

Rebirthing, The Follow-up

compiled by David Jones

The March 1992 issue of *Self & Society* carried a number of articles on rebirthing written by rebirthers. There has been a reaction to this. I want to start by saying where I am coming from. The main regression work I have done has been in the primal integration tradition which was brought to this country about twenty years ago by Bill Swartley. William Emerson's regression journeys which I have experienced in workshops held at the University of Surrey and at the Karuna Institute have also been a vital part of my own development. In addition to that I have also worked with a therapist cum trainee who was familiar with rebirthing and from whom I gained a great deal during sessions involving regression.

In 1985 I visited Consciousness Village in the Rockies and met Leonard Orr, the founder of rebirthing, having already read his book. Everyone is, as they say, entitled to their opinion and many, if not all rebirthers, look to Leonard as a fount of great wisdom. My own response to him was different. I found him very boring indeed. His requests that we stay fifteen feet away from him because he had just cleaned his aura and that we only get into hot tubs downstream from his own personal tub gave a quaint but distancing atmosphere to his centre. A rule that we should wash all over after sleeping, even after a lunchtime nap, so that death-linked aspects of sleep should be washed off us, seemed odd. I had a good time enjoying the amenities at the centre and met some interesting people. But Leonard himself was, for me, a washout.

I view the following statement by Leonard Orr with misgiving. He said, "in a requested presentation to the National Institute of Health USA", that "after rebirthing over ten thousand people, we have evolved a new theory of hyperventilation which is unanimously accepted by medical people who have themselves completed their rebirthing. The new theory is that hyperventilation is a cure for subventilation or underbreathing." This smacks of 'guru-hype' to me. I need to see reports in the medical journals, please, before I believe there is any substantial body of medical opinion on this matter.



Anonymous Letter

Self & Society received a letter about the articles on rebirthing in the March 1992 issue. It was marked "NOT for publication". The points which this letter makes about rebirthing are important and nobody else has raised them. So I telephoned the person who wrote to us and they said we could print just one of the paragraphs, but anonymously. I have a lot of sympathy for the person who sent us this letter. They would be happy for the whole of it to be printed if only they could have a chance to rewrite it, but this is not possible for medical and social reasons. In order to allay the fears of the hyper-suspicious I want to add that these conditions are nothing to do with the effects of rebirthing. Here is the anonymous paragraph.

"I think as a reader-student I would have been better served if I had been offered an in-depth comparison of rebirthing with the work of Grof, Janov, Laing, Swartley, Lake and Emerson. Instead I was offered an interesting but totally uncritical presentation of rebirthing. I would for example like to know whether Grof's holotropic breathing is the same as rebirthing, and if not how does it differ? Similarly I think David Boadella's critique of the breathing method used in rebirthing which appears in his book *Lifestreams* needs to be answered. If it has been answered could you tell me where this has appeared?"

Tetany

We looked up what David Boadella wrote in *Lifestreams*, which was published by Routledge in 1987. On page 80 he says:

"The cause of hyperventilation is loss of carbon dioxide. The over-speedy breathing or the forced exhalation blows off too much carbon dioxide. The carbon dioxide level in the blood falls, with a shift in the blood pH towards the alkaline. This alkaline shift potentiates a calcium shift in muscles and nerves, the calcium shift creates a rapid firing of nerve signals to the muscles to contract, and thus the muscles begin to move towards a state of tetany, beginning with the most peripheral regions (fingers, toes, lips and nose). Many people enter such a state of hyperventilation spontaneously in a situation of strong anxiety."

He continues on page 81:

"In the last decade or more a number of therapies have used hyperventilation deliberately as a therapeutic tool, in the belief that they are 'creating more feeling' or 'breathing through the resistance' if they push a person into carbon dioxide deficiency. Rebirthing therapy has specifically advocated this as a method and has consistently ignored the fact that the hyperventilation symptoms are the body's distress signals in response to a deficiency. The resulting overload to the psychic system, as disorientation or confusion, or on the somatic system, as increased tension or spasm, can occasionally be lethal.

A man with some pre-psychotic tendencies left a rebirthing session and murdered his landlady the same evening.

“A man with some pre-psychotic tendencies left a rebirthing session and murdered his landlady the same evening. Of course there was no connection, the defenders of rebirthing will say. A second man died of a heart attack during hyperventilation in a rebirthing session in Germany. Of course, he was due to have one anyway or brought it on himself, will be the defence. A man in London who was pushed into hyperventilation by an untrained therapist using bio-energetic stress positions had a latent claustrophobia activated, which troubled him for some months. He decided to commit suicide unless his claustrophobia improved before six months was up. Fortunately it did. I met him some time later. He proved to be a natural hyperventilator who needed help deepening his inspiration.

“Another therapist who works with hyperventilation is Stanislav Grof, who is interested in the altered states of consciousness that can be induced through it. This is in lieu of LSD, which is no longer legal to use. I have great respect for Grof’s theoretical model of the unconscious and of prebirth states, but less respect for the methods he used to obtain his material, since hyperventilation throws all the major systems of the body into dysfunction.

“Followers of Grof and the rebirthers defend hyperventilation by arguing that, if a person continues with his exaggerated breathing, he will ‘break the blocks’ and the symptoms will disappear. The physiology of this belief has never been explained to me. There are two possibilities. One is that, by pushing the body into even more hyperventilation, the brain goes into emergency cut-off (technically called a depolarisation block). It is the equivalent of jamming. But to rely on this emergency system to release the patient of the effects of the abuse of his body seems grandiose and illegitimate. The second possibility is that the patient begins spontaneously to breathe *in* more deeply and this brings the oxygen and carbon dioxide shortage. This is actually a change out of hyperventilation (which is dysfunctional) into deep balanced breathing, which is an improvement in most people’s functioning.”

A Response from Toni Tye

We sent the material on the previous two pages to Toni Tye of the Holistic Rebirthing Institute who currently chairs meetings of the British Rebirth Association. She wrote to us:

Dear David,

I appreciate your request and the opportunity to respond to the above letter. *Background:* I have 15 years experience of rebirthing, am a co-director of Holistic Rebirthing Institute, and a founder member and chairperson of British Rebirth Society. I will attempt to cover this very complex subject from my own perspective as a practitioner/trainer and a student of energy; will also quote from experts in their own field. (My opinions are not necessarily those of BRS or other rebirthers.)

Rebirthing has been practised in England since '77, but only established in England since early '80s and it now seems timely to review and research its practice and long term effectiveness in a more 'scientific' and critical way. We do have a society, BRS¹ (established '80) with code of ethics and practice, requirements for apprentice practitioners and practitioners (available on request). There are now a variety of trainings available for practitioners: HRI² (established '84) offers a series of 100-hour courses for practitioner training, taken over 2-4 years.

Question on holotropic and rebirthing comparison There are certainly some similarities between the two types of breathwork; 'the breather' is lying down, eyes closed supported by a partner, breathing for approximately 1-1½ hours. Some of the differences are: holotropic advocates 'deep and fast' breathing, rebirthing advocates 'circular connected breathing' that may be at times deep and fast, but may also be relaxed and slow or even 'shallow and fast' during the session. A colleague who has experienced both says that rebirthing is a 'gentler' approach. Holotropic work begins with loud tribal/ethnic music and may use deep body work for completion. Rebirthing may use relaxation music for completion and, depending on the practitioner, counselling and touch are often used for integration.

Question on Boadella's critique of rebirthing and hyperventilation Although rebirthing emphasises a deep full inhale and relaxed exhale, some clients' tension causes them to push the exhale, lowering the carbon dioxide balance with resulting symptoms of hyperventilation and tetany. Rebirthing does not 'specifically advocate' or 'push a person into' this experience as suggested. However, we are able to provide the safety and support to guide someone to surrender to the release of tension and trauma held in the bodymind until integration occurs.

In all of my experience of rebirthing, I've not encountered any of the long-term ill effects indicated as possibilities in the medical research of hyperventilation that I have read. Why is this so? My feeling is that we must not ignore the fact that situation always affects the process, experience, and results, i.e. it is the safety, acceptance, and healing environment that make the difference between the fear and pain of compulsive hyperventilation syndrome, and the experience of the healing power of relaxed connected breathing. Even though some of the physiological symptoms can be the same, hyperventilation on its own creates more fear of breathing, while rebirthing creates free and full, pleasurable breathing.

For a critical review of these issues read Nicholas Albery's *How to feel Reborn*. He suggests "... a tentative proposal to medical experts on hyperventilation: could they not be making more effort to bridge the gap between the medical and psychotherapeutic view of hyperventilation? ... research the physiological effects of hour-long intense breathing when volunteers are in warm and supportive settings? ... research the claim made by rebirthers that if one continues to hyperventilate, symptoms of tetany *et al* fade away and rarely reoccur? It is unlikely that the medical approach philosophy and view of the world, will ever be compatible with that of rebirthing. But, as regards hyperventilation, each could learn from the other."

After rebirthing over ten thousand people, we have evolved a new theory of hyperventilation which is unanimously accepted by medical people who have themselves completed their rebirthing.

I am glad to say that this exchange of knowledge is increasing as shown in the following quote from Dr. Trevor Oldham (who teaches a module on basic 'Physiology of Breath' including specific advice on working with special cases, on HRI Practitioner Courses). "A now common teaching in the orthodox world is that accepting sensations of fear/anxiety and attempting to relax alongside them will eventually teach your bodymind that you are essentially safe. Any technique that causes prolonged relaxation or focuses on feelings/sensations will inevitably bring up tension ... if allowed to express itself in the form of hyperventilation in a safe supportive environment, the above biofeedback retraining ... will gradually release it ... To my knowledge, and I have made a special study of this, there is no record of hyperventilation itself causing permanent damage to anyone. I see nothing amiss with guiding and allowing the bodymind to relax and the breath to express itself as it will until it settles in a relaxed pattern."

I phoned Leonard Orr (founder of rebirthing), for his current views on hyperventilation. He said that 'he stands by' his statement made in '79 in a requested presentation to the National Institute of Health USA, entitled: "New theory of Hyperventilation". I summarise: "What is called 'hyperventilation syndrome' can be a natural part of rebirthing. After rebirthing over ten thousand people, we have evolved a new theory of hyperventilation which is unanimously accepted by medical people who have themselves completed their rebirthing. The new theory is that hyperventilation is a cure for subventilation or underbreathing. The birth trauma inhibits a person's breathing mechanism, causing shallow breathing. So when a person breathes normally, fully and freely without fear, it automatically produces some changes in the body.

After all these thousands of people have successfully made it through a hyperventilation experience, we have concluded that all the person requires is calmness, safety and encouragement to complete the process. If the person is encouraged to breathe naturally and

to relax while experiencing his fears, no harmful effects occur. On the other hand, if this natural process is interrupted by either the fear of the participator or the observers, the result seems to be perpetual fear of hyperventilation and its accompanying symptoms. Leonard concludes that, “although some physiological (chemical) explanations have some value, none of them fit all cases.”

In response to a quote, again from David Boadella, that “resulting overload” (of hyperventilation) “can occasionally be lethal” the facts of the case he refers to need to finally be set straight. He quotes an incident in '80 where indeed a man who had participated in a rebirthing workshop with Leonard Orr later committed murder. He had also, we later discovered, been actively involved in several other therapies, contrary to his doctor’s advice because of his psychotic history. I myself was on the staff of this workshop, and observed him as relaxed and ‘normal’ at close of the workshop, but on non-attendance at the follow-up evening 10 days later, I contacted him. He had since experienced other therapy sessions, including a treatment (not rebirthing) that he had, in the words of his therapist, ‘not completely returned from’. He was in a ‘regressed state’ and had asked for admission to hospital, but had been released (he also tried to admit himself to a nursery) later that morning he murdered his elderly cleaning lady. This was two weeks later, not, as Boadella claims, the same evening as rebirthing.

However, this case certainly raises the difficult issue of suitability screening for all workshops and treatments. We do have a questionnaire for participants of our HRI Trainings, but we have also had experience of participants withholding the very information which would be most pertinent, as in this instance would certainly have been the case.

There is obviously much yet to be discovered about the ‘mystery of the breath of life’, perhaps having more to do with the experience of breathing energy or ‘prana’ in a healing context than just the chemical balance of oxygen and carbon dioxide levels. Yes, there is a need for more documentation and research. We are now in the challenging process of developing a questionnaire for such a project — suggestions welcome! It is also important that rebirthers and other breath workers are well trained and informed in the importance of good diaphragmatic breathing for relaxation and general health as well as the therapeutic uses of various breathing techniques. There are certainly physical conditions which require very gentle use of breath work including heart conditions, angina, epilepsy, and pregnancy.

The essence of rebirthing is awareness of thought and breath, aspects of the ‘king and queen’ of consciousness: powerful tools to be used responsibly. So let’s debate with open minds, explore, research and enjoy. Let’s not be guilty of ‘throwing out the baby with the bath water’.

Footnotes

1 British Rebirth Society, Secretary David Montgomery, 5 Manor Road, Catcott, Bridgewater, Somerset TA7 9HT Tel: 0278 722536 or PR Doug Sawyer Tel: 0272 738073 (Please note new address)

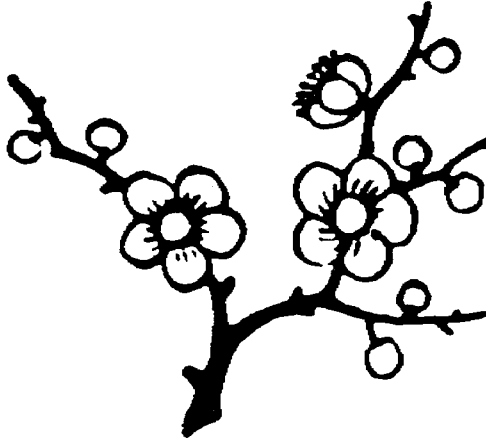
2 Holistic Rebirthing Institute, 99 Radford Road, Leamington Spa CV31 1JZ Tel: 0926 882494

Further reading

Nicholas Albery, *How to Feel Reborn*, Regeneration Press, 32 Addison Avenue, London W11 (1985)

Leonard Orr, *Breath Awareness*, available from D. Lukehurst, 87 Victoria Road, Sherwood, Notts NG5 2NL

Gunnel Minett, *Breath and Spirit — Consciousness Breathing as a Healing Technique*, Thorsons (1993)



Monica Sjöö's views

(Sjöö says) 'I sense in many New Age men an insufferably paternalistic and condescending attitude not only towards women but towards the very Earth who gave us all life and mind'.

Her primary complaint is that New Agers should be more politically and socially conscious. Instead, people undergo expensive therapies 'which reassure them that it is just fine to be wealthy and privileged in a world where the majority are suffering from lack of food and basic necessities.'

She believes that Leonard Orr's rebirthing movement damaged, deceived and discarded her son Senn, who was already very ill from cancer. Rebirthers told Senn to ignore the 'pseudo-symptoms' of his illness, got him to write over and over in his exercise book affirmations such as 'I no longer need pain and illness to get attention', and offered him a ten-day £400 'self-mastery' training, which he was not well enough to attend and could hardly afford. He caught pneumonia from the group immersion in hot-water tubs and could barely drag himself to the hospital. And during his time in hospital, none of the rebirthers bothered to visit him.

Sjöö's concerns about rebirthing broaden out into an attack on our culture's 'massive denial and neglect of issues relating to death and ageing, fatal disease and dying; they are not seen as a natural aspect of the life process but as the ultimate defeat and a painful reminder of "men's inability to master nature." The dying person is perceived as a loser. I have found

many New Age people are very arrogant and are unable to empathise with grief and illness, old age or dying.’

(From a review in the *Journal of the Institute for Social Inventions*, No 25, 1992, of *New Age and Armageddon* by Monica Sjöö, published by the Women’s Press, 34 Great Sutton Street, London EC1V 4JG £10-95 ISBN 0 7043 4263 4)

More views on rebirthing

In the next two articles Lee Priesler describes his experiences of Leonard Orr, and Catherine Grundy writes about her work. I met Catherine at the 1992 AHP Annual Conference at Keele University. It seems abundantly clear to me that she has used Leonard’s ideas to very good effect and that many people have benefited enormously from her workshops. Hers is followed by a piece from Peter Ellis who describes a less happy experience and takes us right back to the tetany debate. And after that is an account by Phil Copper of his more positive experiences of rebirthing.

At this point I think I should mention Vivation, which is a rebirthing breakaway group — rebirthing without the Leonard factor, as one wag put it. One of its promotional fliers had me a bit worried.

“WILLINGNESS IS ENOUGH your personal choice of context, your willingness to feel the sensations, your acceptance of what is happening, and willingness to complete and resolve a session.

“When a session is completed, that is, you are calm and peaceful. If you are not feeling like this then the session is not yet completed.”

In other words if I experience what Peter Ellis describes in his article on page 18, then it is my fault!

