

Long-Term Abstinence Following Holotropic Breathwork as Adjunctive Treatment of Substance Use Disorders and Related Psychiatric Comorbidity

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Abstract Addictions remain challenging conditions despite various promising traditional approaches. Although complete, long-term abstinence may be ideal, its attainment remains elusive. Many recovering addicts and clinicians stress the importance of spiritual issues in recovery, and 12-step programs such as AA are well-known approaches that embrace this philosophy. Holotropic Breathwork (HB) is another powerful, spiritually oriented approach to self-exploration and healing that integrates insights from modern consciousness research, anthropology, depth psychologies, transpersonal psychology, Eastern spiritual practices, and many mystical traditions. HB offers the addict many opportunities that may enhance addiction treatment, including entering non-ordinary states of consciousness to seek healing and wisdom via a natural, non-addictive method, a direct experience of one's Higher Power, and for physical and emotional catharsis associated with stress and prior trauma. We report the successful use of HB in 4 cases in which complete abstinence was obtained and maintained for extended periods of time (2–19 years).

Keywords Holotropic Breathwork · Addiction · Substance use disorders · Psychotherapy · Spirituality · Comorbidity · Abstinence · Follow-up

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Addictions to alcohol and various substances of abuse remain challenging conditions to treat, despite various promising traditional approaches. Although complete, long-term abstinence may be ideal, the attainment of this goal is often elusive. Many recovering addicts and clinical investigators alike have stressed the importance of spiritual or transpersonal issues in the recovery process, and 12-step programs such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) are well-known, successful approaches that incorporate this philosophy (Connors et al. 2001; Emrick et al. 1993; Moos and Moos 2004; Moos et al. 2004; Tonigan et al. 2003). Bill Wilson and other founders of AA and the 12-step philosophy emphasize the importance of a “spiritual awakening” or transformation in the process of recovery (AA Services 2002).

Holotropic Breathwork (HB) is another spiritually oriented approach that provides a non-pharmacologic means of attaining non-ordinary states of consciousness (NOSC) (Taylor 1994, 2003; Grof and Grof 2010). HB is a powerful approach to self-exploration and healing that integrates insights from modern consciousness research, anthropology, various depth psychologies, transpersonal psychology, Eastern spiritual practices, and other mystical traditions of the world. HB is a method of self-exploration that combines rapid, deep breathing, evocative music, focused body work, artistic expression and group sharing in a safe, supportive environment. It was created by the Czecho-American psychoanalyst Stanislav Grof, MD and his wife Christina Grof in the 1970’s after studying the use of NOSC in various cultures and settings. They coined the term “holotropic”: “holo” means wholeness and “tropic” means moving toward; “moving toward wholeness.” The mechanisms by which this combination of initial deep hyperventilation, music and set and setting lead to powerful “non-ordinary” or “holotropic” states of consciousness have not been directly studied and are not fully understood. It is well established that hyperventilation causes hypocapnia and respiratory alkalosis, which leads to a leftward shift in the oxyhemoglobin dissociation curve. This effect, combined with the vasoconstriction that accompanies alkalosis, can lead to decreased oxygen delivery to tissues, including the brain. It has also been demonstrated that music can profoundly affect brain states, and that repetitive rhythms such as those used in Holotropic Breathwork have EEG effects and lead to trance-like states. In any case, Grof hypothesizes that a combination of physiologic changes, rather than determining the nature of Holotropic Breathwork participants’ experiences, instead act as “nonspecific releasers” that allow access to realms of the psyche that are not usually accessible in every-day states of consciousness.

Empirical observations suggest that during an HB session the human organism moves to integrate, to make itself whole, and to heal the various injured or fragmented parts of the self. HB assists this process by inducing a NOSC and by creating a safe context within which to reconnect with self, others and spirit. Several investigators have noted the importance of spiritual transformation in the process of healing. Andrew Weil (1972) noted, “Every human being is born with an innate drive to experience altered states of consciousness periodically to learn how to get away from ordinary ego-centered consciousness.” In his letter to Bill Wilson, Carl Jung (1961) noted that “... craving for alcohol was the equivalent, on a low level, of the spiritual thirst of our being for wholeness, expressed in medieval language: the union with God.” He went on to say, “You see, ‘alcohol’ in Latin is ‘spiritus’ and you use the same word for the highest religious experience as well as for the most depraving poison. The helpful formula therefore is: *spiritus contra spiritum*.” According to Jung, only a very deep spiritual experience can rescue an individual from alcohol’s destructive effects. Similarly, William James (1902) noted, “Religiomania is the best therapy for dipsomania.”

Many experiences arise in the process of this work but having breathwork experiences per se (e.g., rebirth, ecstasy) is not the purpose. Rather, the goals are awareness, wholeness, healing, self-knowledge, growth and wisdom. Experiences are means to these goals and occur when the body-mind enters a non-ordinary state of consciousness (NOSC) through controlled breathing. The individual's inner wisdom uses the opportunity to work toward physical, mental, emotional and spiritual healing and developmental change. HB operates under the principle that we are our own best healers ("Inner Healer"). HB incorporates controlled breathing, music, one-on-one supervision within a group setting, expressive art, and a flexible and open-ended time period. These elements, supported and facilitated by thoroughly trained practitioners, promote safety and healing in non-ordinary states of consciousness.

Metcalf (1995) examined the effects of HB in 20 adults (10 men & 10 women) recovering from alcoholism or other chemical addictions. Using a self-report, structured survey, major underlying issues were assessed to determine the clinical efficacy of utilizing HB in psychotherapy and treatment settings. Results indicated that HB is an effective therapeutic tool for treating alcoholism and drug addiction and that HB could prove very beneficial for relapse prevention. Each category examined showed marked improvement or a positive outcome with the highest improvements in the areas of depression, anxiety, other feelings and emotions, family relationships and intimacy, stress reduction, self-esteem and spirituality.

In a study by Jefferys (1999) the effectiveness of incorporating transpersonal psychotherapy (using HB) into traditional approaches to the treatment of chemically dependent individuals was assessed. The complementary nature of traditional psychotherapy and self-help groups such as 12-step recovery was also explored. The subjects included 29 adults (20 men & 9 women) who completed a 13 month outpatient treatment program for chemical dependency. The subjects were followed for 1 year post-treatment by an independent employee assistance-managed care firm to determine treatment outcomes. Results of the analyses of outcome data indicated that this model offers an effective treatment approach for this group of chemically dependent clients.

In 1993 HB was offered by Taylor (2007) to 56 participants in the Therapeutic Community of Sunflower House, in Santa Cruz, CA who had a mean of 2.1 HB sessions in addition to their usual therapy. Questionnaires were administered before HB, 2 weeks after HB, and upon transitioning to a point in the program where they were training to seek employment. Although only 9 respondents completed the final post-questionnaire, during the 18-month study period, 55% of residents who did HB stayed clean and sober and remained outside of the court system versus 27% of those who left treatment during this time period.

Case # 1

B.G. was a 14 y/o WM with polysubstance abuse (including inhalants, marijuana, stimulants, PCP, psychedelics & alcohol) and a history of physical/sexual abuse documented by social services from the age of 6 to 11 years old, when he was placed in foster care.

He was treated with: A) Sertraline 100 mg daily & hydroxyzine 50 mg prn agitation; B) weekly individual psychotherapy with a staff social worker, and; 3) 12-step groups (AA and NA).

After a week of abusing multiple substances, he became combative and threatened to hurt peers, staff and himself and was admitted to an inpatient facility. His sertraline was titrated to 150 mg and trazodone 50 mg was added at bedtime for insomnia.

After being in residential treatment for 2 years he attended his first HB session with 19 other inpatients ranging widely in age and diagnostic categories. During the group sharing he reported having met his “Higher Power” and stated, “I was up in the sky and a hand came through a cloud to shake mine. The cloud parted and it was Jesus. I had never believed in that Higher Power crap but I feel really good and I think that the 12 steps are right...my Higher Power can heal me.”

His affect and mood improved markedly and the improvement was sustained. He returned to his residential facility where he continued to have HB sessions approximately once a month for 2 years during which time he achieved complete abstinence. He also continued to attend AA meetings and work the 12 steps.

At age 16 he relapsed into substance abuse for a few days but recovered without significant intervention and had another year of abstinence when he was adopted by relatives and lost to follow-up.

Case # 2

C.R. was a 31 y/o WF worker for a social service agency with suicidal major depression and a history of alcoholism and polysubstance abuse (PSA). She first experienced HB after she admitted herself to an inpatient unit due to the deterioration of her mood and to prevent an alcoholic relapse.

She had been sexually abused by her step-father during the ages of 12–14, then became a run-away living on the street as a drug addict and child prostitute when her older brother, her main support in her family, died in combat. She had recovered in her early 20's through a 12-step program but she continued to cycle through severe major depressive episodes despite individual psychotherapy and antidepressant medications. At the time of admission, she was being treated as an outpatient with fluoxetine 60 mg and trazodone 50 mg. Her medication was unchanged during her 2 week hospitalization except for an increase in trazodone to 75 mg.

After the first HB she refused to draw or share anything, but her affect appeared improved. The next week, after hearing the reports of others in the group sessions, she decided to share her experience: “All this is too weird, but this is what happened: in the first session my dead father and dead brother showed up. They lifted me out of my body and took me to a wonderful place full of light and joy; I was so comforted. But then they dropped me back into my body. I just couldn't talk about it, it was just too weird! In my second Breathwork session, my father and brother showed up again. This time they held my hands and stayed in the room. I could see them with my eyes open; I thought you could see them too.” As her Breathwork facilitator, I assured her, “I could not see them but that does not invalidate your experience.” This woman did well for over 3 years when she was lost to follow-up at which time she had become a leader of a 12-step program in her community.

Case # 3

D.K. was a 49 y/o WM physician with recurrent major depression, posttraumatic stress disorder (PTSD) and marijuana abuse and dependence for 30 years. History is remarkable for physical and emotional abuse at ages 3–6 in the name of religion resulting in PTSD, dysthymia, motor tics, nocturnal enuresis and episodes of encopresis

at school. Marijuana abuse began at age 20 followed by the abuse of psychedelics (psilocybin, LSD) within 1 year.

His first major depressive episode was triggered at age 22 by the break-up with his “childhood sweetheart” of 7 years who had an affair with and married his childhood best friend. Self-treatment with imipramine was unsuccessful and resulted in an allergic rash.

Despite multiple courses of individual and group psychotherapies and antidepressants (imipramine, desipramine, phenelzine, fluoxetine, nefazodone), his depression and marijuana dependence continued unabated until he began HB at age 48. After 4 sessions he became abstinent for 6 months, then relapsed, but drug use was more egodystonic.

After 20 more HB sessions over 2 years he became completely abstinent and has remained so for over 8 years. Salient experiences during HB sessions included a strong sense of connection with the Divine, of being one with the universe, and a rapprochement experience with Jesus Christ. As a child his mother had made him kiss a large, life-like crucifix while threatening hell and damnation, and both parents had used corporal punishment liberally while telling him he was unloved by Jesus and Mary.

During HB he experienced the sense of flying through the sky with a “smiling, loving Jesus” as well as the sense of being loved unconditionally, and forgiven. In other HB sessions he expressed his anger and rage at his parents and came to a point of profound acceptance and forgiveness of them, seeing their own childhood abuse with compassion.

Case # 4

A.T. was a 42 y/o WF psychotherapist with a 29 year history of PSA (alcohol, marijuana, and cocaine), PTSD, major depressive disorder, generalized anxiety disorder, panic disorder, and migraine.

She participated in outpatient psychotherapy with one therapist for 10 years (weekly to biweekly) without attaining complete abstinence. At the suggestion of her therapist she began a series of approximately 45 HB sessions over 17 years beginning 60 days after getting sober with AA. Nineteen years after beginning HB she remains abstinent from all substances. She also continued in outpatient psychotherapy with another therapist for 6 years (every other month), as well as with AA and NA.

Early traumatic experiences reported included: a) attempted abortion by mother; b) surgeries for congenital urethral stricture (ages 3–4); c) locked in closets and crawl spaces with mice by schizophrenic mother (ages 4–5); d) had multiple medical treatments (weekly to monthly) to stretch urethral stricture using Q-tips with no sedatives (ages 3–8); e) repeatedly beaten by father, dragged out of car, hit across face and sworn at for being “stupid” and “unlovable”; f) fondling by older girls in grade school; g) date rape age 18.

“During an early breathwork session I experienced a memory at my birth...I was a C-section and was a month early...mother had been sick and the doctors tried to keep her from having me early...during the breathwork I experienced a drugged feeling and made the conscious connection to marijuana...the feeling at my birth was of being drugged...the downer of pot...and also that as an infant I wanted the doctors to save my mother and let me die...After the session I talked to my mother who told me that they had injected pain killers in her abdomen during the days preceding my birth to try to keep her from having me...So...my use of pot had replicated my earliest memories at birth.”

She also reported that during a Breathwork session, “I was an infant in the OR and I kept telling them to save mother and let me die, and then I had another breathwork where Christ came to me and told me he died for my sins and I didn’t have to die for my mother.”

Discussion

Taken together, these case reports add to previous available evidence suggesting that HB offers a powerful therapeutic modality that can lead to prolonged abstinence from alcohol and other addictive substances, even in previously treatment refractory individuals. In addition, HB appeared to help alleviate the symptoms of underlying depression, anxiety and early traumas, particularly when used in conjunction with established treatment modalities, including cognitive-behavioral therapy, psychodynamic therapy, 12-step programs, psychopharmacology, and eye movement desensitization reprocessing (EMDR).

There are a number of factors that may have contributed to the therapeutic effect of HB in these cases. Taylor (2007) identified ten opportunities for enhancing the treatment of substance abuse using HB, which include the following: 1) to enter non-ordinary states (NOS) of consciousness to seek healing and wisdom, using a natural, non-addictive method; 2) for a direct experience of one's Higher Power; 3) to experience self-empowerment by using one's own breath for profound healing; 4) for physical and emotional catharsis of stress and trauma by resolving past issues; 5) for bonding with others through the group sharing and the sitter/breather partnership; 6) to deal with themes of death and surrender, which are frequent and powerful issues for addicts because of drug overdoses, abortions, HIV/AIDS and other serious illnesses, crime, and encounters with the criminal justice system; 7) to experience a retreat period of inner reflection, which provides balance to the often highly structured, active lives of recovering addicts; 8) to get in touch with the body, to re-associate what has been dissociated, including feelings of pleasure and unfelt, unresolved traumas; 9) of permission for sound and movement, which facilitates self-expression and self-trust, and; 10) for insight, understanding, and acceptance of accountability for one's life and actions.

Rhinewine and Williams (2007) reviewed the neurophysiology and psychology of HB as a novel psychotherapy treatment adjunct and hypothesized that the hyperventilation of HB may facilitate generalized extinction of avoidance behaviors which in turn results in therapeutic progress.

The successful use of HB in these cases also contributes to the growing literature attesting to the importance of spirituality in addiction recovery. Future controlled studies of HB in the treatment of substance use disorders and associated comorbidity are warranted.

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