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ARTICLE

Holotropic Breathwork

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

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

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

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

Essential Components of Holotropic Breathwork

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

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

Through our research, we came to the conclusion that it is sufficient to breathe faster and more effectively than usual and with full concentration on the inner process. Instead of emphasizing a specific technique of breathing, we follow even in this area the general strategy of holotropic work - to trust the intrinsic wisdom of the body and follow the inner clues. In holotropic breathwork, we encourage people to begin the session with faster and somewhat deeper breathing, tying inhalation and exhalation into a continuous circle of breath. Once in the process, they find their own rhythm and way of breathing.

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

The Therapeutic Potential of Music

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

In holotropic therapy, it is essential to surrender completely to the flow of music, let it resonate in one's entire body, and respond to it in a spontaneous and elemental fashion.

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

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

The Use of Releasing Bodywork

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

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

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

The tensions that we carry in our body can be released in two different ways. The first of them involves catharsis and abreaction - discharge of pent-up physical energies through

tremors, twitches, dramatic body movements, coughing, and vomiting. Both catharsis and abreaction also typically include release of blocked emotions through crying, screaming, or other types of vocal expression. These are mechanisms that are well known in traditional psychiatry since the time when Sigmund Freud and Joseph Breuer published their studies in hysteria (Freud and Breuer 1936). Various abreactive techniques have been used in traditional psychiatry in the treatment of traumatic emotional neuroses, and abreaction also represents an integral part of the new experiential psychotherapies, such as the neo-Reichian work, Gestalt practice, and primal therapy.

The second mechanism that can mediate release of physical and emotional tensions plays an important role in holotropic breathwork, rebirthing, and other forms of therapy using breathing techniques. It represents a new development in psychiatry and psychotherapy and seems to be more effective than abreaction. Here the deep tensions surface in the form of unrelenting muscular contractions of various duration ("tetany"). By sustaining these muscular tensions for extended periods of time, the organism consumes enormous amounts of previously pent-up energy and simplifies its functioning by disposing of them. The deep relaxation that typically follows the temporary intensification of old tensions or appearance of previously latent ones bears witness to the healing nature of this process.

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

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

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

Supportive and Nourishing Physical Contact

In holotropic breathwork, we also use a different form of physical intervention, one that is designed to provide support on a deep preverbal level. This is based on the observation that there exist two fundamentally different forms of trauma that require diametrically different approaches. The first of these can be referred to as trauma by commission. It is the result of external intrusions that had damaging impact on the future development of the individual. Here belong such insults as physical, emotional, or sexual abuse, frightening

situations, destructive criticism, or ridicule. These traumas represent foreign elements in the unconscious that can be brought into consciousness, energetically discharged, and resolved.

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

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

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

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

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

Mandala Drawing: Expressive Power of Art

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

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

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

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

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

The Course of Holotropic Sessions

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

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

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

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

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

It is surprising how many people in our culture, because of strong Protestant ethics or for some other reasons, have great difficulties accepting ecstatic experiences, unless they follow suffering and hard work, or even then. They often respond to them with a strong sense of guilt or with a feeling that they do not deserve them. It is also common, particularly in mental health professionals, to react to positive experiences with mistrust and suspicion that they hide and mask some particularly painful and unpleasant material. It is very important under these circumstances to assure the breathers that positive experiences are extremely healing and encourage them to accept them without reservation as unexpected grace.

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

Holotropic breathwork sessions vary in their duration from individual to individual and, in the same individual, also from session to session. It is essential for the best possible

integration of the experience that the facilitators and sitters stay with the breather as long as he or she is in process and has unusual experiences. In the terminal stage of the session, good bodywork can significantly facilitate emotional and physical resolution. Intimate contact with nature can also have a very calming and grounding effect and help the integration of the session. Particularly effective in this regard is exposure to water, such as a stay in a hot tub or swim in a pool, a lake, or in the ocean.

Mandala Drawing and the Sharing Groups

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

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

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

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

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

Follow-Up and Use of Complementary Techniques

On the days following intense sessions that involved a major emotional breakthrough or opening, a wide variety of complementary approaches can facilitate good integration. Among them are discussions about the session with an experienced facilitator, writing down the content of the experience, drawing additional mandalas, meditation, and movement meditation, such as hatha yoga, tai-chi, or qi-gong. Good bodywork with a practitioner who allows emotional expression, jogging, swimming, and other forms of physical exercise, or expressive dancing can be very useful, if the holotropic experience freed excess of previously pent-up physical energy. A session of Dora Kalff's Jungian sandplay (Kalff and Kalff 2004), Fritz Perls' Gestalt therapy (Perls 1973), Jacob Moreno's psychodrama (Moreno 1948), or Francine Shapiro's eye movement desensitization and reprocessing (EMDR) (Shapiro 2001), can be of great help in refining insights into the holotropic experience and understanding its content.

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

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

We have observed that a significant number of people, who have attended holotropic breathwork sessions, tend to become very interested in the process and decide to enroll in the training for facilitators. The number of people from different countries of the world who have participated in our training and have become certified as facilitators has recently exceeded one thousand. This "chain reaction" effect of holotropic breathwork is a very hopeful sign for the future.

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

Resources

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