

A PHENOMENOLOGICAL INVESTIGATION OF THE  
EXPERIENCE OF "CONNECTED BREATHING"

by

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TABLE OF CONTENTS

	<u>Page</u>
INTRODUCTION .....	1
 <u>CHAPTER 1</u>	
REVIEW OF THE LITERATURE .....	3
A. A brief overview of the development of some psycho- therapies working mainly with the body with particu- lar reference to the importance assigned to breath- ing by these therapies .....	3
B. The development and theory of the "Rebirthing" movement .....	23
 <u>CHAPTER 2</u>	
METHODOLOGY .....	31
A. The phenomenological approach .....	31
B. A phenomenological method .....	36
C. The subjects .....	38
D. Procedure .....	39
 <u>CHAPTER 3</u>	
RESULTS .....	40
A. Naive descriptions, qualitative analyses and specific descriptions of situated structures of "Connected Breathing" .....	40
JOAN: (a) A naive description of "Connected Breathing" .....	40

	<u>Page</u>
(b) Qualitative analysis .....	43
(c) A specific description of the situated structure of "Connected Breathing" ....	48
 PETER: (a) A naive description of "Connected Breathing" .....	 51
(b) Qualitative analysis .....	54
(c) A specific description of the situated structure of "Connected Breathing" ....	59
 MARY:: (a) A naive description of "Connected Breathing" .....	 61
(b) Qualitative analysis .....	63
(c) A specific description of the situated structure of "Connected Breathing" ....	69
 MANDY: (a) A naive description of "Connected Breathing" .....	 73
(b) Qualitative analysis .....	76
(c) A specific description of the situated structure of "Connected Breathing" ....	83
 B. A general description of the structure of "Connected Breathing" .....	 86

	<u>Page</u>
<u>CHAPTER 4</u>	
DISCUSSION .....	89
A. Scientific considerations .....	89
B. Therapeutic implications .....	97
C. Conclusion .....	101
 BIBLIOGRAPHY .....	 105

## INTRODUCTION

My interest in "Connected Breathing" began with my own experience of this technique during a Gestalt workshop. It had a profound impact on me. I knew practically nothing about the theory, or lack of a theory, but my interest had been aroused. In my reading on the subject later, I was struck by the incongruence between my experience and what I read I was supposed to be experiencing. This led me "zu der Sache selbst."

By using the phenomenological method, this study then is an attempt to come to an essential description of the experience of "Connected Breathing" and to make some evaluation of its usefulness as a psychotherapeutic technique.

"Connected Breathing" is the main technique of the "Rebirthing" movement. It is, therefore, necessary to give some account of the development and theory, if any, of this movement.

"Rebirthing" does not claim to be a psychotherapy. However, its technique of "Connected Breathing" does seem to have much in common with the techniques used by various established somatic psychotherapies. A brief

overview of the development of some of these psychotherapies and their emphasis on breathing techniques is, therefore, also essential.

CHAPTER 1

A REVIEW OF THE LITERATURE

A. A brief overview of the development of some psychotherapies working mainly with the body with particular reference to the importance assigned to breathing by these therapies.

The father of the movement emphasising work with the body in psychotherapy is, without doubt, Wilhelm Reich.

While still a student, Reich was given the privilege of becoming a member of the Vienna Psychoanalytic Society. Freud initially regarded him very highly. However, when Reich's search for the reasons for the frequent unsatisfactory outcome of analysis led him to question some of the basic tenets in particularly psychoanalytic practice, he fell foul of the psychoanalytic movement and spent the greater part of his life having to defend himself against the often calumnious attacks of this movement.

Reich, on comparing people who underwent a successful analysis with those whose analysis was unsuccessful, found in every successful case, a satisfactory genital life. This satisfaction, he maintained, was the re-

sult of an orgasmic potency, that is, a capacity for sexual gratification that occurred when resistance was eliminated.

He found that:

"Orgasm was far more than a local climax - rather it involved total bodily convulsions of an involuntary nature, that is, involuntary contraction and expansion of the total plasmatic system. There was also complete cessation of psychic activity - there were no conscious fantasies whatsoever, but rather a blurring of consciousness at the moment of acme."

(Baker and Nelson, 1981, p.600)

For Reich, an analysis is thus successful when orgasmic potency is achieved. To determine whether this potential for real and full sexual gratification has been reached, Reich looks for the so-called "orgasm reflex" which is manifested when the patient lies on his back with his feet pulled in under his knees and breathes deeply. On inhaling and exhaling, there are movements of the head and pelvis indicating whether orgasmic potency has been achieved or not.

In order to achieve orgasmic potency, it is necessary to break through the person's body armour. Reich initially referred only to character armour to denote a person's habitual defensiveness. In analysis, however, he noticed that when the patient's defensive-

ness is eliminated, intense affect is often elicited. This led Reich to the insight that the person is not only psychologically defensive, but physically - in his bodily attitude, his posture, in his muscles. As Raknes (in Baker and Nelson, 1981) puts it:

"It soon became clear to Reich that the muscular armor, which consists of spasms, cramps, and tensions, is nothing but the bodily expression of the repressed emotions and ideas, and the somatic anchoring of the neuroses. In psychoanalytic circles the question had often been raised as to where the repressed ideas and emotions were located, and the answer was as a rule that they were in the unconscious. Now Reich showed that they were bound as well in the muscular armor, in the spasms, holdings and tensions of which the individual had no consciousness or understanding.

This discovery led to another innovation in psychotherapeutic technique, namely attacking the neurosis from the bodily side, partly by calling the patient's attention to the chronic tensions, partly by making him feel them by direct manipulation. By thus loosening up the holdings and tensions, one could bring into consciousness emotions and memories which had hitherto been completely repressed."  
(p.600)

Reich maintains furthermore that everything is filled with energy, orgone energy, found throughout the universe. If there is no interference with the properties of this energy, there is a flow, a rhythm, the pulse of the universe. A human being, because of the superiority of his cortical functioning, is the one creature who has the ability to block himself off

from his energy flow. An amoeba, when irritated, will remove itself from the source of irritation, while a human being is able to restrain himself in the face of irritation, however, at considerable cost. Reich (in Higgins and Raphael, 1972) says of Freud:

"Once - and only once - I saw him terribly angry. But the only sign of his anger was a sudden pallor and the way his teeth bit into his cigar."  
(p.21)

Reich, too, refers to a similar experience of Freud as someone who often seemed to be

"(biting) something down .... He was always polite, 'bitingly' polite, sometimes... somehow coldly, but not cruelly. And it was here he developed that cancer. If you bite with a muscle for years, the tissue begins to deteriorate, and then cancer develops".  
(Higgins and Raphael, 1972, p.21)

The implication then is that by "biting down" his anger, by not allowing the expression of his organismic needs, Freud came in opposition to himself and caused himself much pain and suffering.

For Reich, then, therapy means the process of the unblocking of the natural energy flow. The unblocking is done chiefly by working directly with the body.

"The armor is removed by evoking and discharging repressed emotions in an orderly and consistent fashion. For it is the movement of energy in the body that is felt as emotion; in the skin as pleasure; or inwardly, as anxiety."  
(Baker and Nelson, 1981, p.602)

Reich functionally divides the body into seven segments, the ocular, the oral, the cervical, the thoracic, the diaphragmatic, the abdominal and the pelvic. Work is generally started with the ocular segment and then gradually moved down to the pelvic segment.

Regarded as being as important as the manipulation of muscles, is breathing, a factor stressed not only by Reichian Orgone Therapy, but most other body therapies as well. Inhibition of breathing, which usually develops in early infancy, leads to a reduction in anxiety, but at the cost of all feelings generally. So before intensive work is undertaken on the previously mentioned seven bodily segments, the patient's breathing is opened up. He

"is asked to breathe as fully and deeply as he or she comfortably can, concentrating on chest movement. This reverses the patient's historical inhibition of breathing. This manoeuvre often of itself produces considerable emotional release, especially of anger or crying. It helps to reveal and overcome severe blocking in other parts of the organism".  
(ibid; p.602)

Lowen (1979) refers to Reich's discovery as early as 1935

"that resistance to the analytic process was manifested physically by an unconscious holding of the breath. When the patient was encouraged to breathe deeply, his resistance fell apart, resulting in a flood of repressed material together with its accompanying affect or feeling".  
(p.181)

Lowen (1979) then continues to say that

"this observation led Reich to the realization that emotional responsiveness is dependent on the respiratory function. By limiting his oxygen intake, a person reduces the metabolic process of his body and effectively depresses his energy level. Banking the metabolic fires cools the passions of the body".  
(p.181)

Reich's genius gave rise to the development of a whole group of therapies, all of which basically use Reichian techniques, even though there are differences of accent.

Probably the best known of this group of Neo-Reichian therapies is the Bio-energetic movement of Lowen.

Lowen himself was in therapy with Reich for some time. Together with Pierrakos and Walling, he later founded the Institute for Bio-energetic Analysis in 1956.  
(Lowen, 1978)

Although Lowen disregards the concept of orgone energy, Bio-energetics is essentially Reichian in theory. In practice, Lowen developed various techniques of his own and improved on those of Reich. The best known is his technique for "grounding." This developed as he became aware that all his patients "lacked a sense of having their feet firmly planted on the floor. This lack corresponded to their being 'up in the air' and out of touch with reality". (Lowen, 1978, p.40)

Grounding, which means getting the patient in touch with reality by teaching him literally to have his feet firmly on the ground, is the cornerstone of Bio-energetic therapy.

As far as breathing is concerned, Lowen (1978) maintains that: "Breathing is as crucial to Bio-energetics as it is to Reichian therapy." (p.40)

He believes that:

"The air or breath is equivalent to the spirit, it is the pneuma of ancient religions, a symbol of the divine power residing in God, the father figure. Breathing is an aggressive act in that inspiration is an active process. The body sucks in the air. The way one breathes manifests one's feeling about his right to get what he wants from life. In breathing we are identified with the male principle, the active or aggressive

principle of life."  
(Lowen, 1979, p.186)

Keleman (1975a), well-known for his Bio-energetic workshops, feels that:

"An individual who will not fully inhale, will not inspire himself, accept into himself the influx of his surround. An individual who inhibits exhaling will not fully commit himself, give himself trustingly to his surrounds. An individual who will not fully breathe restricts his individuality."  
(p.134)

In much the same vein he says that:

"To breathe in is to inspire, to get bigger, to take in, to lift oneself off the ground. To exhale is to give back, to make oneself smaller, to come closer to the ground, to expire."  
(Keleman, 1975 (b), p.79)

He also points out that:

"Emotional expression broadens and deepens breathing, permitting fuller emotional and social expression: crying, and laughing, and singing and screaming, verbalizing one's needs, standing on one's feet and being independent, allowing oneself to trust another."  
(ibid, p.80)

In assessing a person's emotional state, breathing that is restricted to the lower half of the body, or restricted in the chest "may indicate either an overcharged sex life or feeling life," (Keleman, 1979) p.207) while overdeveloped breathing in the chest indicates "an overdeveloped social function and underdeveloped instinct". (ibid, p.207)

The breathing stool, a two foot high stool over which the patient lies with his back, is one of the innovations of Lowen (1978) to facilitate the opening up of breathing. By opening up the breathing, more oxygen is taken up, the person becomes more energised and so it thus becomes more difficult to block the energy flow. This then often leads to the expression of intense affect. At a physiological level, it becomes too difficult to "hang on" and the person "lets go."

The development of Radix Education and the establishment of the Radix Institute is another manifestation of a Neo-Reichian therapy. (Warburton, 1981) Charles Kelley, in 1960, founded the Radix Institute to carry on the work of Reich. Kelley, a professor of Vision Research, became one of Reich's co-workers, eventually also undergoing Orgone Therapy himself. Initially

his aim was to teach vision improvement through Reichian techniques. He changed the direction of his work, however, and began concentrating on emotional release.

Where in Reichian therapy there is an emphasis on breaking through the body armour, in Radix Education there is a change in emphasis. Body armour is not only seen as something to be eliminated. Armour is often needed for protection, so the goal in Radix therapy is to develop

"a capacity within the person to express emotion when he feels he wants/needs to and evaluates the situation to be appropriate; to develop the capacity to choose, to no longer be a victim of his feelings or his armor. Then the person is able to channel his wants and needs by his own will, able to delay fulfillment when necessary and also able to enjoy it when that is right".  
(Warburton, 1981, p.740)

The concept of pulsation is central to Radix Education. Pulsation is rhythmic contraction and expansion. (Dillon, 1979) Energy causes the pulsation and it flows through the body in waves, causing the liquid contents of the body to move. This is experienced as feeling. Feelings, however, can be blocked off through muscular armouring. When these tensions are released, there is an emotional discharge due to the free flow of energy.

Breathing is seen as

"the most obvious and emotionally the most significant pulsation in the body. The belly and chest rise and expand as the air is drawn in and fall as it moves out again. Breathing can assume many different rhythms. When the body is at rest the breathing pulsation is relatively shallow and slow. During more strenuous physical and/or emotional activity the breathing becomes deeper and faster. Many feelings are blocked in the muscles which control breathing and simply by altering the 'chronic' breathing pattern of control a person may experience much more feeling".  
(Dillon, 1979, p.254)

In working with a client, or student, as he is referred to in Radix Education, he is asked to deepen his breathing and centre his awareness on his body core. "As the pulsation and breathing deepen, blocks/counter-pulsations will develop." (Warburton, 1981, p.742)  
These blocks will redden in contrast to the surrounding skin, giving the therapist an indication of where problems should be tackled.

Also related to Reich's Orgone Therapy is the "Dynamic Relaxation Therapy" of Gerda Boyesen (Liss, 1974 and 1979). In this so-called "soft touch" method, gentle, circular strokes are given to areas of muscle tension, the purpose being

"to provoke abdominal respiration, meaning a deeper respiratory response which originates from the diaphragm at the base of the lungs. Abdominal respiration helps emotions well up and find release in contrast to 'chest cage breathing' which is more restrictive and limits emotional experience".  
(Liss, 1979, p.243)

The feelings aroused in this way

"bring with them their associated memories of origin, and the 'working-out' proper involves discharging the feelings, remembering their origin, and assimilating the experience by talking it out".  
(Liss, 1974, p.92)

Dr Nic Waal (Waal, Grieg and Rasmussen, 1979), a Reichian therapist, developed a series of tests, the so-called "Nic Waal Muscle Tests", for purposes of diagnosis in psychiatry. The results of these tests have been shown to correlate very significantly with more orthodox ways of diagnosing.

In contrasting simple relaxation techniques, which she feels still leave fantasies and feelings suppressed, with her own method of working, Nic Waal points out that the aim of vegetotherapy is

"to use the stimulation of muscle tension and blocked respiration to release and later to abreact the reaction patterns which are bound up with the early conflicts between the organism and its environment.

The abreaction of the blocked feelings and impulses brings about a restoration of natural tension in the muscles, that is to say, the capacity for flexible use of the musculature which before treatment had a different function - the blocking of feeling".  
(Waal et al, 1979, p.270)

She also works with hypotonic muscles, that is, overrelaxed muscles. The aim of therapy is, therefore, not only to release blocks in tense muscles, but also to get hypotonic muscles functioning again. This means that her therapy

"does not consist in a mechanical provocation of affect, but is a means of helping patients to accept themselves and to assimilate the walled off impulses into their personality".  
(ibid, p.271)

Lillemor Johnsen, who is also a physiotherapist, practices what she terms "Integrated Respiration Therapy". She works almost exclusively with hypotonic muscle areas, maintaining that these areas represent "the content we wish to awaken in the patient".  
(Johnsen, 1979, p.294)

By emphasising work with hypotonic muscles, she found that her patients no longer showed any excessive affect, indicating that a "balancing" takes place. The more the patient is able to use hypotonic muscles, the

less necessary it becomes to "hang on" with hypertonic muscles. Breathing is of extreme significance in her work and "respiration in fact becomes the barometer showing the patient's degree of constraint". (ibid, p.291)

The Gestalt Therapy of Perls, too, is greatly indebted to Reich. Perls himself was in therapy with Reich for some time (Shepard, 1976) and it was through this involvement in particular that Perls became convinced of the importance, not of what is said in therapy, but how it is said, that bodily cues became more important than cognitive content.

As far as breathing is concerned, Perls states that:

"In excitement there is always an upsurge in the metabolic process of oxidizing stored food substances - and hence an imperious need for more air! The healthy organism responds in simple fashion by increasing the rate and amplitude of breathing."  
(Perls, Hefferline & Goodman, 1976, p.164)

Anxiety is then defined as "The experience of breathing difficulty during any blocked excitement". (ibid, p.164)

Gestalt therapy sees the neurotic as someone who tries to control his excitement by interfering with his

breathing. He

"maintains against his breathing a system of motor tensions, such as tightening the diaphragm against tendencies to sob or express disgust, tightening the throat against tendencies to shriek, sticking out the chest to appear substantial, holding back the aggression of the shoulders".  
(ibid, p.167)

Movement Therapy or Dance Therapy, although developing independently, was later very much influenced by Reich and the Neo-Reichians. This therapy points to the tremendous importance of movement in emotional development. As Duggan (1981) puts it:

"The infant's first relationship is based primarily on touch and movement. This relationship forms the prototype for subsequent relationships and affects the individual's self-concept and attitude toward life. In this relationship the infant learns to sense and relate to another through patterns of touch, movement, and bodily rhythms."  
(p.232)

Emotional disturbances are seen as a split between the mind and the body, which comes about by means of muscle tension and breathing patterns that are used to cut the person off from unacceptable impulses. The dance therapist works with body movement to bring the person to the awareness of how and where he is blocking himself. In therapy the person begins to feel

"him- or herself in the moment as a result of immediate multi-sensory feedback produced by the movement itself. Such kinesthetic, tactile, vestibular, visual, and auditory stimulation help to strengthen the body image and develop a clearer, more stable sense of self. Movement also promotes physical well-being. Relaxation and corrective techniques reduce muscle tension and bring awareness to deadened areas, diminishing feelings of physical discomfort and increasing vitality. The development of control of the body increases feelings of worth and competence. All of these increase positive feelings about the self, giving the individual a stable base from which to undertake the difficult tasks of self-exploration and change".  
(Duggan, 1981, p.233)

Primal Therapy, too, can be regarded as a body therapy. However, Janov is reluctant to publish his techniques as he feels that "any techniques made public will inevitably be incorporated into the neurotic structure of the therapist". (Janov, 1975, p.443) There are hints, though, of breathing techniques to get the person in touch with his feelings.

The last somatic psychotherapy that will be discussed, is the Aqua-energetics of Paul Bindrim, a psychotherapy that in practice has much in common with "Rebirthing".

Aqua-energetics, earlier called the Nude Marathon, has

as its main objective increasing the aliveness of the participant (Bindrim, 1981). According to Bindrim, the individual in therapy is someone who has learnt to repress emotion, which he does by controlling his breathing. This is achieved by tightening the musculature, that is by the use of "body armour".

The aliveness of the participant is increased by "hyperventilation and the weakening of body armor, permitting repressed emotion to be discharged and traumatic episodes to be desensitized". (Bindrim, 1981, p.38)

An interesting point raised by Bindrim, is the notion that the cortex, as the most recent evolutionary part of the brain, is used to repress emotional energy. He feels that: "Like all new developments, mechanical or biological (the cortex has) its inherent bugs that need to be worked out." (ibid, p.39) He is of the opinion that to overcome these difficulties, we should again learn to depend more on sub-cortical functions "which, though less evolved, are time-tested and dependable". (ibid, p.39)

He feels that "touchie-feeling" aspects of Humanistic Psychology often have better results than analytic-

type therapies "because one buggy cortex cannot effectively analyze another buggy cortex". (ibid, p.39)

Bindrim works with groups of twelve to twenty participants in twenty-four hour marathons. Various exercises, for example encounter games, meditation, etc. are used as a warm-up to the main body of the work, which is done in a heated pool. Individuals are floated in the water between the participants who form a type of conveyor belt. On his second floating, the individual hyperventilates. Intra-uterine noises are relayed under water. The hyperventilation can be accompanied by any number of the following: vomiting, difficulty in breathing, painful clonic contractions, usually in the hands, numbness, paralysis, shivering and tingling. Despite these reactions, the participant is encouraged to continue hyperventilating as these symptoms generally precede the discharge of emotion. When the blocks have been broken through,

"breathing becomes deep, rhythmic, and effortless. An energy flow that goes throughout the body and enters the head is experienced. Often there is a burst of extreme joy over being alive. The participant enters into an indescribable state of bliss and experiences a new sense of being". (ibid, p.43)

Following the marathon, private sessions with individuals are undertaken to consolidate what has been achieved.

Before taking a closer look at "Rebirthing" and its technique of "Connected Breathing", I would like to make a few brief comments on the somatic psychotherapies discussed so far.

With the possible exception of Perls' Gestalt therapy, all these therapies relate closely to the theories of Reich and although, in practice, they developed new techniques, they all owe a debt to the genius of Reich's thought. Nichols and Zax (1977), in fact, maintain that they tend only to stress various aspects of his work.

Baker and Nelson (1981) point out that where for Freud "psychic energy" was a metaphor, for Reich it had a physical, objective existence. Without getting involved in the philosophical difficulties posed by this point of view, I do feel that Reich's enormous contribution to psychology was his insight that man lives his life, his hopes, fears, emotions, neuroses, etc. in a bodily way and that he blocks himself off from expressing himself, not psychologically, but as a total being. Because man is bodily present to his world, he can, I propose, be approached therapeutically

on a body level.

Where the Freudian approach tends to underplay the body, the somatic therapies stand in danger of underplaying the cognitive aspects of our being in the world and this is something that the somatic psychotherapist should guard against at all times. Thus Bellis (1976), a Bio-energetic Analyst himself, when speaking of emotional flooding, cautions that:

"It is possible, of course, sometimes ridiculously easy to release symptoms as a result of an emotional release, primal, or a breakthrough. It is also generally known that most people feel better after a good cry or after getting something off their chest, or even after vomiting. This is not to say, however, that their ego is any stronger, that they are better grounded in reality in their ability to move, to perceive, to speak for themselves, to possess themselves. It is not to say that they will be any more creative, except possibly for a short period following the release when they have much more energy available. It is true, however, that the achievement of emotional release can be dramatic and can be convincing and can even be contagious. It may lend an aura of truth to anything that is believed or taught by the practitioner. ...Unfortunately, it may also work to build up a sense of unreality in the practitioner.

The work of grounding in reality, the work, that is, of psychotherapy, of "shrinking the head", of assisting the individual to contain and to integrate his experience, remains a task of the psychotherapist, of whatever brand or persuasion. An hysteric, as we all

know, may have many dramatic breakthroughs, may have many dramatic insights, without any essential change in himself. All of us, as experienced clinicians, I am sure, have been tantalized and have indulged in 'cures' in which we have little faith. Thus emotional flooding may have its dangers as well as its benefits. ...Until the individual can accept and deal with reality, essentially the reality of himself, and until he is self-possessed, he is neither mature nor integrated, and his improvement or cure may well be ephemeral." (pp. 148-149)

B. The development and theory of the "Rebirthing" movement.

"Rebirthing" can by no means be regarded as a somatic psychotherapy. It would be nearer the truth to refer to it as an esoteric pseudo-spiritual movement. Yet in its technique of "Connected Breathing", it has a tool that in many ways not only shows a close resemblance to the breathing techniques of the somatic psychotherapies, but also adds to them.

Leonard Orr, an ex-salesman, is the founder of the "Rebirthing" movement, which is basically the same as "Theta", an organization consisting of members who believe in physical immortality. At first involved in Erhard's Est movement as a consultant, Orr eventually established his own "self-improvement" business.

"Rebirthing" seems to have developed from his own experience of spending hours in the bath. At some stage he had a tremendous urge to leave the bath, but prevailed on himself to remain. This, he says, put him in touch with his birth trauma.

The purpose of "Rebirthing" then is the unravelling of the birth trauma. The birth trauma is regarded as the determinant of all later personality traits and problems, and the only way to integration and wholeness, is through "Rebirthing."

Apart from some Indian spirituality, the greatest influence on Orr was Leboyer's "Birth without Violence".

Initially, Orr was convinced that what happened to him in the bath was due to the warm water rekindling memories of intra-uterine life. It was only later that he came to realize that it was probably his breathing that triggered his experiences. So although "wet rebirths" were considered essential at first, "dry rebirths" are the norm today. (Jones, 1981).

"Rebirthing" consists of two elements: "Connected Breathing" and a system of affirmations. Affirmations are nothing more than positive thoughts. Orr

and Ray (1977) define an affirmation as "a positive thought that you choose to immerse in your consciousness to produce a desired result". (p.64)

This is accomplished by writing or saying the positive thought ten to twenty times.

They continue that:

"The repetitive use of the affirmation will simultaneously make its impression on your mind and erase the old thought pattern, producing permanent desirable changes in your life."  
(ibid, p.65)

To spend any more time on the theory, if it can be called that, of "Rebirthing", would serve no purpose. Its elevation of simple beliefs to the status of facts, for example that all difficulties in life can ultimately be traced back to birth trauma, that man is by nature physically immortal, that Eve's sin was that she failed to recognize that she was God, that by writing down a negative thought and then erasing it literally means that the thought has been erased from consciousness, etc., makes it impossible to take the theory seriously.

Before taking a closer look at "Connected Breathing"

and what it entails in practice, I would like to substantiate the above by quoting two typical paragraphs from Orr.

Writing on physical immortality, Orr (1980) states that

"physical death is an involuntary technique of spiritual purification. It is true that if we are unwilling to purify ourselves, the physical universe will impose this upon us. The earth evidently has consciousness enough to purify itself of people who don't. Meditation upon the ecology of nature can teach you enough ecology of your own body to become as immortal as the earth. 'God so loved the world' takes on new meanings, that whosoever discovers its secrets lives forever. Whoever knows that the same intelligence that created earth dwells in us has eternal life.

On the other hand, consider this: our society is ruled by doom and gloom as long as the average convalescent hospital is ruled by gloom and doom. My experience of convalescent hospitals is that they are ruled by the gloom and doom of deathist mentality. Not only are the inmates sad and sick, powerless, impotent and hopeless to deal with their own minds and bodies, but I've seen strong and healthy middle-aged staff-members become immobilized and degenerated as a result of working in them. It's very frustrating to try to help people who are determined to pursue a collision course with death. It's very difficult for convalescent hospitals to keep good staff-members; even people with the best intentions become demoralized with too much exposure to deathist mentality".  
(p.47)

On the question of wealth, he says that:

"Your mind is a machine, and it will produce wealth as easily as poverty. One of the basic laws of the mind is the 'law of increase'. Whatever you concentrate on increases. If you concentrate on the fun you are having with your money, then your money will increase and your fun will too....  
Money always follows your instructions!  
If you don't like the way money is behaving for you, then change your instructions."  
(Orr and Ray, 1977, p.170)

On reading this, and more of the same in the basic works on "Rebirthing", one's immediate reaction is to dismiss the whole movement as a strange mixture of Eastern mysticism and Western materialism with no coherent theory and at times even no logic. This is what Rosen (1979) has done in an excellent chapter in "Psychobabble." By doing so I feel, however, that he has thrown out the baby ("Connected Breathing") with the murky, and even slimy, bathwater.

"Connected Breathing" in practice entails breathing rhythmically and deeply, concentrating particularly on the inhale. The exhale is not forced, but "connects" with the inhale, that is, there is no pause between inhale and exhale. The "rebirthee" lies on his back with a cushion under his head and is comfortably dressed. The lights are usually

dimmed. Rebirthers insist that before the connected breathing is commended, the "rebirthee" reads aloud from Leboyer's "Birth without Violence" for about fifteen minutes. He is told that whatever he experiences will be a working through of his birth trauma and that the process could last from one to more than three hours. The "rebirthing" initially always takes place in the presence of a "rebirther", whose function it is to comfort the "rebirthee" and encourage him to continue with the breathing until the process has been completed. The process is complete when the "rebirthee" feels no more physical tension in any part of his body and is filled, if not with joy, with deep contentment.

"Connected Breathing" is basically a process of voluntary hyperventilation. In a generally better presented exposition of "Rebirthing" than that of Orr or Ray, Jones (1981), however, states that:

"Rebirthing is not hyperventilation. The client ideally places emphasis on the inhale, deliberately enlarging the inhalation by relaxing the abdomen, shoulders, back, and pelvis. The exhale is the result of just totally letting go all restraint, so the ribcage and diaphragm collapse. The client does not make any effort to blow out or empty the lungs. Thus he or she is not lowering blood concentrations of carbon dioxide and thereby causing changes in

blood calcium, as happens with hyperventilation. Thus, quite in contrast to hyperventilation, Rebirthing is a hyperoxygenation of the blood stream without a concomitant increase in either the production or the release of carbon dioxide."  
(p.754)

In this, Jones not only contradicts Orr (1979) and Orr and Ray (1977), but also medical evidence. Hyperventilation means overbreathing (Engel, Ferris and Logan, 1947) and this implies hyperoxygenation, which in turn brings about a disturbance in the chemical composition of the blood, which affects the level of consciousness as well as the musculature. Whether the emphasis is on the exhale or the inhale has no effect on this process.

But as this study is concerned with the experience of "Connected Breathing", a detailed exposition of the physiology and biochemistry involved would be superfluous.

The emphasis by the somatic therapies on breathing has been amply illustrated. They all emphasise the fact that people generally underventilate. The purpose of opening up the breathing is, therefore, to be able to breathe normally, to oxygenate the blood normally. Although this process sometimes leads to periods of hyperventilation, particularly in

Radix Education and Aqua-energetics, the purpose is always normal breathing. In contrast, in "Connected Breathing" the emphasis is on hyperventilation, which is seen as an end in itself. It is regarded as

"a natural healing process by which the breathing mechanism is freed from the inhibition placed on it while learning to breathe in a tense and fearful atmosphere during birth".  
(Orr, 1979, p.13)

Behaviouristically, it could be regarded as a type of breathing flooding.

To put forward that whatever happens during "Connected Breathing" is a working through of the birth trauma is presumptuous. The instructions given before a "Rebirthing", which includes a fifteen minute reading of Leboyer's "Birth without Violence", is also nothing less than indoctrination. That something is experienced during "Connected Breathing" is obvious, but what it in fact is, is by no means clear. It is hoped that this study will throw some light on what does take place during "Connected Breathing" and give some indication of its therapeutic potential.

CHAPTER 2

METHODOLOGY

(A) The phenomenological approach

"Zurück zu den Sachen" was the call by Husserl in reaction to the approach to science in vogue at the time, an approach that, in many respects, is still dominant in our Western culture today.

This traditional approach can be traced particularly to the developments in the natural sciences during the sixteenth century and the philosophy of Descartes.

The emphasis on measurability as the ultimate source of knowledge can be found in the work of Galileo who maintained that nature is a book written by God in a secret code, namely mathematics, and that the way to know and understand God's secrets of the universe is, therefore, to know mathematics. This was confirmed by Newton, who through his theories implies that what is, can be reduced to mass and movement. Mass and movement can be measured, which means that reality can be expressed in mathematical formulae.

Related to this, is the dualistic philosophy of Descartes, who through methodical scepticism, comes to his famous formulation cogito ergo sum. This formula-

tion implies two things, namely, consciousness and the world outside consciousness, res cogitans and res extensa. The res cogitans is in the realm of freedom while the res extensa is subject to the immutable mechanical laws of nature. Man's body is part of the res extensa. What happens here, is that reality is seen as what is outside consciousness. It is spatial and temporal. Knowledge is arrived at through the senses by a consciousness that is a spectator outside of and posited against reality. To know means to perceive the properties of reality, the properties of reality ultimately being mathematical in nature. In perceiving, it is of extreme importance to ensure that what is perceived is objective and does not arise from consciousness, i.e. is not subjective. This is crucial as reality should be known as it is, that is objectively, independently of consciousness. Objective knowledge thus means knowledge obtained by exact observation. Exact observation again requires measurement and verification, i.e. the experiment.

This view of science in which man is, on the one hand, not only object among objects, and on the other also a foreigner in his own world, is a view that the phenomenologist cannot accept.

Phenomenology, very briefly, implies the following:

Husserl, the father of phenomenology, maintains that we should see the phenomena in their meaningful essence, which means that we should not only put aside our own personal prejudices when making a scientific study of something, but also put aside our scientific convictions. This implies a re-evaluation of so-called objectivity in science. In the Cartesian model, the scientist, as res cogitans, is outside of and posited against reality, and it is this "outsideness" that constitutes objectivity. Husserl, however, points out that this objective reality, which must be measurable in some way, is a constituted reality, i.e. a reality that we put up in order to reach a particular goal. An example used by Professor P S Dreyer in his philosophy lectures at the University of Pretoria illustrates the above well: In my garden I have a rose. It exists because people cultivated it that way and they cultivated it that way because such a rose appealed to them. I bought it for that same reason, planted it, and looked after it. In terms of the classical view of science, nothing scientific has been said so far. All that has been referred to have been subjective considerations of beauty, uses, etc. When making a "scientific" study of the rose, we should exclude the subject and pay attention only to what the rose is in and of itself. Husserl, however, would maintain that this is incorrect be-

cause it is I who decide that I want to make the rose an object of study. It is I who choose to study the flower, and not the roots. It is I who decide to concentrate only on the colour of the flower and it is I who reduce the colour to wavelengths of reflected light. This means that I not only constitute the object of study, but also the method of study and thereby influence the results of the study.

For the phenomenologist, subjectivity too needs to be re-evaluated. Husserl maintains that the I, in contrast to the Cartesian view, is not only consciousness, but the total person, i.e. consciousness, body and everything belonging to it. Consciousness is thus not outside reality like a spectator. There is, in fact, no gap between subject and object. Because consciousness is our way of being in the world, of being with things, of transcending ourselves, this means that object and subject are so close that they flow into each other.

Since in this view man is now again part and parcel of his world and since his world is no longer beyond him, it is possible to determine what the phenomena essentially are. To do so implies separating the phenomenon from the non-phenomenon. A phenomenon is anything that reveals the meaningful structuredness

of the world. What is a phenomenon in one case is not necessarily a phenomenon in the other. Laughter, e.g. can be constituted as the study object. In laughter, movements of the mouth could tell us something about laughter, but is not the phenomenon under study. In the case of a phenomenological study of the mouth, laughter again would be an aspect of the phenomenon, but not the phenomenon itself.

In studying the phenomenon, all subjective prejudices as well as scientific theories and beliefs must be bracketed (epoché), the purpose being for the phenomenon to reveal itself as it essentially is. To look at it through a pair of ideological or scientific spectacles is bound to lead to distortion.

This, then, is a very brief and sketchy description of the phenomenological approach, an approach that relishes in the richness of human experiencing and an approach that refuses to be party to the impoverishment of life by limiting its field of study to what can be measured.

The present study is an attempt at an essential description of the experience of "Connected Breathing". What has been available to date has been, scientifically speaking, a most unsatisfactory set of beliefs concerning this phenomenon, a set of beliefs that makes

it impossible for the phenomenon to speak for itself. It is hoped that this study will clarify the essential nature of the experience.

(B) A phenomenological method

A detailed exposition of how a phenomenologist in practice approaches a phenomenon is beyond the scope of the present study. A defence of this method, which in many quarters of the psychological world is still suspect, is also not appropriate to a study of this nature.

In brief, a phenomenological method essentially entails explication because "By explication, implicit awareness of a complex phenomenon becomes explicit, formulated knowledge of its components". (Van Kaam, in Von Eckhartsberg, p.19, 1978)

As a qualitative research procedure, explication thus has as its objective a deeper understanding of what and how a phenomenon is.

Various ways of explication have been developed, particularly at Duquesne University in the U S A., among others by Van Kaam, Giorgi, Fischer and Von Eckhartsberg. (ibid, 1978)

In this study the method of Giorgi was followed whereby descriptions of a specific concrete experience are obtained from subjects and the descriptions submitted to the following procedure:

1. The entire description is read in order to get a general sense of the whole statement.
2. Once the sense of the whole has been grasped, the researcher goes back to the beginning and reads through the text once more with the specific aim of discriminating "meaning units" from within a psychological perspective and with a focus on the phenomenon being researched.
3. Once "meaning units" have been delineated, the researcher then goes through all the meaning units and expresses the psychological insight contained in them more directly in the language of psychology. This is especially true of the "meaning units" most revelatory of the phenomenon under consideration.
4. Finally, the researcher synthesizes all of the transformed meaning units into a consistent statement regarding the subject's experience. This is usually referred to as the situated structure of the experience and can be expressed at a number of levels.

(Giorgi, unpublished, p.3)

With regard to point 4, in the present study a specific description of the situated structure of "Connected Breathing" was delineated for every subject and, finally, a general description of the structure of "Connected Breathing" was extracted from the combined individual specific descriptions.

(C) The subjects

The four subjects were Joan, Peter, Mary and Mandy, All four are well-known to me. I approached them to be subjects because they showed an interest in the project.

Joan is a twenty-eight year old housewife, is married to a diplomat, has a degree in Politics and has one child. She comes from a typical Afrikaans background and takes a keen interest in the world around her.

Peter is a twenty-seven year old male and works in a medical laboratory as a microbiologist. He is very interested in healing and feels himself particularly close to faith-healers and witchdoctors.

Mary is thirty-three years old, married, with two children, and works as a pharmacist at a mental institution. She is very concerned with religious questions and takes a keen interest in the world

around her.

Mandy is forty years old and the headmistress of a girls' school. Her work is her life, yet she often feels inadequate to cope with the many demands made on her time and resources.

(D) Procedure

The subjects were instructed in the breathing rhythm. They were comfortably dressed, lay on mattresses and were covered by blankets. Each subject was given an assistant whose task it was "to be there for the subject". The assistants were asked to see to the needs of the subjects, whatever they might be and to act as intuitively as possible.

The subjects were informed that the exercise could take a few hours and that physical symptoms and the experience of emotion were possible, but that this was nothing to fear. The subjects were instructed to keep up the breathing rhythm until they experienced no bodily tension whatsoever. A verbal commitment to do so was demanded and given. After the exercise, the subjects were asked to write as full an account as possible of what they experienced from the moment of commencing the exercise until terminating it.

CHAPTER 3

RESULTS

The results are presented as follows:

Each naive description of the experience of "Connected Breathing" of each subject is followed by a qualitative analysis. In the qualitative analysis meaning units are discriminated (left-hand column). These discriminated meaning units are then expressed more directly in psychological language and with respect to their relevancy for the phenomenon of "Connected Breathing" (right-hand column). The qualitative analysis of each description is then again synthesised into a specific description of a situated structure of "Connected Breathing." A general description of the structure of "Connected Breathing" is then arrived at by integrating the insights obtained from the four specific descriptions.

A. Naive descriptions, qualitative analyses and specific descriptions of situated structures of "Connected Breathing."

JOAN: (a) A naive description of the experience of "Connected Breathing".

I first of all started getting dizzy, and this made me very anxious. It felt as if everything was going black and as if my body was paralyzed. Then my hands contracted, as well as the rest of me - first my legs, then my back and neck and lastly my pelvis.

I had an enormous amount of pain in my whole body and I twisted and turned. It is difficult to describe the feeling I experienced. I did not identify it at that moment, i.e. I did not think then that I was angry or anxious or whatever. All I thought was, "I must keep on breathing, because I must get out of this again." After what seemed to me to be a very long time, I reached a sort of climax, and then it was over. I felt very quiet and just wanted to remain lying like that. Until Tony<sup>1)</sup> told me to begin breathing again. What happened immediately after this I can't recall exactly. I know I laughed once or twice because I was very happy, and it was very important to me that Tony was there and laughed with me. I would have liked to put my arms around him, but they were still so stiff that I could do nothing with them.

---

1) The assistant.

My hands and arms were the only part of me that still ached. Now that I think about it, at one stage I felt very helpless. I lay on my stomach and I wanted to get up, but couldn't.

Then I felt as though I wanted to get angry, but every time before I got angry, I stopped the breathing, then it went away. Until I told Tony about it. He then said to me: "Well, if you want to get angry, here is a pillow to hit." I then kept up the breathing and got angry and hit the pillow a few times with my fists - my hands were clenched in fists all the time - and then it was all over. I was surprised, because I thought I would have got terribly angry and it wasn't that bad at all. After this I tried to open my fists and succeeded, but my hands were still stiff and sore.

I then began breathing again and this time I got very scared, to the point of crying.

When this was over, my whole body was relaxed, and tired. After I stopped breathing, I was aware of dizziness again for the first time, but it went away quickly and I had no physical after-effects.

During every "crisis" I was aware only of that with which

I was busy. After each crisis, everything became so quiet that Tony had to help me to get the breathing going again.

For me the experience was worthwhile. It took all tension out of me and it helped me not to be scared to feel something. I had always been scared of getting angry or scared because I thought that I would not be able to control it, that I would get "beside myself." Now I have seen that it isn't that terrible. Also to be so openly joyful was quite an experience.

(b) A qualitative analysis.

1. I first of all started getting dizzy, and this made me very anxious. It felt as if everything was going black and as if my body was paralyzed.

2. Then my hands contracted as well as the rest of me - first my legs, then my back and neck and lastly my pelvis.

3. I had an enormous amount of pain in my whole body and I twisted and turned.

1. S initially felt as if she was losing control over her bodily self and was filled with fear by this.

2. S's body then contracted without her conscious will.

3. S experienced intense pain in her whole body and tried to cope with this by bodily movements.

4. I did not identify it at that moment, i.e. I did not think then that I was angry or anxious or whatever. All I thought was, "I must keep on breathing, because I must get out of this again."

5. After what seemed to me to be a very long time, I reached a sort of climax, and then it was over.

6. I felt very quiet and just wanted to remain lying like that. Until Tony told me to begin breathing again.

7. What happened immediately after this I can't recall exactly. I know I laughed once or twice because I was very happy, and it was very important to me that Tony was there and laughed with me.

4. S did not then consciously reflect on the nature of the feeling experienced as her only concern was getting it behind her by continuing the breathing rhythm.

5. After what in lived time was a long period, S reached a climax.

6. After this climax S experienced tranquillity in which she would have liked to linger, but, on the encouragement of the assistant, reinitiated "Connected Breathing."

7. S then, among other things, experienced and expressed happiness in laughter, the sharing of which with the assistant was very meaningful to her.

8. I would have liked to put my arms around him, but they were still so stiff that I could do nothing with them.

9. My hands and arms were the only part of me that still ached.

10. Now that I think about it, at one stage I felt very helpless. I lay on my stomach and wanted to get up, but could not.

11. Then I felt as though I wanted to get angry, but every time before I got angry, I stopped the breathing, then it went away.

12. Until I told Tony about it. He then said to me: "Well, if you want to get angry, here is a pillow to hit."

8. S wanted to express affection to the assistant, but as her body was still not under conscious control, was unable to do so.

9. Pain was now experienced only in S's hands and arms.

10. S experienced a feeling of helplessness in her inability to voluntarily control body movement.

11. S then felt anger rising in her, but arrested it by stopping "Connected Breathing."

12. On being informed of the situation, the assistant encouraged S to continue.

13. I then kept up the breathing and got angry and hit the pillow a few times with my fists.

14. My hands were clenched in fists all the time.

15. Then it was all over.

16. I was surprised, because I thought I would have got terribly angry and it wasn't that bad at all.

17. After this I tried to open my fists and succeeded, but my hands were still stiff and sore.

18. I then began breathing again and this time I got very scared, to the point of crying.

13. S then continued with "Connected Breathing" which took her to the experience and expression of diffuse anger.

14. S kept up an involuntary aggressive bodily attitude throughout this period.

15. Tranquillity followed this climax.

16. S's very negative expectations with regard to the expression of her anger did not materialise.

17. After this, S gained greater voluntary control over her hands.

18. "Connected Breathing" was reinitiated and took S to the intense experience of diffuse fear which was bodily manifested in tears.

19. When this was over, my whole body was relaxed, and tired. After I stopped breathing, I was aware of dizziness again for the first time, but it went away quickly and I had no physical after-effects.
20. During every "crisis" I was aware only of that with which I was busy.
21. After each crisis, everything became so quiet that Tony had to help me to get the breathing going again.
22. For me the experience was worthwhile. It took all tension out of me and it helped me not to be scared to feel something. I had always been scared of getting angry or scared because I thought that I would not be able to control it,
19. After this climax, S regained full control of her body.
20. During the build-up to every climax, S's consciousness was focused only on what was generated by "Connected Breathing."
21. The encouragement of the assistant was required to re-initiate "Connected Breathing" after each climax.
22. S regards the experience of "Connected Breathing" as worthwhile as it left her tension-free and helped her confront her feelings, something she had feared until then.

that I would get "beside myself."  
Now I have seen that it isn't that  
terrible. Also to be so openly  
joyful was quite an experience.

(c) A specific description of the situated  
structure of "Connected Breathing".

The experience of "Connected Breathing" was a worthwhile experience for S in that, in contrast to the past, she was able to confront her feelings. The experience took place in a number of phases, each of which, with the encouragement of a caring other, commenced with a period of breathing voluntarily in the required manner and ended in an involuntary emotional climax followed by a feeling of tranquility. S's consciousness, in the build-up to each climax, was focused only on what was generated by the breathing pattern. In each phase, S also experienced bodily sensations uncommon to the ordinary life-world, these sensations only fully subsiding at the end of the last phase.

In the first phase, in which lived time did not coincide with measured time, there was a gradual and involuntary onset of, at times, painful bodily sensations uncommon to the ordinary life world with which S tried to cope by bodily movements. For S this was a frightening

experience as she feared this loss of conscious control over her bodily self. Continuation of the breathing pattern led to a climax of emotional expression, the precise nature of which was unknown to S, and was followed by a period of tranquility, in which S would have liked to linger.

With the encouragement of the caring other, "Connected Breathing" was reinitiated and led to the experience and bodily expression of happiness in laughter which S shared with the caring other, whose presence was very meaningful to her and towards whom she would have liked to express affection, had she had conscious control over her bodily self. Pain was now confined only to S's hands and arms and she experienced helplessness at her lack of conscious control over bodily movements. After several times resisting the anger she could feel rising in her by arresting "Connected Breathing", S informed the caring other of this resistance. With his encouragement, she continued the breathing pattern and experienced and expressed diffuse anger, while keeping up an involuntary aggressive bodily stance throughout. This climax was again followed by tranquility and greater voluntary control over her hands. S's very negative expectations with regard to the expression of her anger did not materialise.

The reinitiation of "Connected Breathing" led S to the experience and bodily expression, in tears, of intense and diffuse fear, after which S regained full conscious bodily control and felt completely relaxed.

PETER: (a) A naive description of the experience of "Connected Breathing".

The whole procedure, for me, could be divided into 4 phases. The first phase was the opening minute or two when I experienced the tingling feeling and the feeling of euphoria started to come over me. At the very beginning the sensation of having to breathe according to the rhythm demanded a little will-power and was not pleasant. However, very soon I had achieved the sort of lightness of mind and happy relaxation which comes to me after running 5 miles or so.

This phase led very rapidly into the second phase, of euphoria. Perhaps the important thing to note about this euphoria was that it set the tone for the rest of the experience; a feeling of profound meaning in which people were very important and a profound sense of being "O K". A great beneficent presence was very real to me and my happiness was very much related to people, particularly those who were with me.

The third phase was the longest, I imagine, although, to judge from the length of time I was "under", not nearly as long as I imagined. It grew out of the period of euphoria and, as I mentioned earlier, carried within it



the reality of a beneficent presence. I felt really uninhibited.

Throughout the whole experience, there was a part of me which was aware, however dimly, of what was going on and what I was doing.

A most incredible emotional machine seemed to be switched on by the whole thing.

The first climax was in a sense the most intense and I blacked out momentarily, not without a slight twinge of nervousness. Each of the rest of the climaxes which followed were reached when I had regained my energies sufficient to start breathing hard again. The breathing took increasing control of me until I had expressed whatever that emotional machine needed to express. I wish I could tell you what it was, but it is not possible. I did have some feelings I can categorize e.g. sadness and wanting to cry, but for the rest they are impossible to recall.

The climaxes changed in nature as time wore on. The onset began to make me more and more nauseous and the rest periods were more and more relaxed. In certain respects the climaxes were less intense than the first,

but I would be hard put to it to explain just how.

Perhaps I could mention here my feelings towards Jane<sup>1)</sup> as the whole thing progressed. In the euphoric state it was of prime importance that she be there as someone to whom I could try to give my ecstasy. However, when the mid-phase series of climaxes were "in control", I actually found her caring and protective hand an irritation. Then at the end she again became a person who offered me a wonderfully warm and understanding companionship in my state of complete exhaustion.

I want to emphasise: It was vitally important for the meaning of the whole thing to have someone there. The presence of a caring person was the most central point of the exercise.

All the feelings I experienced were very profound and satisfying - whether happy or sad.

Time also got up to some rather strange tricks. How long something lasted for was very difficult to judge.

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<sup>1)</sup>The assistant

(b) A qualitative analysis

- |   |   |
|---|---|
| 1. The whole procedure, for me, could be divided into 4 phases.   | 1. S divides the experience into 4 phases.  |
| 2. The first phase was the opening minute or two when I experienced the tingling feeling and the feeling of euphoria started to come over me.   | 2. In the first phase, S experienced a diffuse bodily change; a tingling feeling and the beginning of a euphoric mood or emotion began taking hold of him.  |
| 3. At the very beginning, the sensation of having to breathe according to the rhythm demanded a little will-power and was not pleasant. However, very soon I had achieved the sort of lightness of mind and happy relaxation which comes to me after running 5 miles or so. | 3. Initially "Connected Breathing" required deliberate effort and this was unpleasant, but it soon became effortless and was then accompanied by the feeling of openness and a freedom from restraints. |
| 4. This phase led very rapidly into the second phase, of euphoria. Perhaps the important thing to note about this euphoria was that it set the  | 4. This phase took S rapidly to the second which was experienced as a phase of euphoria or happiness and at-oneness with self, others and a beneficent  |

tone for the rest of the experience; a feeling of profound meaning in which people were very important and a profound sense of being "O K."

A great beneficent presence was very real to me and my happiness was very much related to people, particularly those who were with me.

5. The third was the longest, I imagine, although, to judge from the length of time I was "under", not nearly as long as I imagined. It grew out of the period of euphoria and, as I mentioned earlier, carried within it the reality of a beneficent presence.

6. I felt really uninhibited.

7. Throughout the whole experience, there was a part of me which was aware, however dimly, of what was going on and what I was doing.

power. It set the tone for what was to come.

5. The third phase was experienced as the longest, although in measured time this might not be so and grew out of the second, continuing the euphoria and the sense of a beneficent presence.

6. S felt really uninhibited.

7. Awareness, however dimly, of what was experienced, remained with S throughout.

8. A most incredible emotional machine seemed to be switched on by the whole thing.

9. The first climax was in a sense the most intense and I blacked out momentarily, not without a slight twinge of nervousness.

10. Each of the rest of the climaxes which followed were reached when I had regained my energies sufficient to start breathing hard again. The breathing took increasing control of me until I had expressed whatever that emotional machine needed to express.

11. I wish I could tell you what it was, but it is not possible. I did have some feelings I can categorize e.g. sadness and wanting to cry, but for the rest they are impossible to recall.

8. "Connected Breathing" seemed to generate an emotional experience which seemed to move on its own momentum, which was unfamiliar to S and not controlled by him.

9. S experienced the first of a series of climaxes somewhat fearfully as the most intense and momentarily lost consciousness.

10. After each climax S had to voluntarily reinitiate "Connected Breathing" which increasingly took possession of him until he had expressed whatever it "wanted" him to express.

11. Although some feelings expressed such as sadness, can be recalled, S is unable to associate most of them with familiar feelings of the life-world.

12. The climaxes changed in nature as time wore on. The onset began to make me more and more nauseous and the rest periods were more and more relaxed. In certain respects the climaxes were less intense than the first, notably in the fact that only in the first did I come near to blacking out. In other ways, the later climaxes were more intense than the first, but I would be hard put to it to explain just how.

13. Perhaps I could mention here my feelings toward Jane as the whole thing progressed. In the euphoric state it was of prime importance that she be there as someone to whom I could try to give my ecstasy. However, when the mid-phase series of climaxes were "in control", I actually found her caring and protective hand an irritation. Then at the end she again became

12. The climaxes progressively changed in nature, the onset leading to increasing nausea, while after each climax, S felt increasingly relaxed. The climaxes following the first were in some ways less emotionally charged and in others not. S is unable to offer an explanation for this paradox.

13. In the course of the exercise, S's feelings towards the assistant changed. In the initial and final stages, the assistant's presence was greatly valued as she was someone with whom he wanted to share his experience, while in the climaxes, her caring concern was irritating.

a person who offered me a wonderfully warm and understanding companionship

14. in my state of complete exhaustion

15. I want to emphasise: It was vitally important for the meaning of the whole thing to have someone there. The presence of a caring person was the most central point of the exercise.

16. All the feelings I experienced were very profound and satisfying - whether happy or sad.

17. Time also got up to some rather strange tricks. How long something lasted for was very difficult to judge.

14. At the end S was completely exhausted.

15. S emphasises the vital importance to "Connected Breathing" of the presence of a caring other.

16. All the feelings experienced in "Connected Breathing" were profound and satisfying.

17. Lived time did not coincide with measured time.

(c) A specific description of the situated structure of "Connected Breathing".

"Connected Breathing", for S, took place in a number of phases in which lived time did not coincide with measured time. Each phase was initiated by a period of voluntarily breathing in the required manner which then increasingly became involuntary. This seemed to generate an emotional experience, which seemed to move on its own momentum, taking S to a climax of expressing whatever "Connected Breathing" "wanted" him to express. This was an unfamiliar experience for S and not controlled by him. After each climax, "Connected Breathing" had to be reinitiated voluntarily. The climaxes progressively changed in nature, the onset leading to increasing nausea, while after each climax, S felt increasingly relaxed. The climaxes following the first, which was the most intense, were in some ways less emotionally charged and in others not, but S is unable to explain this paradox.

S felt totally uninhibited, and throughout was aware, however dimly, of what was experienced. Although able to recall some feelings experienced, such as sadness, S is unable to recall most of them. However, all feelings experienced were profound and satisfying.

For S, in the experience of "Connected Breathing", the

presence of a caring other was of vital importance. In the course of the exercise, his feelings towards her changed. In the initial and final stages, her presence was greatly valued as a sharer of his experience while in the climaxes, her caring concern was irritating.

The first phase commenced with voluntarily breathing according to the required pattern, which S initially found unpleasant, but which soon became effortless and was then accompanied by a feeling of openness and freedom from restraint. S then experienced a diffuse bodily change in which a tingling feeling and the beginning of a euphoric mood or emotion began to take hold of him. This rapidly led him to the full experience of euphoria or happiness and a feeling of at-oneness with himself, others and a beneficent power - and set the tone for what was to come. What followed was, in lived time, perceived as making up the greater part of the experience. Continuation of "Connected Breathing" then seemed to generate an emotional experience which led S, somewhat fearfully, to the first and most intense of a series of climaxes during which he momentarily lost consciousness. After this climax, "Connected Breathing" had to be voluntarily reinitiated. Several further phases culminating in a climax of emotional expression followed the first. At the end of the last phase, S was exhausted.

MARY: (a) A naive description of the experience of "Connected Breathing".

After a few minutes, I became aware of a tingling feeling in my gut - the place where I usually get great tension "knots". The tingling turned into a fluttery (scared?) feeling and I got quite dizzy. When I let myself go into it, I cried for quite a long time because of a great sadness. I also felt very lonely. I tried to stop crying and go on breathing a couple of times, but every time there was more crying. After a while, the crying seemed to be coming from a physical pain in the gut, a deep pain and I turned over on my side and stopped breathing, telling Eddie<sup>1)</sup> that it was bloody sore. He encouraged me to resume breathing, which I did, but I was scared of being alone and held his hand and begged him not to go away.

Then I turned on my back again and breathed away. This time the breathing brought out extreme anger. I couldn't give vent to it properly lying on my back so I turned over and gave the pillow hell. The rage subsided and I settled into breathing again.

Eddie said: "You're doing fine," to which I replied, "Will I get an Oscar?" - sarcastic because I was criticising myself for not being in control of my feelings.

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1) The assistant

More breathing. Then I thought, "Why shouldn't I show my feelings?" and felt quite happy.

Then I didn't want to go on with the breathing, i.e. didn't want to face the feeling coming up. With encouragement from Eddie, I started breathing again and this time it took me into an area of great pain. There was very little physical pain except for a low cramp every now and then but pain in my soul/psyche/feelings, whatever the hell, was very bad. It made me cry out, moan, groan - it was frightening at times - I tried to get out of it - "No, no" - because I was scared. It felt like I had been completely cut open - I can't really explain the feeling. At other times it felt like the pain of childbirth. It seemed to go on for a very long time. Eventually I had breathed through it. After this, I wanted to hold Eddie and have him hold me.

Sometime during this experience, my hands and legs had started tingling and then going stiff, especially about the knee-caps. I was also very aware of pressure round my left wrist as if someone was holding my wrist tightly. It made me quite angry. I took off my watch but the feeling did not go away.

I breathed some more and felt anger against someone

that I had never allowed myself to be angry towards, but I got frustrated and stopped the anger because I had no proof that this was the person who actually deserved my anger.

I started feeling completely paralyzed from my neck down and then got tired of all the fuss and palaver and wanted to opt out. I stopped breathing and Eddie had quite a battle to persuade me to go on.

Here I got into a lovely breathing rhythm - I didn't have to make any effort - the breathing seemed to be doing it itself. My hands and legs still felt numb and tingly and it just seemed to stay that way. At one stage I said, "I'm scared I won't get out of it" and wanted to give up. After much encouragement from Eddie, I continued breathing and eventually got very angry. I turned on my stomach and again gave the pillow hell. After this I felt completely relaxed and at peace and just wanted to sleep.

(b) A qualitative analysis

- |  |   |
|--|---|
| 1. After a few minutes I became aware of a tingling feeling in my gut - the place where I usually get great tension knots. | 1. On commencing "Connected Breathing", S soon experienced tingling sensations in her intestines, an area where she |
|--|---|

The tingling turned into a fluttery (scared?) feeling and I got quite dizzy.

2. When I let myself go into it I cried for quite a long time because of a great sadness.

3. I also felt very lonely.

4. I tried to stop crying and go on breathing a couple of times, but everytime there was more crying.

5. After a while, the crying seemed to be coming from a physical pain in the gut, a deep pain and I turned over on my side and stopped breathing,

usually experiences tension.

This changed into what, for S, was possibly fear and was accompanied by a feeling of loss of control.

2. Surrender to these sensations led to a relatively long period of bodily expression of intense sadness.

3. S also experienced great loneliness.

4. Attempts at arresting the sadness and continuing the breathing pattern were futile and only led to the further expression of sadness.

5. S eventually had the impression that her sadness had a bodily origin and was due to intense pain in the intestines which she attempted to control by arresting "Connected Breathing" and changing her bodily position.

6. telling Eddie that it was bloody sore. He encouraged me to resume breathing, which I did, but I was scared of being alone and held his hand and begged him not to go away.

7. Then I turned on my back again and breathed away.

8. This time the breathing brought out extreme anger - I couldn't give vent to it properly lying on my back so I turned over and gave the pillow hell.

9. The rage subsided and I settled into breathing again.

10. Eddie said: "You're doing fine," to which I replied, "Will I get an Oscar?" - sarcas-

6. S informed the assistant of her pain and he encouraged her to resume "Connected Breathing", which S then did. In fear of being alone, S, however, sought bodily reassurance from the assistant and verbally requested his continued presence.

7. S then reverted to her previous bodily position and continued "Connected Breathing."

8. "Connected Breathing" then elicited extreme anger which S expressed bodily by beating a soft object after changing her body position to facilitate this expression.

9. The anger subsided upon which S reinitiated "Connected Breathing."

10. S, in reply to the assistant's words of reassurance, made a sarcastic remark in

tic because I was criticising myself for not being in control of my feelings.

11. More breathing. Then I thought, "Why shouldn't I show my feelings," and felt quite happy.

12. Then I didn't want to go on with the breathing, i.e. didn't want to face the feeling coming up.

13. With encouragement from Eddie, I started breathing again and this time it took me into an area of great pain. There was very little physical pain except for a low cramp now and then, but the pain in my soul/psyche/feelings, whatever the hell, was very bad. It made me cry out, moan, groan - it was frightening at times - "No, no" - because I was scared. It felt like I had been com-

criticism of her loss of self-control.

11. S continued "Connected Breathing" and reflected on her right to express her feelings, which left her feeling content.

12. S then wanted to arrest "Connected Breathing" as she was unwilling to confront the feeling emerging.

13. With the encouragement of the assistant, S reinitiated "Connected Breathing", which led her to the experience of intense pain, mainly psychological, which made her cry out in agony. She attempted to avoid the pain, which was frightening, by verbally denying it. S emphasises the extreme nature of the pain by comparing it to being cut open or giving birth.

pletely cut open - I can't really explain the feeling. At other times it felt like the pain of childbirth.

14. It seemed to go on for a long time.

15. Eventually I had breathed through it. After this I wanted to hold Eddie and have him hold me.

16. Sometime during this experience, my hands and legs had started tingling and then going stiff, especially about the knee-caps.

17. I was also very aware of pressure round my left wrist as if someone was holding my wrist tightly. It made me quite angry. I took off my watch but the feeling did not go away.

14. This experience, in lived time, was of long duration.

15. With the continuation of "Connected Breathing", this experience was eventually left behind after which S wanted bodily reassurance from the assistant.

16. In the course of this experience, S's limbs underwent varying changes in sensation.

17. S also experienced a sensation as if held tightly by the wrist, which angered her. She removed her watch, which did not alter the sensation.

18. I breathed some more and felt anger against someone that I had never allowed myself to be angry towards, but I got frustrated and stopped the anger because I had no proof that this was the person who actually deserved my anger.

19. I started feeling completely paralyzed from my neck down and then got tired of all the fuss and palaver and wanted to opt out.

20. I stopped breathing and Eddie had quite a battle to persuade me to go on.

21. Here I got into a lovely breathing rhythm - I didn't have to make any effort - the breathing seemed to be doing it itself.

18. S continued "Connected Breathing" and experienced anger towards someone from whom she had until then, withheld her anger. She, however, consciously arrested her anger because of reasonable doubts as to the appropriateness of it and became frustrated.

19. S then had the sensation of losing total bodily control and, in irritation, wanted to terminate the exercise.

20. S arrested "Connected Breathing" but initiated it again after much encouragement from the assistant.

21. On recommencing "Connected Breathing", the breathing became effortless and involuntary.

22. My hands and legs still felt numb and tingly and it just seemed to stay that way. At one stage I said, "I'm scared I won't get out of it" and wanted to give up.

23. After much encouragement from Eddie, I continued breathing and eventually got very angry. I turned on my stomach and again gave the pillow hell.

24. After this I felt completely relaxed and at peace and just wanted to sleep.

22. S still experienced sensations in her limbs which are uncommon to the ordinary life world and which seemed to continue indefinitely. S verbally expressed her fear to the assistant that she would remain in this state and wanted to terminate the exercise.

23. With much encouragement from the assistant, S continued "Connected Breathing" and in time experienced anger which she again expressed bodily.

24. Having done so, S experienced a relaxed tranquillity and desired only to sleep.

(c) A specific description of the situated structure of "Connected Breathing".

The experience of "Connected Breathing", for S, took place in a number of phases, each of which was initiated by a period of voluntarily breathing in the required manner. Each phase then gradually became emotionally

more intense until a climax of involuntary emotional expression was reached after which "Connected Breathing" had to be voluntarily reinitiated. The presence, comfort and encouragement of a caring other was at times of the utmost importance to S. In each phase S also experienced bodily sensations uncommon to the ordinary life-world, these sensations only fully subsiding at the end of the last phase.

In the first phase, S experienced a gradual and involuntary onset of bodily sensations which she related to her experience of tension in the ordinary life-world. This feeling was transformed into the experience of what was possibly fear and a feeling of loss of control. S surrendered herself to these sensations and this led to a relatively long period of the experience and bodily expression of intense sadness as well as a feeling of loneliness. S attempted at times to regain conscious control over her emotions and to continue the breathing pattern, but the breathing pattern only elicited the further expression of sadness, which S eventually located as originating from severe intestinal pain. S tried to cope with this by arresting "Connected Breathing" and changing her bodily position, and informed the caring other of her pain. S, with the encouragement of the caring other, reinitiated "Connected Breathing" after seeking bodily reassurance

from him and making a plea for his continued presence. "Connected Breathing" then elicited the experience and bodily expression of intense anger. The anger eventually subsided, after which "Connected Breathing" had to be voluntarily reinitiated.

S, when verbally reassured by the caring other, was initially critical of her loss of control over her emotions and verbally expressed this to the caring other in a sarcastic remark, but on reflection accepted the experience and expression of her feelings.

Continuation of "Connected Breathing" then led to varying changes in sensations in S's limbs, a sensation of constriction around her wrist, which angered her and which was not alleviated by the removal of her watch, and the emergence of feelings of intense pain, mainly unembodied, which S was initially unwilling to confront. S tried to arrest the emergence of these feelings by arresting "Connected Breathing", but with the encouragement of the caring other, reinitiated the breathing pattern and fully entered the experience which, in lived time, was of long duration. S cried out in agony and attempted to cope with this extremely painful and frightening experience, which she compared to being cut open or giving birth, by verbal denial. Continuation of "Connected Breathing" led to the sub-

siding of the experience after which S wanted bodily reassurance from the caring other.

After this, S reinitiated "Connected Breathing" and experienced anger, which she consciously resisted, towards someone from whom she had until then withheld her anger as she doubted the reasonableness and appropriateness of this emotion. S then became frustrated and had the sensation of losing total bodily control, leading her to arrest "Connected Breathing", which she only reinitiated after much encouragement from the caring other.

"Connected Breathing" then became effortless and involuntary although S still experienced bodily sensations uncommon to the ordinary life world. S verbally expressed to the caring other the fear that she would remain in this state, which seemed to her to continue indefinitely. With much encouragement, S was persuaded to continue "Connected Breathing". S then eventually again experienced and bodily expressed anger after which she experienced relaxed tranquillity and a desire only to sleep.

MANDY: (a) A naive description of the experience of "Connected Breathing".

When I started, I was surprised at how easy it was to breathe in the required manner, and I was very aware of feeling totally relaxed and peaceful. I found my mind turning various things over, with myriads of thoughts flowing in and out. In fact, I could not switch off from my thoughts, until my limbs started getting pins and needles. Then I became frightened, particularly when the feeling spread to my torso and then to my head. My mind was now completely dominated by the physical sensation and besides being very frightened, I felt extremely cold. I did not want to continue - I wanted to get rid of this unfamiliar and disturbing physical experience. I was aware of the muscles in the back of my neck tensing and becoming stiff, and suddenly I experienced the most glorious sensation of no bodily or mental feeling at all. My mind and body felt totally removed from each other and I was floating in a complete feeling of unbelievable pleasure. Nothing of me was on the mattress, in the room or in the world - I was just floating on a beautiful tide. I no longer felt cold either. I was unaware of place or time and I was convinced that I eventually drifted off to sleep, and dreamt, waking myself up by speaking aloud in my sleep, or so I be-

lieved. I cannot remember what I dreamt, but I can clearly recall saying, "No, but I haven't got a job." Eddie<sup>1)</sup> told me afterwards that I had neither gone to sleep nor spoken aloud, but that was definitely how I experienced whatever it was.

I do not know how long that experience lasted, but once it was over, I was again very aware of my breathing, the stiffness in my neck and the numbness in my limbs, my arms especially, and my left side more so than my right side. I felt as though hours had passed, and I recall Eddie encouraging me. As I continued breathing, I lost all control over my arms, and they seemed to wave all over the place - my fingers felt claw-like and I had no control over them or my arms. The "prickly" sensation built up in my chest again, spreading to my head, and with it, I felt as if I was panting faster and faster until I experienced what I can only describe as a mental orgasm. There were no physical sensations at all - just a strong, beautiful orgasm happening totally in my mind.

From then on, I seemed to be disoriented about time and sequence of events - I recall feeling very strongly about something, but I do not know what it was and then

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<sup>1)</sup>The assistant

I broke into uncontrolled sobbing. I tried to stop myself, but was unable to. Eddie made me continue breathing and after a while I felt inexplicably happy - not about any particular thing - just unutterable happiness. Another fit of uncontrolled sobbing then occurred and when it was over, I felt absolutely drained and exhausted, and hated Eddie for making me go on breathing. All I wanted to do was sleep and be left alone. I asked Eddie the time, and would not believe his answer, because I was convinced that far more time had actually elapsed since starting.

After I had continued breathing for a while, I became extremely uncomfortable and afraid again, because I felt as though I had a tight, constricting band around my chest, with shooting pains in my upper chest, and my neck was painfully stiff. It was not long before I went through the feeling of mental orgasm again and, what seemed like shortly after that, I could feel the sobs building up, and this time they burst out with unprecedented force and just came and came. I cried as I have never cried in my life before. Eddie made me continue breathing, and the more I breathed, the more I cried. While I was crying, I had the most intense need to be with my mother and the person I love, and to be held close by them. I also felt extremely sorry for myself, and felt very depressed by

the review of my life that was flashing through my mind at the same time. I continued breathing, and as I did so, the crying abated gradually, the feeling of sadness left me and I felt utterly exhausted and drained, but at peace.

(b) A qualitative analysis

1. When I started, I was surprised at how easy it was to breathe in the required manner, and I was aware of feeling totally relaxed and peaceful.

2. I found my mind turning various things over, with myriads of thoughts flowing in and out. In fact, I could not switch off from my thoughts,

3. until my limbs started getting pins and needles. Then I became frightened, particularly when the feeling spread to my torso and then to my head.

1. On commencing "Connected Breathing", S was surprised by the ease with which she was able to maintain the breathing pattern and felt totally relaxed and peaceful.

2. S reflected on various matters selected from innumerable thoughts passing through awareness. She was unable to distance herself from her thoughts.

3. However, on becoming aware of bodily sensations uncommon to the ordinary life-world taking hold of her, S experienced fear.

4. My mind was now completely dominated by the physical sensation and besides being very frightened, I felt extremely cold.

5. I did not want to continue - I wanted to get rid of this unfamiliar and disturbing physical experience.

6. I was aware of the muscles in the back of my neck tensing and becoming stiff,

7. and suddenly I experienced the most glorious sensation of no bodily or mental feeling at all. My mind and body felt totally removed from each other and I was floating in a complete feeling of unbelievable pleasure. Nothing of me was on the mattress, in the room or in the world - I was just floating on a beautiful tide. I no longer

4. S's thoughts were now dominated by these sensations and apart from fear, S also experienced intense cold.

5. S wanted to discontinue the exercise in order to free herself from this experience which was unfamiliar and disturbing to her.

6. S became aware of increased bodily tension.

7. S then suddenly felt intense pleasure from experiencing herself as totally free from all bodily and mental feelings. Her body and mind were experienced as completely unrelated and she felt herself carried on a tide of limitless pleasure in which the boundaries of time and space dissolved.

felt cold either. I was unaware of place or time

8. and I was convinced that I eventually drifted off to sleep, and dreamt, waking myself up by speaking aloud in my sleep, or so I believed. I cannot remember what I dreamt, but I can clearly recall saying, "No, but I haven't got a job." Eddie told me afterwards that I had neither gone to sleep, nor spoken aloud, but that was definitely how I experienced whatever it was.

9. I do not know how long that experience lasted, but once it was over, I was again very aware of my breathing, the stiffness in my neck and the numbness in my limbs, my arms especially, and my left side more so than my right side.

8. Although the assistant's observations contradict this, S experienced herself as eventually falling asleep, dreaming and waking herself by a verbal statement, but is unable to recall her dream.

9. S is unable to judge the duration of that experience, but when it had passed, she once again became aware of bodily sensations of numbness and stiffness unfamiliar to her in the ordinary life-world.

10. I felt as though hours had passed, and I recall Eddie encouraging me.

11. As I continued breathing, I lost all control over my arms, and they seemed to wave all over the place - my fingers felt claw-like and I had no control over them or my arms.

12. The "prickly" sensation built up in my chest again, spreading to my head, and with it, I felt as if I was panting faster and faster

13. until I experienced what I can only describe as a mental orgasm. There were no physical sensations at all - just a strong, beautiful orgasm happening totally in my mind.

10. In lived time it felt to S as if a long period had passed, and she recalls the assistant's encouragement to continue "Connected Breathing".

11. With the continuation of "Connected Breathing", S lost control over her arms which executed involuntary, random movements, and experienced her fingers as talons over which she had no control.

12. S again experienced a progressive increase in unfamiliar bodily sensations while she, at the same time, became aware of an increasing urgency to her breathing.

13. This led to the experience of ecstatic unembodied pleasure.

14. From then on, I seemed to be disoriented about time and sequence of events - I recall feeling very strongly about something, but I do not know what it was

15. and then I broke into uncontrolled sobbing.

16. I tried to stop myself, but was unable to do so.

17. Eddie made me continue breathing and after a while I felt inexplicably happy - not about any particular thing - just unutterable happiness.

18. Another fit of uncontrolled sobbing then occurred and when it was over I felt absolutely drained and exhausted

14. Although unclear about events following this, S recalls experiencing intense feeling about something she is unable to remember.

15. S then gave way to the uncontrollable bodily expression of intense sadness.

16. S's attempts at regaining control of her emotions were unsuccessful.

17. The assistant encouraged S to continue "Connected Breathing" and a while later S experienced intense and diffuse happiness.

18. This was again followed by the uncontrollable bodily expression of sadness, after which S was exhausted.

19. and hated Eddie for making me go on breathing. All I wanted to do was sleep and be left alone.

20. I asked Eddie the time, and would not believe his answer, because I was convinced that far more time had actually elapsed since starting.

21. After I had continued breathing for a while, I became extremely uncomfortable and afraid again, because I felt as though I had a tight, constricting band around my chest, with shooting pains in my upper chest and my neck was painfully stiff.

22. It was not long before I went through the feeling of

19. S experienced strong negative feelings towards the assistant for encouraging her to continue "Connected Breathing" as this was in conflict with her own perceived need for sleep and solitude.

20. S expressed concern about the time and had difficulty in accepting the assistant's information in this regard as the duration of the experience, in lived time, greatly exceeded measured time.

21. With the continuation of "Connected Breathing", S again experienced great discomfort and fear related to uncommon and painful bodily sensations.

22. Shortly after this, S again experienced extreme unembodied

mental orgasm again

23. and what seemed shortly after that, I could feel the sobs building up, and this time they burst out with unprecedented force and just came and came. I cried as I have never cried in my life. Eddie made me continue breathing and the more I breathed, the more I cried.

24. While I was crying, I had the most intense need to be both with my mother and the person I love, and to be held close by them. I also felt intensely sorry for myself and felt very depressed by the review of my life that was flashing through my mind at the same time.

25. I continued breathing, and as I did so, the crying abated

pleasure.

23. Soon after, S was aware of a build-up in sadness which was then expressed bodily in an explosion of weeping, the intensity of which S had never previously experienced. The assistant encouraged S to continue "Connected Breathing", the continuation of which was paralleled by the continued expression of sadness.

24. While expressing sadness, S was present to both her mother and a person she loves and longed for their embodied presence. She was, in a flash, also present to her life history which left her feeling very depressed.

25. On continuing "Connected Breathing", the expression

gradually, the feeling of sadness left me and I felt utterly exhausted and drained, but at peace.	and experience of sadness gradually diminished, leaving S utterly exhausted, yet at peace.
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(c) A specific description of the situated structure of "Connected Breathing".

S experienced "Connected Breathing" in a number of phases, each of which was characterised by the development of bodily sensations which were painful at times and which are uncommon to the ordinary life-world, as well as the experience and expression of intense emotion. After each phase, "Connected Breathing" had to be reinitiated, often with much encouragement from a caring other, towards whom S, at times, felt negatively for his insistence on her continuing the exercise. During each phase S was initially acutely aware of uncommon bodily sensations. With the progression of each phase, as S experienced an increase in emotionality, awareness of these uncommon sensations gradually subsided only to re-emerge after the expression of emotion. Only at the end of the last phase was S no longer aware of any uncommon bodily sensations.

The first phase commenced with a period of voluntarily breathing according to the required pattern, which S

found surprisingly easy. Totally relaxed and peaceful, S was unable to distance herself from innumerable thoughts passing through her awareness, until bodily sensations uncommon to the ordinary life-world took hold of her. This was frightening to S who then also experienced intense cold. S became pre-occupied with these unfamiliar and disturbing sensations, which included an awareness of increasing bodily tension, and wanted to arrest the exercise in order to escape them. S then suddenly felt limitless pleasure in an experience of transcending herself and the boundaries of space and time. S eventually, in her experience, fell asleep, dreamt and woke herself by a verbal statement, unable to recall her dream. The caring other's observation of S conflicted with this in that he was unaware of S falling asleep or making a verbal statement. After this experience, which in lived time was of long duration, S again became aware of bodily sensations uncommon to her ordinary life-world.

"Connected Breathing", with the encouragement of the caring other, was then reinitiated and led to S's arms executing involuntary, random movements, while her fingers were experienced as talons over which she had no control. A progressive increase in unfamiliar bodily sensations and an increasing urgency to her breathing then took S to the experience of ecstatic unembodied

pleasure. S is unable to remember clearly the events which followed this, apart from the experience of intense feeling, the nature of which cannot be recalled. This was followed by S giving way to the involuntary bodily expression of intense sadness over which she was unable to gain conscious control. With the caring other's encouragement, "Connected Breathing" was continued and eventually led S to the experience of intense and diffuse happiness, followed by the further bodily expression of sadness, after which S was exhausted. S then experienced strong negative feelings towards the caring other who, despite S's need for sleep and solitude, encouraged her to continue the exercise.

S, after initially expressing concern about the time and surprise at the relatively short period in measured time that had passed, continued "Connected Breathing" and again experienced fear and discomfort with regard to uncommon and painful bodily sensations. This was again followed by a feeling of ecstatic unembodied pleasure. Soon after this, S was aware of a build-up in sadness which was then expressed in an explosion of weeping, the intensity of which S had never previously experienced. During this experience, S was present to significant others whose embodied presence she longed for. S was also, in a flash, present to her life history which left her feeling very depressed. The

continuation of "Connected Breathing", on the encouragement of the caring other, was accompanied by the continued expression of sadness which, however, gradually diminished, leaving S utterly exhausted, yet at peace.

B. A general description of the structure of "Connected Breathing".

"Connected Breathing" is the experience of being drawn from the everyday world into the magical world of emotion. In this experience, time becomes a lived dimension which shows little resemblance to measured time. This world, like the world of the sick person, initially contracts and the breather becomes pre-occupied with his body, which changes from a taken-for-granted and lived body to a more object-like body, a body with strange, uncommon sensations and tensions, a body separate from the ordinary, everyday self. As in a nightmare, it becomes a body that no longer obeys and it indeed seems to develop a will of its own. Through breathing, this strange, wilful body takes possession of the breather and increasingly wrests control from conscious willing and controlling. This is a frightening experience for the breather and relentlessly carries him to a climax of emotion, which, with great intensity, bursts forth in bodily expression. In this bursting forth, the breather is pushed from his

contracted world of pre-occupation with his body and he is thrust into a limitless and diffuse world of feeling. Awareness of an uncomfortable, dis-eased, object-like body is thus submerged in the climax, but re-emerges after the climax. The breathing then once again comes under the control of the conscious will. This control is, however, soon lost to the body which, again, relentlessly moves the breather to a climax of emotion in which the everyday world is, once more, radically transformed. After a number of phases in which emotions, both pleasant and unpleasant, burst forth in this manner, the battle for control between the ordinary, everyday self and the body is resolved in a harmonious reconciliation where the self and the body are no longer experienced as having separate existences. What the breather wants, is what his body wants, and what his body wants, is what the breather wants. The breather no longer has a body; he now truly is his body. This new being-at-one with himself, this new wholeness, is experienced as peace and tranquillity.

In the experience of "Connected Breathing", the presence of a caring other is essential. He not only encourages and reassures, but he becomes an intimate and intuitive sharer of the world of the breather. Insofar as he is there for the breather, his presence is deeply appreciated by the breather, but if in his caring he is experienced

as interfering, his presence is unwanted. When the breather fears loss of control, which can only be arrested by arresting "Connected Breathing", and prematurely wants to terminate the process, the support and encouragement of the caring other is crucial in motivating the breather to complete the whole experience which was given to him as a task.

CHAPTER 4

DISCUSSION

A. Scientific considerations

Orr and Ray (1977) maintain that:

"The purpose of Rebirthing is to remember and re-experience one's birth; to relive physiologically, psychologically, and spiritually the moment of one's first breath and release the trauma of it."  
(p.69)

This study provided no evidence in support of this statement. In none of the descriptions of the experience of "Connected Breathing", which is the main technique of "Rebirthing", is there any reference to birth or birth trauma. It would seem that Orr by chance discovered the potency of voluntary hyperventilation and, not knowing what to make of the experience, then proceeded to explain it in terms of a theory that found no basis in the experiences of the present group.

To my mind, "Connected Breathing" has a greater affinity with the somatic psychotherapies discussed in Chapter 1 than with "Rebirthing" theory. All these therapies stress the importance of deep breathing and breathing is, in fact, regarded by many of these therapies as the

indicator of the client's emotional well-being. Phenomenologically speaking, no serious objection can be raised against this assumption. The present study, in fact, clearly indicates that emotional experience and expression are inextricably bound up with breathing. Two of the four subjects, Joan and Mary, stopped their breathing explicitly in order to avoid the experience and expression of feeling. Joan (Meaning Units 11 - 13) e.g. felt the beginnings of anger rise in her, but before she could get angry, she stopped her breathing. This led to her anger subsiding. After inhibiting her anger in this way a few times, she resumed the breathing pattern, with the encouragement of the assistant, and became intensely angry. Mary (Meaning Units 12 - 13), too, was unwilling to face a feeling emerging and stopped the breathing pattern in an attempt to avoid this feeling. With the encouragement of the assistant, she, however, resumed the breathing pattern and experienced and expressed intense psychological pain.

The terminology of the somatic psychotherapies, when dealing with the importance of breathing, however, indicates positivistic and materialistic biases that need to be more closely scrutinized.

To explain the relationship between breathing and the

experience and expression of emotion, Baker and Nelson (1981), from the point of view of Orgone Therapy, for example, maintain that in breathing deeply, the "Breathing 'charges' the organism energetically". (p. 602) They, furthermore, maintain that the energetic charge is manifested by tingling and streaming sensations felt in the body. The increased "charge" then "exerts an inner push on blocks" (ibid. p. 602) and eventually breaks through these "blocks", which leads to the experience and expression of intense affect.

The terminology of the foregoing is typical of the terminology of the somatic therapies generally when discussing deep breathing. Man is, first of all, referred to as an "organism". An organism is a biological thing and man is thus, in true positivistic fashion, reduced to a biological thing, with all that this implies. The "organism's" breathing is, furthermore, regarded as responsible for "charging" him energetically. The tingling and streaming sensations experienced by the client when breathing deeply, are then regarded as the manifestation of this hypothetical energetic charge. In this study, all four subjects, when breathing deeply, experienced tingling and streaming sensations. No evidence can, however, be found in the descriptions of these subjects that this ex-

perience is related to a physical "charge". What does emerge from the descriptions is that when these tingling and streaming sensations are experienced, the body becomes a transformed body. From being a familiar, taken-for-granted body, it now becomes an unfamiliar and uncomfortable body. The data also revealed no evidence for the "blocks" referred to by Baker and Nelson. That someone can prevent himself from experiencing and expressing feelings by arresting his breathing, was, as has already been stated, clearly established. This prevention is, obviously, something quite different from the blocks implied by the mechanistic terminology of the somatic therapies.

The somatic therapies generally refer to "opening up the client's breathing". What is meant by "opening up" the breathing, is, however, never clearly explained. What does take place is that, like in "Connected Breathing", the client is encouraged to breathe differently from the way he normally breathes. If the client complies with the therapist's request and breathes deeply, his world becomes transformed. In the words of the general description of the results section, "the client is drawn from the everyday world into the magical world of emotion". The claim of the somatic therapies that "emotional responsiveness is dependent on the respiratory function" (Lowen, 1979, p.181) is

thus clearly incorrect as the world of emotion is the world of breathing deeply. The one does not depend on the other.

"Connected Breathing" does not have an affinity with only the somatic therapies. The way in which the world appears in "Connected Breathing", also shows a certain resemblance with the way in which the world appears in what Tart (1976) calls "altered states of consciousness". These "altered states of consciousness" can be induced by a variety of means, such as sleep, religious conversion, spirit possession, fasting, hyperglycemia, dehydration, a variety of drugs and sleep deprivation. Ludwig (1969) mentions several general characteristics of such "altered states of consciousness", among others a disturbed time sense, a loss of control, a change in emotional expression, body image change and feelings of rejuvenation. The difficulty with concepts such as "disturbed time sense" and "body image change", is that they convey the impression that lived time does not have the same claim to reality as does measured time and that one has an image of one's body when one in fact has a body that is experienced in a particular but real way. Leaving aside these conceptual issues, the present study has, however, provided evidence that "Connected Breathing", in terms of Tart's theory, possesses most of the

characteristics needed in order for it to be classified as an "altered state of consciousness."

1. A "disturbed" time sense: All four subjects experienced lived time as different from measured time.
2. A loss of control: All four subjects experienced a loss of conscious control.
3. A change in emotional expression: All four subjects experienced and expressed intense emotion in a way uncommon to them in the ordinary life-world.
4. "Body image" change: In the course of "Connected Breathing", all four subjects experienced their bodies as changing from the taken-for-granted, lived bodies of the ordinary life-world to unfamiliar, uncomfortable, tingling and tense bodies.
5. Feelings of rejuvenation: By the end of the exercise, all four subjects experienced a relaxed tranquility. As the descriptions of their experience was limited to the experience of "Connected Breathing" itself, the data do not reveal the sense of rejuvenation the subjects experienced after the exercise and which they reported to me later on.

"Connected Breathing", as was stated in Chapter 1, is voluntary hyperventilation. Engel, Ferris and Logan (1947) point out that in hyperventilation there is a reduction in consciousness which Lachman (1972) links

to a 30% reduction in cerebral blood flow during this state. Phenomenologically speaking, one wonders what is meant by a reduction in consciousness. This study, indeed, revealed that the world of the person in "Connected Breathing" contracts at times, but it at times also becomes the limitless world of feeling. Would this expansion of the world also be regarded as a reduction in consciousness? Consciousness is not something in itself, it is not a thinglike structure that can expand and contract. Consciousness is an act by which the world is revealed to one. In voluntary hyperventilation ("Connected Breathing") a transformed world is revealed, but there is no reduction of a thinglike consciousness. The world becomes a body and a feeling world in which, metaphorically speaking, the "head" is at times "shrunk".

Although this study was concerned with voluntary hyperventilation ("Connected Breathing"), I feel that some observations concerning spontaneous hyperventilation might not be out of place. In this regard, the question may well be asked whether a study concerning voluntary hyperventilation has any relevance for spontaneous hyperventilation. In reply to this, I would like to refer to the work of Lum (1975), who found that all the typical symptoms of spontaneous hyperventilation could be reproduced by voluntary

hyperventilation. In my view, it is, therefore, quite likely that there is no essential difference between the two types of overbreathing.

Spontaneous hyperventilation is a common occurrence. Hill (1979) refers to investigations by Rice, who found that 10,7% of patients seen in a general medical clinic were suffering from a hyperventilation syndrome. Lum (1975) refers to the work of Gottlieb, who in 1969 reported that 40% of patients presenting at his London medical out-patients, had no detectable organic disease. The symptoms Gottlieb mentions, are almost identical with the symptoms of hyperventilation. He, however, sees these symptoms as reflecting "anxiety states". Lum is of the opinion that this diagnosis is "the commonest diagnosis under which hyperventilation is mislabelled". (p.377)

Because of its rather dramatic symptoms, spontaneous hyperventilation usually leads to dramatic action. The "patient" is rushed to hospital where the symptoms of the overbreathing are treated in a variety of ways, and where every effort is made to arrest the overbreathing itself.

In view of the findings of the present study, which indicate that voluntary hyperventilation initiates a process whereby the breather is at least temporarily

brought to a new sense of wholeness, the question is tentatively asked whether, by arresting spontaneous hyperventilation in the above way, a spontaneous healing process is not being interfered with. This is an interesting area for future research. In a personal communication, Mr Jeremy Burnham, a professional "rebirther" in London, however, informed me that he has undertaken "Connected Breathing" with a number of people who had previously hyperventilated spontaneously and had been treated in the usual medical way and that after one session of "Connected Breathing", spontaneous hyperventilation has never recurred.

#### B. Therapeutic implications

"Connected Breathing" cannot be regarded as a psychotherapy. It does, however, to my mind, have therapeutic potential. So, for example, Joan (Meaning Unit 22), who had previously avoided getting angry or scared because she felt that she would not be able to control these feelings, that she would "get beside herself", allowed herself to enter the experience of "Connected Breathing" fully. By doing so, she did lose control and, among other things, experienced and expressed intense anger and fear. To her surprise and in contrast to her negative expectations, she found that this experience of loss of control, of

giving herself over to her emotions, did not destroy her or the world around her. Through this experience she thus learnt that her feelings need not be feared and need not be destructive. This, surely, is an experience and an insight that could provide the impetus for change in the way in which she relates to herself and her world and pave the way for a freer, more spontaneous existence.

In most of the somatic psychotherapies, the client is not only encouraged to breathe deeply, but his muscles are also directly attacked. The skills required for working in this way, are considerable. In "Connected Breathing", the client is merely encouraged to continue the breathing pattern. No special skills are required for this and there is no other directive. "Connected Breathing" is thus a very simple procedure that can be used by a therapist of whatever theoretical stance.

Although a simple procedure, it must, however, be stressed that "Connected Breathing", like many of the somatic psychotherapies, is a very potent exercise in which emotion is experienced with great intensity. The intensity with which these emotions are then expressed can also be considerable, as was my experience with, e.g. Mary and Mandy. Before a therapist, therefore, considers using "Connected Breathing" as

part of his therapy, he must be quite sure that he is comfortable in the presence of intense affect. Any explicit feelings of discomfort or uneasiness on his part would come in the way of his being genuinely able to care.

My primary aim in this study was to gain greater clarity about the essential nature of "Connected Breathing". For that reason I was interested in the experience of subjects who completed the exercise. In the course of my work, however, I found a number of people who were willing to be subjects and who started the exercise, but who arrested the process despite a verbal commitment at the beginning of the exercise not to do so. These persons gave a variety of reasons for stopping, e.g. fatigue, sleepiness and fear. On stopping, none of these persons experienced the relaxed tranquility experienced by the subjects who completed the exercise. In fact, many of them later reported that they experienced bodily and emotional discomfort up to several days after the event. It is, therefore, essential for the therapist to have reasonable certainty that the client will complete the exercise before he decides to use "Connected Breathing" in his therapy. As in any therapeutic work, an element of risk is, however, always involved. Even with a verbal commitment, the therapist has no

guarantee that the client will complete the exercise. If a client does decide to terminate the exercise prematurely and afterwards experiences bodily and emotional discomfort, this need not be regarded as disastrous as whatever takes place in the therapeutic relationship can be utilized positively. I would like to stress that in no therapy does the therapist have absolute certainty that his approach does not have a negative potential, and, to my mind, that is part of the insecurity of being a psychotherapist. Every therapist, at some stage, has to take the risk of doing or saying something that he feels has a good chance of achieving what he intends to achieve. There is, however, always the possibility that the client will respond differently than anticipated.

The major disadvantage of "Connected Breathing" is, to my mind, the time required for the completion of the process. Although I was able to obtain relevant descriptions from only four subjects, I have undertaken the exercise with many more, and in no case was the process completed in less than two hours. The longest period I have personally witnessed, was just over four hours. I have, however, heard unconfirmed reports from elsewhere of someone taking nine hours to complete the exercise. A therapist undertaking "Connected Breathing" with a client, therefore needs unlimited time during a

day specially set aside for this purpose and in which no other commitments follow the exercise.

C. Conclusion

Like many of the "pop" psychotherapies that have proliferated since the early sixties, "Rebirthing" has never been taken seriously by the psychotherapeutic establishment. And understandably so. The theory advanced by the founders of this movement is so fraught with contradictions, inconsistencies and scientifically naive assumptions as to make it ludicrous. Through my own experience of "Connected Breathing", the main technique of the "Rebirthing" movement, I was, however, led "zu der Sache selbst." This phenomenological attitude allowed me to approach the phenomenon of "Connected Breathing" in a way in which it was free to reveal what it essentially is. By stripping the phenomenon of the theoretical packaging in which it is presented by its proponents and by which it is judged by its detractors, I was, through the phenomenological method, able to come to a general description of the essential structure of "Connected Breathing". This description reveals no foundation for the basic assumption of "Rebirthing" theory that "Connected Breathing" is related to a re-experiencing of birth or birth trauma. The description, however, also

indicates that "Connected Breathing" deserves to be taken seriously, because, although it cannot be regarded as a psychotherapy, it does have psychotherapeutic potential.

In the ordinary, everyday world, we do not experience ourselves as having a body. Our bodiliness is taken for granted and we unreflectively live our bodies. When suffering an illness or some bodily discomfort, the body/mind dichotomy, however, comes to the fore. Our body is then no longer a taken-for-granted and lived body, but becomes a more object-like body, a body with which we feel unfamiliar and uncomfortable, a body which we experience as separate from the ordinary everyday self.

In our Western culture with its emphasis on rationality, the overt expression of emotion is frowned upon. When we begin to feel angry, or sad, or ecstatic, we do not generally allow ourselves the freedom to give ourselves over to these feelings. Like when we are ill or experience some other bodily discomfort, the body then becomes separate from the ordinary, everyday self. Unlike in an illness, where the body becomes an object of curiosity, in the experience of emotion the body often becomes an enemy. It becomes a body with a will of its own, a will in conflict with the ordinary, everyday

self. Expressions illustrating this conflict are common in our language. So, for example, one often hears expressions such as "I fought back my tears", or "I had to fight back my anger". We have been taught to be reasonable, to think rationally and so we feel uncomfortable with any manifestations which are experienced as not arising from and being under the control of the conscious will.

In "Connected Breathing", uncommon sensations and tensions are experienced and the body becomes unfamiliar and uncomfortable. It, indeed, is not only an uncomfortable body, but also seems to develop a will of its own. The breather's only defence against losing control to this wilful body, is to arrest his breathing. If he, however, chooses to continue with the breathing, he soon loses control and is relentlessly carried to the intense experience and expression of emotion. After a number of phases in which control is each time lost to the body, the breather experiences a peaceful tranquillity. He is no longer at war with himself and has discovered that to go with his body is in no way as disastrous as was possibly anticipated. A reconciliation between "self" and "body" is thus achieved and a new sense of wholeness is experienced. The person now no longer "has" a body, but truly is his body. Although this sense of wholeness may be

temporary, this experience could, to my mind, pave the way for an existence in which the person simply lives his feelings and no longer regards them as an enemy separate from himself that has to be resisted.

In a world in which we are inclined to live "in our heads" and "out of our bodies", "Connected Breathing" is an exercise that, to my mind, has the potential of helping us to a new sense of wholeness where we truly are and live our bodies. This sense of wholeness is the objective of all psychotherapy.

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