

Examining the Effects of Holotropic Breathwork in the Recovery from Alcoholism and Drug Dependence

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Abstract

The effects of Holotropic Breathwork were examined in twenty adults recovering from alcoholism or other chemical addictions. The major underlying issues and concerns affecting this population were individually assessed to determine the clinical efficacy of utilizing Holotropic Breathwork in psychotherapy and other treatment settings.

The test sample consisted of ten men and ten women, who were interviewed by the author utilizing a self-reporting, structured survey. The relatively small sample is primarily the result of Holotropic Breathwork being a new methodology in addiction treatment and has not yet gained acceptance in mainstream treatment settings.

Results indicate that Holotropic Breathwork is an effective therapeutic tool for treating alcoholism and drug addiction. The results of this particular sample also suggest that Holotropic Breathwork could prove very beneficial in the area of relapse prevention. Each area examined indicated improvement or a positive eventual outcome. The highest improvements were in the areas of depression and anxiety, feelings and emotions; family, relationships and intimacy; stress reduction; self-esteem and spirituality.

Introduction

Holotropic Breathwork is a highly experiential therapeutic technique developed by Dr. Stanislav Grof and Christina Grof. The method evolved from Grof's (1967) work and research with LSD psychotherapy and other similar research into the use of non-ordinary states of consciousness in the mental health field. (Grof, 1985) The process of Holotropic Breathwork consists of focused, accelerated breathing, the use of evocative music, bodywork, artwork and group process.

In 1985 Grof developed an international training program to certify therapists and other practitioners in the proper use of this method. Currently, there are certified practitioners throughout the world. Given that Holotropic Breathwork is a non-drug method of accessing non-ordinary states of consciousness, it has proven attractive to helping professionals practicing in the substance abuse field who wish to work in this manner.

There are no known studies examining Holotropic Breathwork with alcoholism and drug addiction. Grof's research with alcoholics and LSD psychotherapy is referenced because of the identical philosophical and theoretical frameworks surrounding both methods. Holotropic Breathwork's principles and theory are aligned with, and support the views and philosophy underlying the emerging field of transpersonal psychology. (Grof, 1988)

Transpersonal psychology asserts that in addition to the bio-psycho social relevancies embraced by traditional psychology and psychiatry, the biological birth process (perinatal) and the realms of human experience referred to as mythological, archetypal, spiritual and transpersonal, have equal significance and influence in terms of understanding and working with the human psyche. One challenging phenomenon that regularly appears with this method is an increase of symptoms. This most often occurs when an individual is in the initial stages of working on a particular issue or problem. This is a desirable situation and is seldom problematic. (Grof, 1985) An effort is made to fully enter into the symptoms or conditions as possible, with the result being a more complete release, healing, or corrective experience.

A useful analogy is the "law of cure" (Richardson, 1988) in the practice of homeopathy. A treatment or prescription given by the homeopathic physician often results in an increase of symptoms prior to a reduction or cure, This phenomenon appears particularly true in cases where the problem is chronic or deeply rooted. This is generally inconsistent with the more immediate goals of traditional psychotherapy, where typically, a decrease in symptoms is the indicator or marker of improvement.

Given the above, Holotropic Breathwork is controversial and is yet to be explored or utilized in mainstream addiction or mental health treatment settings. However, several psychologists, psychotherapists, and a number of psychiatrists are using Holotropic Breathwork with their clients and patients and report positive results in a vast majority of cases. These reports are informal, having occurred at conference networking sessions, and as such, are unconfirmed.

A portion of the survey sample for this study was derived from a few of these sources. The author has worked in the substance abuse field for over ten years, and, as a certified practitioner of Holotropic Breathwork, has facilitated well over 100 sessions, workshops and trainings since 1989.

The majority of these included participants or clients that were "recovering" alcoholics or addicts. Personal observations over a six year period consistently suggest that Holotropic Breathwork is effective in helping to reduce, in some cases dramatically, many of the mental, emotional and spiritual problems or challenges facing this population.

This pilot study is an attempt to confirm these observations. Chemical addiction continues to challenge the mental health and medical professions in a dramatic way. Past and current treatment results have been less than satisfactory, resulting in the closure of the majority of addiction treatment centers nationwide within the past five years. The structure and process of Holotropic Breathwork offers addicted individuals a newer and expanded context and framework in which to view and approach their issues and concerns.

Method

Subjects

In order to select participants for this survey, the author contacted several colleagues in the addiction and mental health fields, who either practiced, or were familiar with Holotropic Breathwork. Several of these professionals solicited volunteers from their respective client case loads. Approximately 25% of the participants were gathered from the author's own client base.

The subject sample of twenty adults; ten male and ten female, represented five states; predominately in the southeast and southwest. All of the participants identified themselves as recovering alcoholics or chemical addicts. Most participants had experienced more than fifteen Holotropic Breathwork sessions with three sessions being the minimum requirement for the sample. Because it was beyond the scope of this project, no attempt was made to construct a control group unfamiliar with Holotropic Breathwork. Ethnicity consisted of nineteen Caucasians and one Hispanic. The average educational level was 16.2 years. Eleven of the participants were professionals in the mental health or addiction fields. The remainder varied, representing the construction, legal, broadcasting, education and investment fields. All of the participants were either currently in psychotherapy or had used psychotherapy or other helping methods to address their recovering life concerns.

Thirteen participants actively participated in 12-step support groups. Thirteen also received prior treatment or therapy for substance abuse. The average length of continuous recovery (abstinence) for the sample was nine years. Alcohol was the most common drug preference for the sample with eighteen participants reporting alcohol as their primary "drug of choice" (DOC). Psychedelics, cocaine, marijuana and opiates were the other DOCs.

Materials

A structured survey instrument was designed which included the typical mental, emotional, relational and spiritual challenges and issues facing the recovering population. (Kinney, Leaton, 1987) The instrument was pretested with three participants, two of whom were psychotherapists and certified Holotropic Breathwork practitioners. Their comments and suggestions resulted in minor changes to the final instrument form. (see Appendix)

Procedure

Participants were interviewed by telephone and, in three cases, in person. After gathering demographic data, the participants were asked to distinguish between Holotropic Breathwork and other therapies or helping methods they had used or experienced as they responded to each statement. The survey instrument was a statement completion model which began with: "As a result of my experiences with Holotropic Breathwork . . ." requiring the participants to choose a response on a continuum of numbers 1 (decreased) through 7 (increased), with the number 4 (remained the same) as a mean.

A response choice of DA (doesn't apply) was available as well. To enhance reliability, the statements were created and organized in such a manner as to not lead in favor of a certain desirable outcome number, IE; 1 or 7. (see Appendix) Participants were allowed to comment and/or ask for clarification if they chose. Every effort was made to clarify without biasing. Each participant's responses and comments were documented on a separate survey form. The interviews took an average of 15-20 minutes each and were conducted over an eight week period.

Results

The survey results show clinical improvement and progress in every category examined. However, in some areas, the actual number score would appear misleading to the reader without the benefit of participant comments and/or clarification. This occurs where there has been an increase in symptoms, as described in the Introduction section. In each of these cases, the participants commented on their awareness of this phenomenon, viewing it as positive, although often difficult and/or uncomfortable, and perceived the situation as

indicative of the healing or recovery process.

Most notable in this regard was the category of Grief and Loss, in which 40%, or eight of the participants showed an increase in symptoms or concerns. Each of these participants reported that prior to their experiences with Holotropic Breathwork they either did not know they possessed issues of grief or loss, or had "stuffed" their feelings and emotions related to this material.

Holotropic Breathwork apparently enabled them to access these issues with eventual resolution or positive outcome. Where this dynamic is present and relevant in the score results, participant comments are included. Given the subjective nature of the material being examined, use of an interview method helped to minimize any possible confusion regarding the survey topics and statement form.

Participants would often ask that a statement be repeated or asked for clarification, and appeared to give considerable thought and reflection to their responses. Several participants who were very familiar with Holotropic Breathwork commented that the interview challenged them to examine their experiences with Holotropic Breathwork in ways they had not previously considered.

The result scores for each category are listed below, including pertinent comments and clarification.

1. Craving - 3.1

Ten of the participants reported 'remained the same' (4), clarifying that they had not experienced craving for some time prior to using Holotropic Breathwork. One participant scored DA. The remaining nine all reported a decrease in craving. One participant commented, "Holotropic Breathwork brought me into sobriety."

2. Feelings and Emotions - A.-6.3, B.-6.11

The entire sample reported significant progress in this area. Some comments include: " I didn't know I had feelings." "it so dramatically Increased my awareness," A lot of pain has been dealt with," "Holotropic Breathwork has made it safe for me to feel," "really helped in this area."

3. Depression - A.-2.4, B.-2.2

One participant scored DA with the remaining 19 reporting dramatic improvement. One participant reported an initial increase in symptoms with eventual significant improvement. Comments: "not as bad and doesn't last as long," "I feel more empowered," "Holotropic Breathwork has helped me to take action," "Holotropic Breathwork has been fundamental here," "my main issue Holotropic Breathwork began to dissolve it," "doesn't incapacitate me anymore."

4. Anxiety - A.-2.7, B.-2.5

Four participants reported DA, and one "remained the same." The remaining 15 reported significant improvement with two reporting an initial increase in symptoms. Comments: "anxiety used to be my life," "major problem, Holotropic Breathwork has helped greatly, fear has decreased," "I'm not afraid anymore," "the root of my emotional difficulty-Holotropic Breathwork has been significant," "Holotropic Breathwork certainly decreases it."

5. Grief and Loss - 4.2

As noted earlier, the results in this category are the most misleading in terms of a number score indicator. Eight of the participants reported an increase in symptoms or concerns. However, the comments help clarify this dynamic. "I gained more clarity-a positive thing," "I'm more awake," "I don't hide my feelings anymore," "Holotropic Breathwork has helped me to deal with this," "more awareness," "Holotropic Breathwork has helped me access my grief," "Holotropic Breathwork has allowed me to experience my grief so it has all come up as a result - I'm grateful."

6. Stress - 6.2

Scores in this category indicate very positive results. All participants reported an increased ability to cope with stress in a healthy manner. Comments: "my ability has substantially increased." "Holotropic Breathwork helps to keep the stress low," "I'm handling things today - walking through them successfully," "lost a lot of fear," "I don't look at things as so big anymore."

7. Physical/Somatic - A.-3.3, B.-3.1

Two participants reported DA, two reported "remained the same" and three reported a dramatic initial increase in symptoms, again with eventual improvement. The remainder reported significant decreases in symptoms. Comments: "have gone deeper into somatic issues," "headaches were problems decreased dramatically," "more aware of my body," "didn't know I had body stuff," "Holotropic Breathwork has helped me connect with my body," "I was in denial of physical issues before Holotropic Breathwork," "has helped heal my body," "used to have severe migraines and allergies - Holotropic Breathwork has cleared all of these. No meds anymore!"

8. Other Addictions - 5.4

One participant reported DA, two "remained the same." The remainder reported moderate to significant progress with two reporting an initial increase in symptoms, In these cases resulting in a short return to cigarette smoking. Comments: "food was an issue - after Holotropic Breathwork, I ceased bulimic activity," "its not necessary to medicate myself anymore," "helped me to see these issues more clearly," "stopped smoking as a result of Holotropic Breathwork," "my spending is under control - it was extreme."

9. Childhood, Family and Interpersonal Relationship Issues - A.-2.8, B.-3.6, C.-6.0, D.-3.4

In section 9-A, two participants reported "remained the same" and two saw an initial increase in symptoms. The remainder experienced significant improvement. In 9-B (abuse, incest, trauma), eleven of the participants reported DA. Three reported an increase in symptoms. stating they had repressed or were in denial of these issues. The remainder experienced significant progress. 9-C shows significant progress for the entire sample. 9-D had two reporting DA and four "remained the same." The remainder reported significant progress. Comments: "most improvement," "Holotropic Breathwork has brought these issues to the surface," "greater clarity and understanding," "has helped me access deep issues," "my sexual fears have decreased dramatically," "has helped me in all these areas," "I now have very close and intimate friends - unbelievable!" "I don't act out anymore," "Holotropic Breathwork opened me to all of these."

10. Self-Esteem and Well Being -A.-2.4, B.-2.2, C.-2.6, D.-5.9

This category showed significant overall progress. Comments: "its gotten so much better!" "I take care of myself so much better," "learning how to deal with feelings has helped here," "I'm finding out more about myself," "Holotropic Breathwork has taken me where I need to go. It's the safest therapy I've tried," "this is a difficult area - my perceptions have changed a lot," "given me an entirely new understanding of who I am," "I'm finding more pleasure being myself."

11. Spirituality - A.-6.5, B.-6.2, C.-6.4, D- 6.2, E.-6.0, F.-6.3

This entire category showed marked improvement and progress. Comments: "I definitely know I have an Inner healer," "I have a very strong spiritual connection," "I now see spirituality as life. There is no division," "my experiences have been so profound - Holotropic Breathwork has made clear my spiritual connection," "Holotropic Breathwork reconnected me with my spirituality," "Holotropic Breathwork has opened up my spirituality enormously - very connected to my higher power," "Holotropic Breathwork increased my connection to myself and others and the planet. It gave me a map to demystify how I felt and helps me through transitions," "Holotropic Breathwork has dramatically increased the healing here," "has allowed me to reestablish a new relationship with God," "lost my fear of God," "the most important thing I've gotten from Holotropic Breathwork," "literally helped me to have joy on this earth!"

The participants were asked if they had additional comments regarding Holotropic Breathwork and/or the recovery process. Some of these are included below:

- "Holotropic Breathwork had an incredibly profound effect on my life,"
- "I love it! Holotropic Breathwork has been the most beneficial thing in sobriety," I respect it as a powerful tool,"
- "Nothing compares to it,"
- "Holotropic Breathwork has and is the most important tool in my recovery. Nothing comes close,"
- "Holotropic Breathwork was as significant as getting sober,"
- "As a therapist I recommend Holotropic Breathwork to people in recovery,"
- "a major factor in turning things around for me,"
- "Without Holotropic Breathwork I would probably be drunk or dead!"

Discussion

As noted in the Introduction, no formal studies have been located examining Holotropic Breathwork and addiction. However, it seems plausible to suggest that the findings of this study are consistent with Grof's LSD research with alcoholism and drug addiction. The key factors common to both Holotropic Breathwork and LSD psychotherapy, are that they both induce non-ordinary states of consciousness allowing and facilitating deeper access to the various levels of the psyche. The pathological denial systems and defense mechanisms so common to chemical addictions appear to dissolve rapidly when this occurs.

A controversial factor lies within the theoretical framework supporting Holotropic Breathwork, LSD psychotherapy, and the philosophy of Alcoholics Anonymous and other spiritual systems or practices. These suggest that successful recovery (healing) is usually inclusive of a personal experience or relationship of a transpersonal or transcendent nature.

This, of course, differs with the mainstream psychological systems of Rational Emotive, Cognitive, Behavioral, Family systems and some Psychodynamic approaches more commonly used to treat addiction. Although practitioners of these latter therapies often refer clients to Alcoholics Anonymous, a distinction must be made regarding the theoretical assumptions of these other psychological systems and that of Holotropic Breathwork and Transpersonal Psychology, where the role of transpersonal and perinatal experiences in the healing process is primary. (Grof & Grof, 1990)

A fundamental assumption of Holotropic Breathwork is that deep, structural, psychological change (healing) can only occur in non-ordinary states of consciousness. (Grof, 1985) The above is not intended to suggest that, in practice, transpersonal and traditional approaches are inherently incompatible.

The results of the study indicate that Holotropic Breathwork is an effective clinical intervention for treating individuals recovering from alcoholism or drug addiction who are challenged by one or more of the following:

- Affective Disorders, especially depression and anxiety;
- Pathological shame, guilt or low self-esteem;
- Existential and spiritual issues including grief and loss; and
- Survivors of incest, abuse or other trauma.

The implications for the use of Holotropic Breathwork in relapse prevention, or for newly relapsed individuals are significant. Relapse prone individuals often present one or more of the symptoms or problems examined in this survey. In most cases, this places those individuals in a category referred to as "dual diagnosis," which historically, has been disappointing in terms of successful treatment outcome. Accepting the limitations of this sample, the results provide suggestive evidence that Holotropic Breathwork would prove beneficial as a relapse prevention strategy.

Conclusion

Researching Holotropic Breathwork presents a difficult and challenging investigative endeavor for several reasons. This survey sample was clearly a group that highly endorses this method. They would not likely have continued utilizing the method if they did not feel they were gaining a great deal from it. However, this is true for other psychotherapeutic, pharmacological or self-help methods as well. Perhaps another important factor is this sample's predominately all white, middle age, middle class representation

Another variable challenge exists in attempting to distinguish between the outcome or results of Holotropic Breathwork and that of other helping methods. The controversial nature of Holotropic Breathwork's theory and philosophy, as noted in the Introduction, is also challenging in terms of cultural and professional bias. The above notwithstanding, this method could be made available to all appropriate individuals struggling with the addictive process.

The results of this project need to be confirmed by larger studies, including detox protocols, long term residential treatment/research programs, and dually diagnosed individuals.

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The author holds a doctorate degree in transpersonal psychology, a master's degree in counseling psychology, and is a transpersonal therapist/teacher, shamanic practitioner, and an Internationally certified addictions counselor.

He has trained and studied with Stan Grof, MD, Christina Grof, and Jacquelyn Small, LCSW, Angeles Arrien, PhD, and various shamans and healers from North and South America. Byron is also a certified practitioner of Holotropic Breathwork, Transpersonal Psychotherapy, and Psycho-Spiritual Integration. Byron has led workshops throughout the United States and has presented at national and international conferences on the therapeutic use of nonordinary states of consciousness. He has also conducted formal research studies involving breathwork and examining the healing potential of nonordinary states.

Byron maintains a private counseling practice in Prescott, Arizona specializing in transpersonal and shamanic methodologies. With nearly 2 decades of experience in the transpersonal and addiction recovery fields, and combined with a passionate interest in shamanic traditions, Byron offers unique strategies for people seeking a renewed sense of their authentic self. Byron is also an adjunct advisor at Prescott College in the Master of Arts counseling psychology program. [His E-mail address](#) . His website is <http://www.byronmetcalf.com> .

Appendix

Examining the Effects of Holotropic Breathwork In the Recovery from Alcoholism and Drug Dependence

Survey Form

Name _____ Age _____ Sex ____ Race _____
Occupation _____ City/State _____
Years in recovery ____ DOC _____ 12 Step Program? Yes No
Education ____ Treatment or therapy for substance abuse? _____
Number of Holotropic Breathwork sessions (3-5) (6-10) (11-15) (more than 15)

"As a result of my experiences with Holotropic Breathwork:"

Decreased
1 2 3
Remained The Same
4
Increased
5 6 7
(DA - Doesn't Apply)

1. Craving

A. My desire or craving to use alcohol or other drugs of abuse has 1 2 3 4 5 6 7 DA.

2. Feelings and Emotions

A. My ability to identify my feelings/emotions has 1 2 3 4 5 6 7 DA.

B. My ability to express my feelings/emotions has 1 2 3 4 5 6 7 DA.

3. Depression

A. The severity of depressive episodes has 1 2 3 4 5 6 7 DA..

B. The frequency of depressive episodes has 1 2 3 4 5 6 7 DA..

4. Anxiety

A. The severity of anxiety or panic episodes has 1 2 3 4 5 6 7 DA..

B. The frequency of anxiety or panic episodes has 1 2 3 4 5 6 7 DA.

5. Grief and Loss

A. Issues or concerns related to grief and loss have 1 2 3 4 5 6 7 DA.

6. Stress

A. My ability to cope with stress has 1 2 3 4 5 6 7 DA.

7. Physical/Somatic

A. The severity of physical symptoms, complaints or concerns has 1 2 3 4 5 6 7 DA.

B. The frequency of physical symptoms, complaints or concerns has 1 2 3 4 5 6 7 DA.

8. Other Addictions

A. My ability to stabilize addictions other than alcohol or drugs has 1 2 3 4 5 6 7 DA

9. Childhood, Family and Interpersonal Relationship Issues

A. (Except physical or sexual abuse or trauma) Problems, issues or concerns related to my childhood and family of origin dynamics have 1 2 3 4 5 6 7 DA.

B. Issues or concerns related to physical abuse, incest, or other sexual abuse or trauma have 1 2 3 4 5 6 7 DA.

C. My ability to experience deeper intimacy in my relationships has I 2 3 4 5 6 7 DA.

D. Problems or concerns regarding sexuality have 1 2 3 4 5 6 7 DA.

10. Self-Esteem and Well Being

A. Feelings, thoughts and beliefs of shame and unworthiness have 1 2 3 4 5 6 7 DA.

B. My self criticism has 1 2 3 4 5 6 7 DA.

C. Self-defeating behaviors (risk taking, impulsiveness, overextending, etc.) have 1 2 3 4 5 6 7 DA.

D. My sense of self-worth has 1 2 3 4 5 6 7 DA

11. Spirituality

A. My awareness and sensitivity to spiritual matters, issues or concerns has 1 2 3 4 5 6 7 DA.

B. My sense of meaning and purpose in life has 1 2 3 4 5 6 7 DA.

C. My connection/contact with a "higher power," greater source, or "God" has I 2 3 4 5 6 7 DA.

D. My experience of peace and serenity has 1 2 3 4 5 6 7 DA.

E. My ability to experience acceptance and forgiveness has 1 2 3 4 5 6 7 DA.

F. The importance of utilizing a spiritual practice in my recovery has 1 2 3 4 5 6 7 DA.
