholars Publishing.

Jamieson, G. (2007). *Hypnosis and Conscious States: The Cognitive Neuroscience Perspective*. OUP Oxford.

Johnson, M. E. (2007). *The Rites of Christian Initiation: Their Evolution and Interpretation*. Liturgical Press.

Jung, C. G. (2014). *The Archetypes and the Collective Unconscious*. Routledge.

Jung, C. G. (2015). *Collected Works of C.G. Jung: The First Complete English Edition of the Works of C.G. Jung*. Routledge.

Jung, Carl Gustav, Read, H., Fordham, M. S. M., & Adler, G. (1953). *The Collected Works of C.G. Jung: Psychology and alchemy*. Routledge & Kegan Paul.

Kalsched, D. (2014). *The Inner World of Trauma: Archetypal Defences of the Personal Spirit*. Routledge.

Kleiman, K. (2017). *The Art of Holding in Therapy: An Essential Intervention for Postpartum Depression and Anxiety*. Routledge.

Klein, M. (2017). *The Collected Works of Melanie Klein*. Karnac Books.

Kvale, S., & Brinkmann, S. (2009). *InterViews: Learning the Craft of Qualitative Research Interviewing*. SAGE.

Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology*, 3(2), 102–120.

Lee, H.-M., & Roth, B. L. (2012). Hallucinogen actions on human brain revealed. *Proceedings of the National Academy of Sciences*, 109(6), 1820–1821.

Leuner, H. (1997). *Die experimentelle Psychose: Ihre Psychopharmakologie, Phänomenologie und Dynamik in Beziehung zur Person*. VWB, Verlag für Wiss. und Bildung.

Llc, B. (2010). *Transpersonal Psychologists: Jean Houston, Abraham Maslow, Stanislav Grof, Charles Tart, Michael Daniels, John Rowan, Roger Walsh, Jorge Ferrer*. General Books LLC.

Margolis, G. S., & Surgeons, A. A. of O. (2003). *Paramedic: Airway Management*. Jones & Bartlett Learning.

- Maslow, A. H. (1970). *Motivation and Personality*.
- Masson, J. M. (2012). *The Oceanic Feeling: The Origins of Religious Sentiment in Ancient India*. Springer Science & Business Media.
- McInnes, E., & Schaub, D. (2018). *What Happened? Re-Presenting Traumas, Uncovering Recoveries: Processing Individual and Collective Trauma*. BRILL.
- McLeod, J. (2011). *Qualitative research in counselling and psychotherapy*. Sage.
- McWilliams, N. (2004). *Psychoanalytic Psychotherapy: A Practitioner's Guide*. Guilford Press.
- Merriam, S. B. (2009). *Qualitative Research: a guide to design and interpretation*. San Francisco: Jos-Sey-Bass.
- Mijares, S. G. (2015). *Revelation of the Breath, The: A Tribute to Its Wisdom, Power, and Beauty*. SUNY Press.
- Miller, T. W. (2009). *Handbook of Stressful Transitions Across the Lifespan*. Springer Science & Business Media.
- Minett, G. (1994). *Breath & Spirit: Rebirthing As a Healing Technique*. Aquarian/Thorsons.
- Minton, K., Ogden, P., & Pain, C. (2006). *Trauma and the Body: A Sensorimotor Approach to Psychotherapy*. W. W. Norton & Company.
- Nattiez, J.-J. (n.d.). *Inuit Throat-games and Siberian Throat Singing: A Comparative, Historical, and Semiological Approach*.
- Neumann, E. (1954). *The Origins and History of Consciousness*. Princeton University Press.
- Neumann, E. (2004). *Ursprungsgeschichte des Bewusstseins*. Walter.
- Nick, T. (2003). *Body Psychotherapy*. McGraw-Hill Education (UK).
- Osho. (2011). *Mein Weg: Der Weg der weissen Wolke: Fragen und Antworten zur spirituellen Suche*. Innenwelt Verlag GmbH.
- Parsons, W. B. (1999). *The Enigma of the Oceanic Feeling: Revisioning the Psychoanalytic Theory of Mysticism*. Oxford University Press.
- Passie, T., Hartmann, U., Schneider, U., & Emrich, H. M. (2003). On the function of groaning and hyperventilation during sexual intercourse: Intensification of sexual experience by altering brain metabolism through hypocapnia. *Medical Hypotheses*, 60(5), 660–663. [https://doi.org/10.1016/S0306-9877\(03\)00010-0](https://doi.org/10.1016/S0306-9877(03)00010-0)
- Perls, F. S., Hefferline, R. F., & Goodman, P. (1994). *Gestalt Therapy: Excitement and*

- Growth in the Human Personality*. Souvenir.
- Petersen, P. A. (1997). *Breaking Through....: Alternative Pathways to Healing*. Table Top Publishing.
- Pickering, J. (2019). *The Search for Meaning in Psychotherapy: Spiritual Practice, the Apophatic Way and Bion*. Routledge.
- Powers, R. (2011). Counseling and Spirituality: A Historical Review. *Counseling and Values*, 49(3), 217–225.
- Pressley, M., & McCormick, C. (2007). *Child and Adolescent Development for Educators*. Guilford Press.
- Prophet, E. C. (1998). *Access the Power of Your Higher Self: Your Source of Inner Guidance and Spiritual Transformation*. Summit University Press.
- Rama, S. (2009). *Science of Breath: A Practical Guide*. Himalayan Institute Press.
- Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation) (Text with EEA relevance). , Pub. L. No. 32016R0679, 119 OJ L (2016).
- Reich, W. (1961). *The function of the orgasm: Sex-economic problems of biological energy*. Noonday Press.
- Reich, W. (1980). *Character Analysis*. Farrar, Straus and Giroux.
- Roberts, R. (2016). Emotions in the Christian Tradition. In E. N. Zalta (Ed.), *The Stanford Encyclopedia of Philosophy* (Winter 2016). Retrieved from <https://plato.stanford.edu/archives/win2016/entries/emotion-Christian-tradition/>
- Rowan, J. (2005). *The Future of Training in Psychotherapy and Counselling: Instrumental, Relational and Transpersonal Perspectives*. Psychology Press.
- Rowan, J. (2013). *The Transpersonal: Spirituality in Psychotherapy and Counselling*. Routledge.
- Ryan, R. E. (1999). *The Strong Eye of Shamanism: A Journey Into the Caves of Consciousness*. Inner Traditions / Bear & Co.
- Schadeberg, J., & Hulme, G. (1982). *The Kalahari Bushmen dance*. J. Schadeberg.
- Schmidt, W. S., & Jordan, M. R. (2013). *The Spiritual Horizon of Psychotherapy*. Routledge.
- Scotton, B. W., Chinen, A. B., & Battista, J. R. (2009). *Textbook Of Transpersonal Psychiatry And Psychology*. Hachette UK.
- Sheldrake, R. (2009). *Morphic Resonance: The Nature of Formative Causation*. Simon and

Schuster.

Shorrock, A. (2007). *The Transpersonal in Psychology, Psychotherapy and Counselling*. Springer.

Simpson Jr, R. K., & Bick, D. (1996). The Journal of Alternative and Complementary Medicine: Research on Paradigm, Practice and Policy. Review. *JAMA-Journal of the American Medical Association-US Edition*, 13(5–7), 1031.

Smith, J. A., & Osborn, M. (2008). Interpretative Phenomenological Analysis. In J. A. Smith (Ed.), *Qualitative Psychology: A practical guide to research methods* (2nd Edition, pp. 53–80).

Smith, Jonathan A. (1996). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. *Psychology and Health*, 11(2), 261–271.

Smith, Jonathan A. (1999). Identity development during the transition to motherhood: An interpretative phenomenological analysis. *Journal of Reproductive and Infant Psychology*, 17(3), 281–299.

Smith, Jonathan A., & Osborn, M. (2008). Interpretative Phenomenological Analysis. In *Doing Social Psychology Research* (pp. 229–254). <https://doi.org/10.1002/9780470776278.ch10>

Sturgess, S. (2014). *The Book of Chakras & Subtle Bodies: Gateways to Supreme Consciousness*. Watkins Media Limited.

Taylor, K. (1994). *The Breathwork Experience: Exploration and Healing in Nonordinary States of Consciousness*. Hanford Mead Publishers.

Toussulis, Y. (2012). *Sufism and the Way of Blame: Hidden Sources of a Sacred Psychology*. Quest Books.

Towers, J. (2018). *In Focus Meditation*. Wellfleet Press.

Tzu, G. (2014). *Awakening in the Paradox of Darkness*. FriesenPress.

Valverde, R. (2018). *ALTERED STATE OF CONSCIOUSNESS AND HEALING THERAPIES*. Lulu.com.

Vaughan, F., & Walsh, R. (2008). *Accept This Gift: Selections from A Course in Miracles*. Penguin.

Walden, N. (1993). Contributors of transpersonal perspectives to understanding sexual abuse. *ReVision: A Journal of Consciousness and Transformation*, 15(4), 169.

Walsh, R. N. (1990). *The Spirit of Shamanism*. J.P. Tarcher.

Washburn, M. (1994). *Transpersonal Psychology in Psychoanalytic Perspective*. SUNY

Press.

Watjen, L. (2014). An Argument for the use of Holotropic Breathwork as an Adjunct to Psychotherapy. *Journal of Transpersonal Research*, 6, 103–111.

Wilber, K. (2000a). *A Brief History of Everything: The Eye of Spirit*. Shambhala.

Wilber, K. (2000b). *Integral Psychology: Consciousness, Spirit, Psychology, Therapy*. Shambhala Publications.

Wilkinson, K. (2019). *Psychotherapy Training and Practice: A Journey into the Shadow Side*. Routledge.

Willig, C., & Rogers, W. S. (2017). *The SAGE Handbook of Qualitative Research in Psychology*. SAGE.

Wilson, J. P. (2007). *The Posttraumatic Self: Restoring Meaning and Wholeness to Personality*. Routledge.

Winter, S. M. (2015). *Operationalisierte Psychodynamische Diagnostik im Kindes- und Jugendalter: Empirische Überprüfung und klinische Anwendung*. Omniscryptum GmbH & Company Kg.

Appendices

Appendix A. Glossary

APA	American Psychological Association
ASOC	Altered State of Consciousness
CBT	Cognitive Behavioural Therapy
COEX	Systems of Condensed Experience
CSA	Child Sexual Abuse
GDPR	General Data Protection Regulation
GTT	Grof Transpersonal Training
IAHIP	Irish Association of Humanistic & Integrative Psychotherapy
ITA	International Transpersonal Association
HB	Holotropic Breathwork
IPA	Interpretative Phenomenological Analysis
NOSC	Non-ordinary State of Consciousness
PTSD	Post Traumatic Stress Disorder

Appendix B. Reflexive Statement

I chose the topic A psychotherapeutic exploration of Holotropic Breathwork™ due to my personal fascination with the unconscious. The suggestion that the unconscious can be accessed simply faster, deeper breathing is fascinating.

From personal experience and also from the experience of the interviews, I do believe that the experience is frequently true. Those who do imagine or make belief are indicated to be afraid to enter an altered state of consciousness.

This implies to me the validity that faster, deeper breathing can bring a person into an altered state of consciousness. This to me opens up vast healing potential. Instead of the quite heady work in most therapy rooms, and even in comparison to body work, this technique “zooms out” and allows for an experience of a new perspective. This experience can be intense and good care needs to be taken by the facilitator to account for eventualities.

All in all, after having interviewed who certainly are biased towards HB, I also anchored my belief in this technique.

During the interview, I became aware of the following points with importance to me:

- All three interviews managed psychoactive substances. Although it is a question that is not being addressed here, I am wondering if this is a helper to end up as a breather in HB. Or is it merely coincidence?
- The person breathing the longest, seemed the most integrated to me. Obviously, this was also not my focus, yet something worth exploring. Then again, measuring level of integration could be difficult, likely faulty, and maybe impossible.
- Fascinating was the difference in character of the interviewees. The psychoanalyst was very self-reflective, the integrative psychotherapist came across as a teacher, and the integrative bodywork psychotherapist appeared more animated and authentic. Although, maybe I am biased here, since she said she thinks she is quite authentic.

Appendix C. Semi-Structured Interview

Questions:

1. What was the reason you became a holotropic breathwork facilitator?
2. Where do you see benefits and/or drawbacks of HB compared to *traditional* psychotherapy?
 - a. *What do you feel it can access that traditional psychotherapy cannot?*
3. Could you give personal examples or examples of other people on how notable changes manifest during (or after) a holotropic breathwork session?
4. What hopes do you have for the clients participating in HB sessions?
5. What examples of (permanent) notable changes after sessions of holotropic breathwork did you get to know about (for breathers)?
6. Can you think of a case that HB was used but you found particularly challenging and/or satisfying?
7. What are the clinical decisions around introducing holotropic breathwork to a client?
8. What is it like for you when you observe an ongoing breathwork session?
9. What is the impact of HB on transference and/or counter-transference?
10. How would you know participants get enough follow-up care or integration of the breathwork process?
11. How would you know the experience is real and not just the result of wild imagination?
12. Can you tell me anything that we haven't touched on that you think is important?

Appendix D. Participant Information Sheet



INFORMATION FORM

My name is Olaf Luebben and I am currently undertaking an MA in Psychotherapy at Dublin Business School. I am inviting you to take part in my research project which is concerned with a psychotherapeutic exploration of Holotropic Breathwork™ (HB). I will be exploring the views of people like yourself who work as psychotherapists and HB facilitators

What is Involved?

You are invited to participate in this research along with a number of other people because you have been identified as being suitable, being a psychotherapist and HB facilitator. If you agree to participate in this research, you will be invited to attend an interview with myself in a setting of your convenience, which should take no longer than an hour to complete. During this I will ask you a series of questions relating to the research question and your own work. After completion of the interview, I may request to contact you by telephone or email if I have any follow-up questions.

Confidentiality

All information obtained from you during the research will be kept confidential. Notes about the research and any form you may fill in will be coded and stored in a locked file. The key to the code numbers will be kept in a separate locked file. This means that all data kept on you will be de-identified. All data that has been collected will be kept in this confidential manner and in the event that it is used for future research, will be handled in the same way. Audio recordings and transcripts will be made of the interview but again these will be coded by number and kept in a secure location. Your participation in this research is voluntary. You are free to withdraw at any point of the study without any disadvantage.

DECLARATION

I have read this consent form and have had time to consider whether to take part in this study. I understand that my participation is voluntary (it is my choice) and that I am free to withdraw from the research at any time without disadvantage. I agree to take part in this research.

I understand that, as part of this research project, notes of my participation in the research will be made. I understand that my name will not be identified in any use of these records. I am voluntarily agreeing that any notes may be studied by the researcher for use in the research project and used in scientific publications.

Name of Participant (in block letters) _____

Signature _____

Date / /

If you have questions regarding your rights as a participant in this research, please contact
Dr. Gráinne Donohue, Research Co-ordinator, Dept. of Psychotherapy, School of Arts,
Dublin Business School grainne.donohue@dbs.ie

Appendix E. Consent Form



CONSENT FORM

Protocol Title:

A psychotherapeutic exploration of Holotropic Breathwork

Please tick the appropriate answer.

I confirm that I have read and understood the Information Leaflet attached, and that I have had ample opportunity to ask questions all of which have been satisfactorily answered.

•Yes •No

I understand that my participation in this study is entirely **voluntary** and that I may withdraw at any time, without giving reason.

•Yes •No

I understand that my identity will remain confidential at all times.

•Yes •No

I am aware of the potential risks of this research study.

•Yes •No

I am aware that audio recordings will be made of sessions

•Yes •No

I have been given a copy of the Information Leaflet and this Consent form for my records

•Yes •No

Participant _____
Signature and dated

Name in block capitals

To be completed by the Principal Investigator or his nominee.

I the undersigned, have taken the time to fully explained to the above participant the nature and purpose of this study in a manner that he/she could understand. We have discussed the risks involved, and have invited him/here to ask questions on any aspect of the study that concerned them.

Signature

Name in Block Capitals

Date

Appendix F. Demographic Questionnaire

Experience of facilitators of holotropic breathwork as a healing technique

This form gathers some basic demographic information.
Please remember to press SUBMIT at the end of the form.

*Required

1. How many years have you been practising as an accredited psychotherapist? *

2. How many years have you been a holotropic breathwork facilitator? *

3. What level of psychotherapy qualification do you hold? *

Check all that apply.
Tick all that apply.

- Diploma
- Undergraduate degree
- Masters level degree
- Doctorate level degree
- Other: _____

4. What theoretical background describes your original training best? *

Check all that apply.
Tick all that apply.

- Integrative
- Psychoanalytic psychotherapy
- CBT
- Psychodynamic psychotherapy
- Person centred psychotherapy
- Gestalt therapy
- Jungian
- Reichian
- Other: _____

5. Please list any other training in psychotherapy post the original training that you frequently use in your practice? *

For example: EMDR, music therapy, art therapy etc ...

6. Please list any holotropic breathwork qualifications you hold at a practitioner level. *

Include the year that you got the qualification, e.g. GTT - 2014

7. Please add any background information that you feel might be relevant, but is not covered by this questionnaire.

Appendix G. Sample from Transcript

Excerpt 1:

<p>Interviewer 0:47 That's great. Thank you. So, the first question would be what was the reason you became a holotropic breathwork facilitator?</p>	
<p>Maria 0:59 I found the breathwork the same year I started training as a psychotherapist. And, I had been in therapy for quite a number of years beforehand. I realised that for all the years in therapy I never cried. In my first breathwork, I cried for three hours. And, I noticed then working with clients that a stuckness, a stuckness that I understood that I knew I wasn't going to access through psychotherapy alone. Well, I believed I wasn't going to. So, I was, I wanted a way combining into two. So that was 17 years ago.</p>	<p>found the breathwork the same year she started training as a psychotherapist</p> <p>in therapy quite a number of years before starting training as psychotherapist</p> <p>all years (5) in therapy never cried</p> <p>in first HB, cried for 3h</p> <p>Noticed stuckness that cannot be accessed through therapy alone.</p> <p>started HB 17y ago</p>
<p><i>appeared authentic in her description</i></p>	
<p>Interviewer 1:44 17 years ago.</p>	
<p>Maria 1:45 Yeah, 17 years ago. Well, about 15, 17 years ago I found breathwork. So, about 15 years ago, I started seeing clients.</p> <p>So, for all them years I have been breathing and it kind of was a natural progression to move on to facilitate.</p>	<p>Natural progression from breathing to facilitating.</p>
<p>Interviewer 2:03 Aha.</p>	

<p>Maria 2:04 And I just think it marries well with the psychotherapy.</p>	<p>marries well with psychotherapy</p>
<p>Interviewer 2:09 Yeah.</p>	
<p>Maria 2:09 Yeah.</p>	
<p>Interviewer 2:10 That it marries well with psychotherapy.</p>	
<p>Maria 2:11 Really, really well. Yeah.</p>	
<p>Interviewer 2:12 Okay, yeah. And, how did you find the first session then?</p>	
<p>Maria 2:14 My first session?</p>	
<p>Interviewer 2:17 Yeah?</p>	
<p>Maria 2:17 Oh, I swore I'm never going back.</p>	<p>after the first session, never wanted to go back -> a lot of stuff came up</p>
<p><i>dislike of returning to HB apparent.</i></p>	
<p>Interviewer 2:20 Yeah?</p>	
<p>Maria 2:20 Ya, I didn't like it.</p>	
<p>Interviewer 2:22 You didn't like it?</p>	
<p>Maria 2:25 I had no idea what it was about. I went in blind. I just did as I was told, and it was an old lady in</p>	

<p>her 70s, who was a psychotherapist, seeing my fear. And she said, you will breath with me. And, you'll go first. After that's what I did. And stuff I had buried for years came up. I had touched off it in psychotherapy, but it was just a story. It was just a throwaway comment, no feelings attached. And, I realised I was full of trauma. Full of hurt, full of sadness. And I cried for three hours. And, when I came out, who was that? - that wa..., I don't, I don't do that. And, I went back to my therapist, and I told her, she said, Maria in five years with me and you've never cried. And six months later, a curiosity came up in me.</p>	<p>in therapy: it was just a story. No feelings attached. Feelings came up in HB.</p> <p>realised she was full of trauma (hurt/sadness).</p> <p>went back to HB after 6 month. Maria had been breathing ever since.</p>
<p><i>hesitation to return to HB was felt by interviewer; change from reluctance to enthusiasm; call for adventure</i></p>	

Excerpt 2:

<p>Interviewer 51:12 We are at the eleventh questions already. Uhm, how would you know the experience is real and not just the result of wild imagination?</p>	
<p>Maria 51:20 Haha! You couldn't make some of the stuff up.</p>	<p>You couldn't make some of the stuff up.</p>
<p><i>Maria was laughing out loud when asked this question.</i></p>	
<p>Interviewer 51:24 (laughter) Okay, (laughter).</p>	

Maria 51:27

You couldn't. And, there's a pattern. There is, uhm, I think when people, as you can see, people in birth process on the mat, it's the same, it's the same movements, it's the same sound, you know. Nobody's given a script, to know, it's, uhm, you say, oh wow this is (birth process). Wow, you are there. Oh, you can't make that up! It's, it's too bizarre to make it up. Uhm, you can't fake trauma. You know, people sometimes have huge emotional releases but they may not even have a story attached to it. Doesn't matter. You know, get it out. The story may come after(wards). --- People will rediscover memories that have gone underground. But, that's what people do with trauma. You know. So, years ago breathwork, Ireland was afraid of breathwork. (...) And, I'd say because a lot of abuse came up. I do. I really really say because of abuse came up. And, abuse goes underground. And, I've seen it working with clients. You know, when it starts to come up, and that's not the breathwork but when it starts to come up for them. It's slow. Slowly, slowly, slowly, slowly. So, you can't make that stuff up. You can't, I don't believe you can make that stuff up. People can tell you stories and they may not be true. People don't tell the stories on the mat. They re-experience stuff on the mat. (That's what I see.) Yeah. And, it's, they re-experience as if it's happening for the first time. And, at the age it was, you see a grown man, you know, crying like a two year old in a cod. Like, someone comes to mind. (But,) you look at this like, oh my God what's happening. The, but he's back to when he's

there is a pattern.

People in birth process do the same, it's the same movements.

you can't fake trauma.

people have emotional releases but they may not have a story attached to it.

People will rediscover memories that have gone underground.

"Ireland was afraid of breathwork"

<p>two. And, he's behaving like a two year old. You see people on the mat and they are in, you know, (...) in the room. You see all, make it up!? - I don't think so. I don't think so, no. You look at men, and it looks like they are giving birth. (They like re-experience their own birth but they are giving birth to them.) No man understands that.</p>	<p>Giving birth and experiencing birth at the same time: "No man understands that."</p>
<p><i>There was a felt authenticity. I believe that the HB experience is real.</i></p>	
<p>Interviewer 52:21 (laughter)</p>	
<p>Maria 53:07 You can't. There is imagination is not that good.</p>	<p>Suggests that imagination is not that good</p>
<p>Interviewer 54:37 Yeah. Okay. Yeah. (laughter)</p>	
<p>Maria 54:41 (laughter)</p> <p>No, no. I think, uhm, yeah, I think some people would like to think, think that the people who are afraid.</p> <p>It's pure, it's your breath. You are not taking anything. It's not being influenced by us. We don't influence, we're not whispering in anybody's ears. Now, you haven't taken a substance, it's pure, it's your breath. If it's coming from your imagination, so be it. It's yours. It's still yours. Yeah. Coming from here. Yeah.</p>	<p>Some people would like to think they are imagining, people who are afraid.</p>

Appendix H. Emergent Themes in Chronological Order

No prior knowledge of HB	Rebirthing
Enthusiasm	HB revealing sexual abuse
Spiritual emergence	Defenses
Own experience led interviewees to become HB facilitators	Boundaries
Previous experience with psychotropic substances	Logistics
HB real (you are not taking anything)	We don't know what's going on vs we know what's going on
Powerful type of therapy	Accessing preverbal
Experiential reliving	Don't panic
Getting access to wider self that help you get along in this world.	Rarely need to provide after HB care for the facilitators
Birth trauma	More connection
More research needed	Mandalas
Hope for clients to achieve ASOC	Touch
In therapy, it was just a story. No feelings attached. Feelings came up in HB.	Some breathers are not ready (fear).
HB and traditional psychotherapy compliment each other.	Sitting
Big physical changes vs. no physical changes	HB providing insights
Time constraints in HB	Inner child
Psychosis	Patterns
HB as a release for stuckness in psychotherapy	Holism
Holotropic breathing led to improvement in facilitators life (big changes)	Guidance
Over time, the HB experience changes people	Fear reduction by HB
Restoring memory	

Appendix I. Themes Clustered by Category

Categories:		
1	Experience	
2	Logistics	
3	Spirituality	
4	Comparison	
5	HB	
6	Psychotherapy	
7	Facilitator	
8	Subjectivity/Believe	
9	Trauma	
	Themes	Categories
	Restoring memory	1
	Rebirthing	1,3,5
	Experiential reliving	1,5,6
	Accessing preverbal	1,5,6,9
	Own experience led interviewees to become HB facilitators	1,5,7
	Rarely need to provide after HB care for the facilitators	1,5,7
	Some breathers are not ready (fear).	1,5,7
	Powerful type of therapy	1,5,8
	Don't panic	1,5,8
	HB revealing sexual abuse	1,5,9
	Fear reduction by HB	1,6
	No prior knowledge of HB	1,7
	Previous experience with psychotropic substances	1,7
	HB providing insights	1,7

	Enthusiasm	1,7,8
	We don't know what's going on vs we know what's going on	1,7,8
	HB real (you are not taking anything)	1,8
	Over time, the HB experience changes people	1,8
	Logistics	2
	Time constraints in HB	2,5
	Spiritual emergence	3
	Patterns	3
	Holism	3
	Guidance	3
	Big physical changes vs. no physical changes	4,5
	In therapy, it was just a story. No feelings attached. Feelings came up in HB.	4,5,6
	HB and traditional psychotherapy compliment each other.	4,5,6
	HB as a release for stuckness in psychotherapy	4,5,6
	More connection	5
	Mandalas	5
	Sitting	5
	Getting access to wider self that help you get along in this world	5,6
	Touch	5,6,7
	More research needed	5,8
	Defenses	6
	Psychosis	6
	Boundaries	6,7
	Inner child	6,7
	Birth trauma	6,9
	Hope for clients to achieve ASOC	7
	Holotropic breathing led to improvement in facilitators life (big changes)	7

Appendix J. Categories and Themes

