

From 'Bad' Ritual to 'Good' Ritual: Transmutations of Childbearing Trauma in Holotropic Ritual

Gregg Lahood, PhD

ABSTRACT: In this article a tentative and provisional theory is advanced on the treatment of birth-giving trauma. 'Birth-giving-trauma' here refers to women (and men) psychologically, physically or emotionally traumatized during birth-giving. In the first part of this article I outline anthropologist Robbie Davis-Floyd's argument that Western medicalized birthing can be constructed as a 'modern' rite of passage which can negatively imprint disempowering images into women's minds, reinforce messages of inferiority, and traumatise the birth-giving mothers. In the second half of the article I will argue that the trauma catalysed by the 'bad' ritual of technocratic birth may need to be therapeutically treated or rather 'ritually combated' with an equally powerful and reparative 'good' ritual. I will explore psychiatrist Stanislav Grof's and Christina Grof's holotropic breathwork as a pre-eminent contemporary ritual in which 'good' transpersonal medicine is ritually made.

KEY WORDS: Birth, childbearing trauma, transpersonal psychology, analytic psychology, holotropic breathwork, authoritative knowledge, non-ordinary states

Education for transcendence must deal directly with an experiential threshold. It must teach how one can cross the threshold of fear into a state of transcendence this education must also bring transcendence into ordinary life, and ordinary life into transcendence.

Anthropologist Richard Katz, 1976

For women, situations associated with motherhood can become another significant source of unitive experiences. By conceiving, carrying, and delivering a child, women directly participate in the process of cosmic creation. Under favourable circumstances,

Gregg Lahood, PhD describes himself as an "anthropologist of consciousness at large" whose interests include contemporary rituals and childbirth. He is currently collecting narratives from women and men who have participated in extraordinary events in childbirth (spiritual emergencies) for a book on the subject. Dr. Lahood gives workshops in Australasia and England. He may be contacted at: Gregg@gregglahood.com.

the sacred nature of these situations becomes apparent and is consciously experienced.

Psychiatrist Stanislav Grof, 1998

The sound that came out of my body was just awesome, utterly awesome. It was so primordial, primal, animal, I couldn't act it or make it again ... it was as if my body and mind had become one, but it was not inside or outside, it was not named. My birth was fantastic. I suppose the best way to describe it was like an out-of-body-experience. But it wasn't quite that, it was like the categories of outside and inside got rearranged. It was like you 'be still and know'. It didn't matter what anyone else was saying my body just knew, call it what you like, waves; my body just went with it all.

Research Informant Trudy, 2006

It is equally outside and inside: therefore; it has transcended the geographical limitations of the self. Thus one begins to talk about transhumanistic [transpersonal] psychology.

Transpersonal psychologist Abraham Maslow, 1969

INTRODUCTION

Anthropologists have shown that birth in most cultures has been a "ritual event" (Kitzinger, 1978, p. 5) enveloped in protective rites of passage and spiritual procedures that lend emotional, 'supernatural' and charismatic support to birth-giving women. They argue that fertility and birth are in all cultures embedded in social, psychological, cosmological and spiritual systems (MacCormack, 1982, p. 10). Furthermore, the basic pattern of biological birth serves as a "model for structuring other rites of passage" (Davis-Floyd, 1994, p. 325) and ceremonial healing rituals (e.g., Turner, 1992). Traditional helpers at birth, midwives and shamans, operated as 'technicians' of the sacred (Potter, 1974; Paul and Paul, 1975; Kitzinger, 1982; Laderman, 1983) and it has also been noted that transpersonal visions may be part of a contemporary birth-giving woman's reality (Lahood, 2006a, 2006c) and the father's reality (Lahood, 2006a, 2006b). Grof writes for example:

Delivering women and people participating in the delivery as assistants or observers can experience a powerful spiritual opening. This is particularly true if birth does not occur in the

dehumanized context of a hospital, but under circumstances where it is possible to experience its full psychological and spiritual impact (1998, p. 135).

Unfortunately the Western biomedical approach to birth-giving does not value emotional or spiritual support nor does it value visionary states (c.f., Davis-Floyd, 1992; Klassen, 2001, p. 104; Sered, 1991, p.15) and many women are left traumatised by the dehumanized nature of 'technocratic' childbirth rituals. Moreover, in the Western world most births do not occur in domestic environments but in hospitals.

While there is an increasing literature on 'birth trauma' relating to the fetal person, less attention has been paid to the trauma of the birth-givers. 'Birth trauma' is a blanket term confusingly applied to the psychological and physical damage experienced by both women and neonates during the process of labor and childbirth. However some fathers can also suffer from 'birth-trauma' in the form of post traumatic stress disorder (PTSD) (Lahood, 2006b). I think it would be useful to delineate between 'women's birth-giving trauma', 'neonatal birth trauma' and 'partner's witness trauma' and the treatments for these divergent phenomena.

This paper will contrast two important contemporary 'rituals': modern childbirth and trans-modern holotropic breathwork.¹ I will suggest that while the former ritual system begets and amplifies birth-giving trauma (after Davis-Floyd, 1992) the later can be used to heal the trauma associated with birth-giving (e.g., Grof, 1985; Walden, 1993). Our aim here is to grasp the following nettle: *if it is in 'bad' ritual where harm is caused - it may well be that it is in 'good' ritual where trauma could be negated and healing found.* The purpose of this paper then, is to offer those who suffer from birth-giving trauma; PTSD catalysed in childbirth, post-natal depression, grief and loss around miscarriage and abortion, those who feel emotionally, psychologically and spiritually impinged upon by the medical system, and those who work with traumatized persons a further treatment option ... that of our species oldest healing system; ritual.

¹According to philosopher Richard Tarnas, Grof's work is "the most epistemologically significant development in the recent history of depth psychology, and indeed the most important advance in the field since Freud and Jung themselves (1991, p. 425).

BACKGROUND

I came to study birth-giving through a long-time interest in contemporary transpersonal rituals (e.g., Heron & Lahood, 2007). My post-graduate and doctoral studies were focused on the ritual dynamics of birthing in New Zealand and the transpersonal events experienced around birthing-giving for contemporary women and men. I have described some of these research findings in several articles dealing with, for example, the encounter with death at birth (Lahood, 2006a, 2006b), the transpersonal dimensions of indigenous midwifery (Lahood, 2006a, 2006c) fathers near-death-experiences around child-birth (Lahood, 2006a), and women's transpersonal experience at birth-giving (Lahood, 2006c).

Another complementary strand to my research life is the role of a holotropic breath-work facilitator – a 'ritual specialist', so to speak.² I have been involved in broad holotropic breathing practice for almost two decades and this has given me an opportunity to gather data from a unique viewpoint; that of a participant/observer in the holotropic ritual itself (I also have modest roles as an antenatal educator and midwifery educator in New Zealand).

However there is another link between holotropic ritual and transpersonal events of consciousness among contemporary women I should outline. Some of the women (and men) I spoke to during my doctoral research had experienced 'non-ordinary states of consciousness' that bear a striking resemblance to what Grof calls 'holotropic consciousness' (1985). These are profound healing states of consciousness having to do with the experience of death and rebirth (Lahood, 2006a, 2006b). Let me give an example of this, not from one of my informants, but from Jungian analyst Jean Shinoda Bolen: who, in the film documentary *The Goddess Remembered* (1989) said this:

My experience of a woman giving birth to a child put me in touch with the women's movement. Up until that time I was a

²Various anthropologists have explored non-ordinary-states-of-consciousness, Buddhist meditation techniques or shamanistic apprenticeships and some have gone on to teach their respective techniques i.e., Joan Halifax (shamanism and Zen Buddhism), Michael Harner, Felicitas Goodman (neoshamanism), Charles Laughlin (Tibetan Buddhism), Larry Peters (Nepalese shamanism) and Terrence McKenna (psychedelic shamanism) to name a few. My own trainings and 'apprenticeships' have been primarily with two Western transpersonal teachers Stanislav Grof (holotropic breathwork) and John Heron (charismatic co-operative inquiry).

real medical student, intern, resident, kind of a person, who felt quite different from other women because my path was different from most women's. But once I was in labour and delivery and was experiencing at the deepest ritual level and at the deepest life level, what it is to be a woman and how it hurt ... and how it was also a miracle and how none of my training prepared me for this and what I was doing at that moment was what every woman who had ever given birth to a child has been doing through all time. I felt linked horizontally and through time with every woman that ever was.

We might note the strong link between birth and "the deepest level of ritual" and then "ritual" with the transpersonal domain. Her sense of becoming continuous with all women through time and space (as a healing and empowering event) is a becoming beyond the Cartesian box of time and space, which means that she has stepped outside of Western medicine's 'body-as-a-machine' (e.g., Davis-Floyd, 1992) image, and the foundations of Western science in general. One of my informants said this at the birth of her daughter: "She was not breathing ... not energetically so I breathed into her energetically ... you are going to live! It's like I'm getting a vision ... a sense of this line of women back through eons almost. It's like connecting in with a line of all women. It had to do with the family of women through time like a line". Such events are also a recurrent theme in holotropic research (Grof, 1988; Bache, 2000, Lahood 2006a).

rites of passage

Rites of passage and their tripartite morphology were made famous by folklorist Arnold van Gennep (1960/1908). In his schemata a rite of passage process has three basic patterns (although a pre-initiatory phase must also be assumed e.g. the womb of childhood). They are 1) separation; the neophyte is removed from a previous social or cosmic world (1960, p.10), 2) transition; a magico-religious space in which the initiate "wavers between two worlds" (1960, p. 18) this *liminal* space was often a place of ordeal, chaos, and symbolic dismemberment, and 3) incorporation; a phase where the initiated is being absorbed or reintegrated into a new world.

Van Gennep also wrote that such rituals had a strong association with pregnancy and childbirth (1960, p. 41-64) and it is interesting to contemplate the relationship between van Gennep's *rite de passage* template and the basic morphology of the fetal person's journey

through the chaotic 'gauntlet' of the perinatal passage. The child is separated from the 'good womb' passing into a state of constriction, followed by an ordeal-like and laborious transition and finally emerges from the dangers associated with the birth passage into the world and a new social or cosmic status (see Grof, 1977, 1985). In Grof's schemata this perinatal process structures the psycho/spiritual experience of death and rebirth and the holotropic therapeutic ritual is geared to support this transformational process.

A 'BAD' RITE OF PASSAGE: MATERNITY IN MODERNITY

Robbie Davis-Floyd's *Birth as an American Rite of Passage* (1992) is perhaps the most comprehensive study to date concerning ritual, cognition, and contemporary Western birth. She argues that contemporary hospital birthing can be constructed as a rite of passage operating tacitly within the medical birthing regimen. According to Davis-Floyd, in this context, the ritual process is deeply problematic because it is geared to indoctrinate women to its biomedical mythology by enacting its 'body as machine' system of authoritative knowledge in a ritualized technological apotheosis. From the medicalized position birth = medical/technical operation.

Renowned British anthropologist Shelia Kitzinger has also suggested that modern birthing rites of passage do not function to provide emotional support (as traditional rites of passage would have) but rather they *reinforce* the established (and patriarchal) social system (1982, p. 182). In the modern scenario women are routinely stripped of bodily knowing, authoritative knowledge, and the status and charisma associated with birth-givers. Birth-giving is treated as a routine medical crises indexed into a powerful structure of hierarchical power running on an 'assembly-line' system bent to capitalist clock-time (Davis-Floyd & Sergeant 1997, p. 8-11). Its rhythms do not sway easily to the rhythms of a female birthing body. Kitzinger writes:

In achieving the depersonalization of childbirth and at the same time solving the problem of pain, our society may have lost more than it has gained. We are left with the physical husk; the *transcending significance* has been drained away. In doing so, we have reached the goal which is perhaps implicit in all highly developed technological cultures, mechanized control of the human body and the complete obliteration of all disturbing sensations [my emphasis] (1978, p. 133).

Using elements of biogenetic structuralism as a model (a model bound to transpersonalism e.g., Laughlin, 1988, 1994), Davis-Floyd's analysis suggests that women birthing can engage in the same neuro-cognitive processes that produce similar states to those found among ritual participants (1992, p. 7-19). She argues that the climaxes and peaks found in ritual and meditation (after neuro-theologist d'Aquili 1979, 1985) when neuro-physiological subsystems fire simultaneously in the autonomic nervous system, are also found among birthing women (1992, p. 11-15). Once these ritual dynamics are catalysed and 'kick-in' the human cognitive system can be rendered open to gestalt perception (d'Aquili 1979, p. 173-174), and what is called *symbolic penetration*, that is, the ingression of symbols in the environment and their meaning into the opened mind of the ritual participant (e.g., Laughlin 1994). The process moves toward a peak, climactic experience resulting in the long term memory storage of symbolic messages (Davis-Floyd 1992, p. 15).

Davis-Floyd argues convincingly that it is the symbols of the Western technocratic medical system in all its hegemonic and patriarchal glory that are impressed into women's minds at childbirth serving to reinforce its power and status over women. In other words; contemporary medicalized birthing rituals oppress women at a societal level through the use of a series of rituals that can be thought of as a dynamic rite of passage—a conversion process—it is a compelling argument. The price Western women pay for the belief in the Western hospital system's ability to control childbirth outcomes, its routine technological wizardry, its hierarchy of charisma, its body as a machine mythology, and its efficiency in saving lives and reducing pain; is a reduction in participation, a reduction in emotional and spiritual life, the loss of personal autonomy and authoritative knowledge, and at worst, psychological, physical, emotional, and spiritual traumatization.

THE PROBLEM WITH BIRTH

I will not attempt an exhaustive account of the trauma of birth-giving here but touch on a few key points beginning with a definition from Cheryl Beck:

Birth trauma is an event during the labour and delivery process that involves actual or threatened serious injury or death to the mother or her infant. The birthing women experiences intense fear, helplessness, loss of control and horror (2004, p. 28).

Simkin and Klaus list the following: “a sudden emergency caesarean perhaps with inadequate anaesthesia; shoulder dystocia; severe perineal damage; fetal asphyxia; vacuum extractor or forceps injuries; severe hemorrhage; newborn disabilities or death (2004, p. 92). We could add the following for the child: prolonged labour, decelerations of heart beat, anoxia and hypoxia (diminishing oxygen supply), and meconium in the amniotic fluid. For the mother: prolonged labour, severe constriction, miscarriage, spontaneous abortion and eclampsia. Birth trauma then is physically damaging, psychologically damaging, and may result in, or at least threaten, neonates and birth-givers with death. Research shows that Post Traumatic Stress Disorder (PTSD) as outlined by the *Diagnostic and Statistical Manual of Mental Disorders* (DSM IV; 1994) can also be catalysed through birthing among mothers (Beck, 2004) and among fathers as witnesses to life-threatening events (Lahood, 2006b).

Explicit in Davis-Floyd’s account is a strong correspondence between modern technocratic ritual childbirth, patriarchal oppression, and women’s birth-giving trauma. She refers to a process of “compartmentalization” by “the ones who were most totally effaced during their hospital births” (1992, p. 242). Often those anaesthetized had placed their birth completely outside of their lives. Others awake and aware, but in “extreme terror and pain” also used this compartmentalizing defense to divorce themselves from the traumatic experience. Some of Davis-Floyd’s participants refused to even talk about the subject because it had been so traumatic (1992, p. 242). Other women drive miles out of their way to avoid going near the hospital where the trauma occurred (Simkin & Klaus 2004, p. 93); these dissociating behaviors are also symptomatic of PTSD. However, psychological defense mechanisms have psychotherapeutic problems since, as Davis-Floyd rightly points out (and as people-workers well understand), “unresolved traumas tend to resurface in various ways” (1992, p. 242).

So how to resolve the trauma caused by perinatal complications or technocratic rituals or a complex combination of both? Meaning-making verbal therapies, such as narrative therapy (White, 1980), might well be the first level of ameliorating this trauma as Davis-Floyd suggests (1992, p. 242). However, talk therapies might not be enough because as cognitive anthropologist Douglas Hollan points out many of our engagements in the world remain “unconceptualized, unverbilized, and outside of conscious awareness until they gain conscious representation through complex symbolic processes” (2000, p. 539) and that certain experiences can be so overwhelming and

shattering of our normal everyday expectations, that they “never become cognitively and linguistically processed and represented at all” (2000, p. 540). Furthermore, as Grof writes:

In the case of major traumas, particularly situations threatening the survival and body integrity of the individual [e.g., birth-giving women]. It is very likely that in situations of this kind, the original traumatic event was not really fully experienced at the time it was happening. [This] can lead to a situation where the experience is shut out partially rather than completely. As a result of it, the event cannot be psychologically ‘digested’ and integrated and remains in the psyche as a dissociated foreign element (Grof, 1988, p. 225).

Therefore, just as the birth-giving trauma began with a whole person, bodily, social, political, psychological, sexual, existential, and transpersonal wounding—in a ritual context—healing may *need to be attended to in a counter-ritual* and counter symbolic/therapeutic social milieu.³ This should be a ritual in which the creative healing potential of the woman’s own psyche and soma are brought strongly to bear on the healing process; a process that restores her personal authoritative knowledge by engaging her intentional, volitional, bodily, emotional, intellectual and transpersonal knowing. A ‘good’ ritual should have the ability to bring the unprocessed and undigested material back into consciousness in a creative and emotionally intelligent environment (a set and setting) that is symbolically optimal for such a recovery.

In many rituals the human body and nervous systems are ‘heated’ through dancing, exertion, breathing, or emotional catharsis. An example would be the prolonged dancing and the !Kai trance of the Ju/’oansi (the !Kung Bushmen) of the Kalahari Desert:

!Kia can be considered a state of transcendence because during !kia, a !Kung experiences himself as existing beyond his ordinary level of existence. !Kia itself is a very intense physical state. The body is straining against fatigue and struggling with

³According to Hollan, recent anthropological inquiry into spirit-possession rituals show that possession idioms are a means “by which otherwise unknowable, suppressed or repressed knowledge ... is directly or indirectly expressed” (2000, p. 539). This is similar to Lévi-Strauss’s argument that the Cuna shaman in their childbirth ritual was expressing ‘otherwise inexpressible psychic states’ (Levi-Strauss, 1963).

convulsion-like tremors and heavy breathing. The emotions are aroused to an extraordinary level, whether they be fear, or exhilaration, or fervour (Katz, 1976, p. 287).

Heightened motor activity, bodily postures and metaphors, gestures, vocalizations, and enactments including a fully embodied re-performance of the vital energies of birth-giving might need to be enacted to shift through a sense of constriction or 'blockage' into a sense of 'openness'. Here the same neuro-cognitive subsystems of the central nervous system can be harnessed in the healing ritual process. In a reparative ritual process, as the autonomic sub-systems fire and open to gestalt perception (holistic grasping), a new set of symbolic impressions, post-conceptual cognitions or transpersonal events, could ameliorate or replace the traumatic imprint of the 'bad' ritual. This can be conceptualized as *ritual inversion*: replacing the hierarchy and hegemony of the traumatic "governing system" in the psyche to a position in which it is experienced as ultimately transitory and partial in an unfolding dialectical process (see Tarnas, 1991, p. 429-31; Walden, 1993; and below). A dynamic shift in "governing system" (Grof, 1988, p. 227) can move the participant through the negative system and attune her to more positive, nurturing and healthy constellations.

THE PROBLEM WITH SEXUALITY

It is a strange situation where birth activists have to argue that birth-giving is an extension of normal female sexuality, nevertheless, due to the over-medicalization of birth, they must (e.g., Davis-Floyd, 1992, p.69; Klassen, 2001, p.181). Davis-Floyd sees "obstetrical rituals" as having developed in tandem with a medicalizing program to "desexualize" and render the mother's sexuality around birth-giving "tabu" and "defective" (1992, p. 69). She writes "So effective are hospital routines at masking the intense sexuality of birth that most women today are not aware of birth's sexual nature" (1992, p. 69). We should also mention the father's recent presence at birth in Western cultures as symbolic of the couple's sexual power. Brian Bates and Allison Turner say that many "childbirth rituals found throughout the world appear to be of a sexual nature" (2003, p. 88)

The stimuli used in such practices are symbolic of the man who fathered the child and, in particular, of his sexuality. They may thus inculcate some form of sexual imagery in the woman, albeit at the preconscious level, which then stimulates the

physiological responses normally elicited by sexual stimuli—the release of hormones and contractions of the uterus which serve to aid the birth process (Bates & Turner, 2003, p. 89).⁴

One of my informants spoke of her homebirth as intensely sexual, although it was a sexuality that incorporated a cosmic dimension. Frieda put it like this: “carrying a baby is such a deeply spiritual experience and giving birth is the ultimate spiritual orgasm ... you tap into that greater energy, that greater consciousness”, clearly a statement reflecting transpersonal dimensions of sexuality. Nevertheless the vast amount of Western births occurs in the hospital system, a system which, according to Davis-Floyd and others, has robbed women of a vital and integral birthing energy.

However there is another serious problem to take into account when addressing sexuality and birth: the complications of childhood sexual abuse. It was matter-of-fact among some of my midwife informants that childhood sexual abuse can seriously impact birth-giving women protracting her labour and making it more exhausting and dangerous. Penny Simkin and Phyllis Klaus in their recent book *When Survivors Give Birth* (2004) write that some women can experience prolonged non-progressing labor and “extreme pelvic tension” (2004, p. 71) due to childhood sexual abuse. They speak of a woman whose “greatest fear was that something in labor would trigger ‘body memories’ or feelings of victimization” (2004, p. 68). Fear releases hormones (catecholamines) that are known to slow labor (2004, p. 80). Thus childhood and adult sexual abuse can become a vicious and problem laden cycle at the level of birth-giving because it can further constrict the women’s laboring which can then call forth further biomedical interventions. In the light of this situation it is little wonder that in some circles women are beginning to talk about “birth rape”.

Neva Walden’s exploration of the relationship between holotropic breathwork and healing: *Contributors of Transpersonal Perspectives to Understanding Sexual Abuse* (1993) gives several examples of the relationship between sexual abuse, birth-giving, and holotropic consciousness. The women here are reporting on their participation in holotropic sessions:

⁴Kitzinger notes that a man’s sweaty shirt was brought to obstructed Jamaican woman in labor - human sweat contains prostaglandins which can stimulate uterine inertia (1982:192). Prostaglandins were originally thought to reside in human semen and the prostate gland.

I felt a strong build up of tension in my genitals and bladder area. As it built I got extremely angry and sexually frustrated. My body was filled with it. First it was my rage and frustration. Then my body was filled with my mother's as well. Then, my grandmother's and finally that of all womanhood throughout time (1993, p. 173).

Opening to feel the pain and suffering of that little girl within, I cry. As I cry, I fully feel the cry of a wounded animal, and also the cry of all children being raped and abused. I feel the cry of all women in childbirth. (1993, p. 170).

Walden suggests that abuse victims (like victims of birth-giving trauma) are locked into the second phase of something like the ritual dialectic and that holotropic ritual can move her through process much like completing a gestalt:

Unfortunately, many sexual abuse survivors are still living the experiences of stage two of the initiation process. They are left in the turmoil of the separation, humiliation, shame, and death portions of the passage. With healing, however, the survivor can move into the integration phase. Experiencing the full range of emotions and physical feelings of sexual energy in [holotropic] states ... brings the integration that is a result of any successful initiation. It produces a profound shift in their sense of themselves.⁵

In the same way it could be argued that women traumatised by technocratic birth rituals or birth trauma and the frightening encounter with death are in a similar phase in the ritual process, she is 'betwixt and between' the traumatic situation and with successful integration. The trauma, largely unrecognized, is compartmentalized and isolated but at the same time unconsciously (psycho-dynamically) structuring her relationship with the world which is often experienced as threatening and dangerous.

Let me give an example: Anna (25-years-old) came to a holotropic session in New Zealand 5 years ago in which she replayed her birth-giving. Anna had been expecting a water birth with her partner and

⁵This is not to suggest that sexual abuse can, in any way, be seen as any kind of initiation process. Only that the healing process, like the ritual process, can follow a dialectical pattern based on the pattern of birthing.

their friends. Unfortunately this did not happen and her dreams were dashed when her birthing became a highly medicalized event. She had also lost meaningful contact with her male partner during her birth crises. While grateful for the intervention, she said ever since she had experienced high levels of distress, anxiety and nightmares that she strongly related to the birth of her child. It was as if, she said, there was an energetic, emotional, and spiritual aspect of her experience that was not brought into consciousness and this charge had been lying dormant ever since “just below the surface”. Anna went through a very cathartic session, involving a wide range of emotions, bodily movements (very obviously linked her labor pains and her own birth) oscillating with states of deep blissful relaxation and bouts of ecstatic communion with a spiritual force. What was most remarkable was her conviction afterwards that she had moved into a state of transpersonal consciousness where she somehow not only birthed all the babies in the world but all the creatures in the world and even all the *forms* in the world.

THE PROBLEM WITH DEATH

Some women’s birth-giving narratives also point to a frightening encounter with death during parturition. Certainly among the women (and men) I interviewed in New Zealand this was a common factor (Lahood, 2006a, 2006c). The two following narratives disclose just how potent but also how unrecognized this feature of birthing is:

I was terrified when my daughter was born. I just knew I was going to split open and *bleed to death* right there on the table, but she was coming so fast, they didn't have any time to do anything to me [my emphasis] (Davis-Floyd, 1994, p. 331).

During the delivery process, some women were shaken to the core by feeling abandoned and alone, as illustrated by the following quote: ‘I had a major bleed and started shaking involuntarily all over. Even my jaw shook and I couldn’t stop. I heard the specialist say he was having trouble stopping the bleeding. I was very frightened, and then it hit me. *I might not make it!* I can still recall the sick dread of real fear. I needed urgent reassurance, but none was offered’ [my emphasis] (Beck, 2004, p. 22).

There is a serious knowledge gap surrounding birth-giving women

and the impact of the potential psychological encounter with death during parturition. Davis-Floyd, for example, does not seem to acknowledge the encounter with death as a central aspect of the ritual process for contemporary women in her study. Furthermore, I believe Beck is in fact naming two traumas here. First the 'primary': an acute and dreadful encounter with death, and then a 'secondary' trauma occurs when this experience is not offered much needed social support, empathy, or understanding and is left isolated. Was she shaken to the core because she was 'abandoned' as Beck suggests or was it because she feels she is really dying?

According to some anthropologists fear of death (like sexual abuse) plays a crucial role in reproductive crises. Carol Laderman, writes that "The prolongation of labor because of fear is associated with much higher than normal perinatal mortality rates" (1987, p. 300). James McClenon notes that, "Fear results in muscle tension, which inhibits the normal dilation of the cervix" (2002, p. 53). He also suggests that fear and stress can increase the likelihood of childbirth complications, psychosomatic infertility, spontaneous abortion and miscarriage, post-partum haemorrhage, and obstructed labor (2002, p. 46-57).

It is important to note, however, that the human encounter with death, is not always necessarily a negative experience (perhaps in the same way that losing control is not always a negative experience and one often mandatory for birth giving), it can also become a part of the ritual process and a doorway into transpersonal consciousness (Grof, 1985, Lahood 2006a). Kitzinger, following Levi-Strauss, writes that "birth and death are rich with meanings which have penetrated the whole of social life. But in the West, as part of a process of 'scientific praxis' we have emptied birth and death of everything not corresponding to mere physiological processes (Kitzinger, 1982, p. 195). For example, anthropologist Megan Biesele in her study of birth and trance dancing among the Ju/hoansi of Africa's Kalahari Desert writes:

Daring death seems to be part of cultural maturation for the Ju/hoansi, as it is in fact for many other groups of people. Both the men's and the women's daring—in trance and in giving birth—seem to function as transformational rites of passage in Ju/hoan society (1997, p. 476).

Indeed Grof and anthropologist Joan Halifax wrote that an encounter with death is at the very core of rites of passage: "profound experiences of symbolic death result not only in an overwhelming realisation of the impermanence of biological existence but also in an

illuminating insight into the transcendent and eternal spiritual nature intrinsic to human consciousness” (1977, p. 5). Women in the Kalahari have access to ritual status through the processes of transformation and self-actualization by giving birth and encountering death (Biesele, 1997). This ritual or *charismatic status* is denied in the Western birthing system. Good ritual, then, must be potent enough to rework the encounter with death at the somatic and symbolic level and restore ritual status and charisma to women.

Midwives and birthing women categorically encounter new life and the potential of death everyday. I would like now to introduce a story from a midwife who has participated in a dozen holotropic rituals and recently participated in a still-birth. The following process of skeletonization (returning to bone) and transformation is a classic feature of psycho-spiritual death-rebirth initiations and shamanistic practices of many cultures:

Breathing deep into myself another path was to be explored. As previously experienced in holotropic breathing, I feel I am often taken into the darkest aspects of my soul. I have learnt to trust this journey and surrender once again having acknowledgement from my guides.

This day I had a golden *deva*, of feminine form and energy from what felt to be a heavenly realm. As I was being drawn deeper into what I experienced as a dark spiralling tunnel I remember looking back, perhaps over my shoulder, and feeling the reassurance of my golden heavenly *deva* encouraging me forward. Breathing deeper into these dark surrounds, encapsulating me in its spiral design, fears began to rise, descending upon me rapidly, accumulating within me so quickly.

Confronting so many fears at such speed. Beginning to feel a nausea rise from within my belly, running out of breath. The taste of fear rising from out of my belly now into my throat, a few coughs to try and clear this muck, some gagging, having difficulty breathing as my body fills up with fears needing to expel somehow. Then the sense of just opening my mouth as this black dust sprayed from my mouth, a thick stream of black fear broken down into little bits exiting my body. My mouth is wide open as if in a yawn with some sound being emitted. Time was lost as my body purged this accumulation of dark fears from my body. When I was empty of the fears and darkness I find myself

breathing again and still, bit only for a moment.

As I journey on to explore other aspects of myself as Midwife. I began to experience the birthing of all the Mothers and Babies I have been witness to. I began to birth them myself, I birthed them, their histories, all their ancestors and beyond. Giving birth to the earth in its entirety itself. Yet there was still more.

My physical body begins to leave behind all of its layers to expose only my skeleton self. Beginning to shake and rattle I slowly begin to crumble and disintegrate into the earth, there is nothing left of me. I have stripped myself bare to the bone and completely undone myself. Having completely lost every layer of myself I am lost in the awe of transformation as slowly I resurrect myself into physical form once more. Here I am held in a pink loving womb, rocking to and fro slowly coming into a new consciousness.

Here I am, heavenly being. Here I am, alive and breathing again.

RITUALLY COMBATING THE SPIRIT OF ALIENATION

In the intersection between the three biological powers of birth, sex and death, (outlined above) with Western culture – it is *isolation* in its various guises (compartmentalization, separation, solitude, alienation, and obstructed relations) that are critical. As we saw each of these biological categories can be highly constricted and hegemonically controlled by Western biomedicine: women until very recently were routinely *separated* from their families, their husbands and lovers, even her newborn, the psychological encounter with death largely ignored or denied, sexual relationships obliterated, sexual-abuse isolated or even amplified.

According to Jeanne Archterberg this sense of “alienation” from “family, community, the environment, the self, and the spirit world” (1992, p. 159) is axiomatic with illness in many tribal societies and requires transpersonal rituals for its amelioration. Yet, as anthropologist Jurgen Kremmer points out, these are the very relational fields severed by the march of Western progress (including Western biomedicine). The Eurocentric ego is “constructed dissociatively from nature, community, ancestors” (Kremmer 1996, p. 46). Indeed the categories equating with *alienation* are the very ones

associated with the *demonic* in many traditional societies. Furthermore it is often in her dangerous travail that a woman is attacked by demonic forces (e.g., Laderman 1983). For example, anthropologist Bruce Kapferer says of Buddhist exorcism:

In Sinhalese cultural understandings a demonic victim approximates what I refer to as an existential state of solitude in the world. The demonic as conceptualized by the Sinhalese is similar to that which Goethe recognized from within the worldview of European culture as ultimately everything that is individual and separates one from others. Demons attack individuals who are understood to be in a state of physical and mental aloneness. Solitude and its correlate, fear, are among the key essences of the demonic (Kapferer, 1986, p. 195).

We have seen already how fear plays an important part in obstructing a woman's labor. Kapferer writes, "At the paradigmatic level and in accordance with Buddhist cosmological view and worldview, demons are at the base of a hierarchy dominated by the Buddha along with a host of major and lesser deities"[similar to Christian hierarchies of angels] (1986, p. 193). Kapferer, arrestingly, links Buddhist thought to Goethe's Romantic, participatory thought - both of which are *seminal* ancestors of the transpersonal movement (McDermott, 1993).

Here is the crux of the matter; the modern European worldview as spelled out by Richard Tarnas (1991) is very much an ego-centric one and therefore according to Kapferer's Buddhist/Goethe formulation; categorically 'demonic'. The picture Tarnas paints of the Western ego - is one of absolute solitude, solipsistic, alone, and isolated. Our "cosmological estrangement ... ontological estrangement [and] epistemological estrangement [results in] "a threefold mutually enforced prison of modern alienation" (Tarnas 1991, p. 419). Seen from the Buddhist/Goethe/transpersonal standpoint the European mind is cathected to a flawed image of the universe. The mystery of nature is demystified through 'objectivity' and we are severed from participation in the sacred worlds of our ancestors. But perhaps more importantly for this article, the dualistic Cartesian-mechanistic worldview is the running system on which the Western birthing system operates (see Davis-Floyd, 1992; Lahood, 2006b). Thus birthing women and their partners are participants in a ritual process that can amplify isolation, alienation, and fear.

By way of an example of the demonic spirit of alienation promoted

in technocratic rituals, I would like to use the following statement from Robbie Davis-Floyd:

The Cesarean itself felt like somebody stepping on my stomach with a boot, and pulling up the skin for laces. It was cold in the room, and the table was cold, and that cold penetrated my opened in-sides till I felt cold throughout my entire being - lonely-cold, as if I were floating naked on an iceberg. And my mouth was dry as sand, and I asked for ice chips, but the anesthesiologist just shook his head. So this is how I felt during the Cesarean - stepped on like the floor, laced up like a boot, cold as the Arctic, dry as the desert, and just as alienated from my experience as if I had been on another planet (2002, p. 10-11).

'GOOD' RITUAL

The antidote to the demon of isolation from a transpersonal participatory worldview would be what Tarnas calls "radical kinship with the universe" (1991, p. 437) brought about by 'good' ritual. Or, to follow Kapferer, "the languages of ritual contain varying potential for bringing together the Particular and the Universal" (1986, p. 191). If ritual is the "foundation for transpersonal medicine" as Jeanne Achterberg (1992) claims, then holotropic breathwork is transpersonal ritual medicine-making *par-excellence* and one geared for our participatory times (see Tarnas, 1991, p.425-445). While the method is used for healing psycho-trauma, an approach in transpersonal research, and self exploration (Grof, 1998; Bache, 2000), it *can* also be conceived as a ritual and rite of passage and, for the purpose of this article, I will conceive it so.

In holotropic ritual participants can organically retrieve and 'relive' traumatic events, abuses, accidents, birth and birth-giving (wounds that compound a person's sense of alienation) while in what is called a 'holotropic state of consciousness'. These are non-ordinary states of consciousness moving toward greater sense of wholeness. This sense of wholeness is often accentuated in transpersonal events of consciousness accompanied by a shift in *meaning* of the traumatic experience.

The approach has been compared with other cross-cultural rituals in a growing body of literature. In the epilogue to *The Passion of the Western Mind* (1991) Tarnas, working from Grof's experiential research wrote that the process of holotropic ritual and its engagement with the 'perinatal' level of the psyche "appeared to be essentially

identical to—the death-rebirth initiation of the ancient mystery religions” (1991, p. 440). Psychoanalytic anthropologist Larry Peters writes in “The Contribution of Anthropology to Transpersonal Psychiatry” (1996) that:

The Tamang healing rite reveals transpersonal elements that are present in the healing systems of many cultures and that may be useful in psychiatry ... [the rite brings the patients condition to a painful crisis that is cathartic and healing. The release from social etiquette allows the free expression of emotion that may resolve interpersonal conflicts ... [the healing rites involve partial or full dissociation. The therapeutic effects of dissociation in ceremonial contexts have been described in relation to numerous indigenous cultures ... [these intense experiences are given structure and meaning through the use of potent spiritual symbols, rituals and myth ... [there is an alteration in the patient’s relationship to community and cosmos. The Tamang ritual not only creates social support, but also generates what Stanislav and Christina Grof call a “*spiritual emergency*.” This is an intense emotional crisis that often includes themes of death and renewal but presents opportunities for healing through a deeper connection to nature, divinity and other people. A structured ritual crisis, therefore, gives the patient access to the transpersonal healing forces of community and spirit (1996, p. 208-209).

During my time facilitating holotropic rituals I have observed several thousand individual holotropic sessions in group settings in several countries around the world. Certainly the holotropic approach creates Peter’s ‘structured ritual crisis’, however, for the purpose of this paper some of these healing crises were specifically linked to an expressive re-ritualization of birth from the standpoint of the birth-giving mother. This is to say that during holotropic breathing sessions some women seem to ‘relive’ their birth-giving experience. The unconscious material coupled with the dynamic urge to re-enact birth-giving seemed to arise naturally from the women’s psyche when placed in the therapeutic holotropic environment. As Grof wrote 30 years ago:

It was frequently observed that female subjects reliving their own birth re-experienced [in holotropic sessions] the delivery of their own children. Both experiences were usually relived simultaneously, so that these women often could not tell

whether they were giving birth or being born themselves (Grof, 1977, p. 167).

The following statement is from a woman Doreen, who participated in a holotropic setting in England last year:

Then I carried on sharing around my own birthing experience and the only way I could describe it, was as if my spirit had been born again and again and again, it was like I was giving birth, I was birthing my own children and I was my children in the birthing process, and I was aborting and I was being born, it was like I was coming down through the birth canal.

It is well known language can fail to convey the essence of the post-conceptual nature of the transpersonal condition and the lived experience of healing, no less difficult to convey are the exact healing mechanisms of the holotropic breathing ritual. Something that I *hear* time and time again from participants is that a shift in consciousness happens somewhere during the process and people feel themselves cradled by a deeper wisdom, or higher power, a sacred mind, or a Great Mother and as they entrust themselves to that wisdom a profound emotional, somatic, and transpersonal unfolding can begin which seems to have its own therapeutic genius. Once 'held' by this intelligence the process is often likened to a 'purification' which is to say that anything felt by this intelligence to be inorganic or not healthy begins to emerge into consciousness and moves toward "a climax of expression" (Bache, 2000, p. 9) which then allows for the unconscious material to be re-evaluated and integrated in a therapeutic/symbolic social milieu.

HEALING A TRAUMATIC BIRTH

Let me give a typical example: Beth, a woman of about 55 years, came to the breathing ritual. Although this occurred some ten years ago I remember her well because I was so struck by her story. During her breathing session she became extremely primitive and (as she told us later) gave birth to all her five children again. Beth told us that she had been brought up a Catholic and that 'down there' meaning her reproductive organs and genitals were never talked about in any positive way. Beth said she felt strong injunctions about living 'in her body' and in particular 'down there'. Thus with the onset of her first labor she had been extremely overwhelmed and shocked by the depth

of her biological power and process but had struggled to keep herself from occupying her lower body because of the shameful associations from her upbringing. In her words she had felt ‘split off’ from herself. Beth had not come to the workshop with any agenda about replaying her birth-giving but this was where her process took her. She also had to deal with admonitions from hospital staff not to make any sound when giving birth. Indeed she was told to ‘shut up’ when she swore with pain. She described her anguish of giving birth from a body that was held to be shameful, surrounded by strangers who were reinforcing the denial of her physiology and her need to express pain and outrage.

During the breathwork ritual she actually relived the birth of all her five children and made a point of bringing her awareness into her birthing body as a sacred vehicle and with each birth she roared, swore, and labored and roared some more. At one stage I remember her powerfully discharging her anger, frustration, disbelief, and fear at the medical staff, her parents, and the Catholic Church, for the ways they had negatively contributed to her birth-giving. Thus in the course of her breathing she revisited the archaeology of her traumatic or oppressive birth-giving history and re-enacted her births with deeper awareness, with vocal expressions fitting her needs, greater sense of autonomy and power in the situation and freed-up emotional and motor responses. In my opinion, and most certainly in Beth’s, she had transformed herself by re-birthing her children and claimed for herself some of the charisma and status that she believed were rightfully hers. But more importantly, she felt she had finally struggled against these internalized oppressions and allowed her emotional body to finally go through the process of birth; an ‘act hunger’ she had held back ever since then.

Jungian Edward Whitmont in *Return of the Goddess* (1983) said that, “differentiation from others, and hence self-definition occurs through struggle” and then this:

Grof has described the close association of birth and rebirth experiences with violence, upheaval, and death as they emerged in [holotropic] research. He describes the arousal of feelings and urges of violence during the passage through the birth canal. The subject experiences overcoming a state of deadlock and inertia, of feeling oppressed and hemmed in. Subsequently, urges of violence and aggression are likely to be aroused by any stagnating or deadlocked life situation which calls for the need for regeneration, a *new birth*. This is true collectively as well as

individually (Whitmont, 1983, p. 17-18).

Another woman, Karen, 35 years of age, came to a group in Australia and relived her birth in a most extraordinary way. During her session she was lying very still on her mat and I motioned my co-facilitator over and said to her that I had sense she was conceiving. This intuition seemed to be more-or-less correct because during the course of her 4 hour session we watched her become pregnant and then gave birth. What I remember most about Karen's session is that she had turned her sitter (her assistant during her breathing) into her husband. She appeared to be deeply engaged in birth-giving and he with her process. She was sitting, sometimes squatting or standing, other times on her hands and knees, her 'husband' was holding her, encouraging her and breathing with her. Sweat was pouring off both of them. It was a most remarkable thing, the magic of it tangible, and many of the other sitters in the room were drawn to their performance.

Later she told us that the birth of her son had hurt them both and that their relationship had suffered from the trauma they had caused each other as if there had always been a very primitive and intimate anger between them from that primal moment. She said that the breathing had enabled her to go right back to conception and replay somehow the whole reproductive cycle. But this time she said it was like doing it all with a deeper wisdom that she felt pervading the ritual space. She said she was not hampered by fears, embarrassment, and the directives of the hospital staff (or lying on her back in stirrups) but was able to return to this defining moment in her life with the wisdom of the group and a healing intention and that somehow she had found herself re-doing her birth giving. It was her belief afterward that she had changed a major unconscious distress pattern and that it was her hope that this would have a healthy effect on her relationship with her now teenage son.

NOT ALTOGETHER SURE HOW IT WORKS

Because of limited space I will devote another article to the *ritual* mechanisms in holotropic breathwork. However, I should say from the outset that since the healing is orchestrated by the breather and her integral wisdom, and is deeply idiosyncratic and unique, then I can't ethically offer an authoritative meta-narrative about what it is that heals – other than this one. Secondly anthropologists are well aware that ritual has an uncanny way of doing magical things, this is to say that there are big question-marks about how ritual *really* works also

how the human psyche *really* operates (e.g., Elkin, 1945; Turner, 1992). However as a ritual facilitator and an anthropologist I have observed *some* things and I offer these thoughts, however modest.

I can say that if the transpersonal container is co-created by the ritual participants, in an atmosphere of positive regard and the 'inner healer' is evoked, then healing seems to happen, but again, not necessarily in quantifiable ways. Preliminary discussions (re-mythologizing the human body and psyche) with participants describes and negotiates a broad map of possible perinatal and transpersonal experiences. Thus at the beginning of a breath-work group a contemporary 'myth or map' of the universe is offered which embeds the participant in an ever-widening non-Cartesian worldview and participatory paradigm. Holotropic breathers take it in turns to breathe while evocative music is played over several hours. Each 'breather' has a 'sitter' a personal guardian who behaves (a bit like a midwife) supporting and not interfering in the unfolding process. Ritual participants move into a 'liminal' stage (after Turner, 1969) as they enter into 'holotropic consciousness' and participate in what amounts to a self-generating healing ceremony. At the same time we see people often discharging very primitive levels of pain, anger, grief and fear. This appears to be similar to Victor Turner's description of ritual:

Powerful drives and emotions associated with human physiology, especially the physiology of reproduction, are divested in the ritual process of their antisocial quality and attached to components of the normative order, energizing the latter with a borrowed vitality (1969, p. 52-53).

This to say that 'negative' perinatal energies may be in some way transmuted by the group structure and container itself. During the liminal phase 'breathers' can enter into a healing crisis which can include re-connecting or bonding (writ large) with the wider universe, nature, society/group and something like a sacred-mind such events are experienced as numinous and often self and world-transfiguring (e.g., Grof, 1998; Bache, 2000).

As participants emerge from the holotropic state they pass into a post-liminal stage. Here they make artwork of their experience and present their lived-knowledge to their co-ritual participants. This 'presentational knowledge' (Heron, 1998), I suggest, becomes part of the symbol system of the group and helps to canalize the psychodynamic, perinatal, and transpersonal energies into each

person's unique idiosyncratic symbol system. This gives the energies unleashed in the healing crisis an artistic, embodied and communal container around which meaning-making and self-reflection coalesce. During the sharing circle, or 'reflection phase' of the inquiry, participants are now seen, heard, and acknowledged as being at the crest of their own transpersonal being and becoming, and importantly, the ritual charisma or 'mana' (power accrued through ritual means) is associated with the breathers and is not appropriated by the ritual specialist (thus a restoration of spiritual authority).

On occasion I have been present with women working through elective abortion, miscarriage, spontaneous abortion, unwanted caesarean section, loss of fertility, the frightening encounter with death at birth, and the traumatic sense of abandonment that can occur when a woman loses contact with her partner, or when her desire or expectation of a natural birth is obliterated during medical interventions. The following three stories are from women who have experienced various reproductive crises and then relived those experiences as part of their healing in the holotropic ritual. Holotropic sessions are generally serial, and, in terms of depth, cumulative. Usually after several sessions, when the traumatic material is well managed and integrated, the 'gestalt' finds 'closure' in a full-blown transpersonal experience and initiation. Each of the following sessions can be seen as 'a work in process' with the final session (Jeni's) an example of the movement toward integration.

IMAM'S STORY

My daughter's birth was very long. I had had a pause in the middle where I had been sent home and felt frustrated. I had felt embarrassed when a group of medical students had come to watch, I hadn't been asked if that was ok, they asked my husband who said yes. I also tore the ligaments at the front of my pelvis on delivery.

Imam's 3rd holotropic session: I started this session again with extreme heat in my body and lots of pain. There was intense pain in my womb, the front of my pelvis and lower back. I felt myself go rigid. Then I was visited by my mischievous man. He has appeared to me several times before. We dance together and he has dragged me out of my body before [in an NDE experience during child-birth]. Although he is mischievous and fun there is also a deep side to him and an immense feeling of power, so he deserves great respect. This time I was rigid and he danced around me rattling his red rattles, his blue eyes glinting with mischief. He gave me a song to sing. When I sung it, it

came straight from my womb. I was under my blanket for this. I then had to leave the room for a toilet break. When I returned I still had the pain in my back and womb and couldn't get back into it. I felt extremely frustrated.

Then Gregg came over and asked to check in with me about what was happening. I realised that these pains related to my daughters birth. It felt like I was going through a birthing process. I wanted to go under my blanket again but talking with Gregg I realised that this shame related to the feelings I had had at the birth with the medical students. Gregg suggested I chant powerfully as a way of deliberately releasing the distress. I chanted the song given to me by the mischievous man as I pushed and sang the pain began to subside. I had another go and the pain from the womb went but some of the pain remained in my back. When I rested Gregg made a comment about having felt like rattling or drumming around me. [Gregg: I had heard from midwives that sounding during birth, especially powerful sounds were useful. They had told me that fearful sounds release hormones that can slow things up so I suggested this to her to discharge by chanting. I also had a very strong urge to grab my red rattle or a small drum and play for Imam, something I would not do during a session, and had suggested to her that I would be willing to rattle for her - but only if she thought it would support her in her birth-giving. I was not aware that in her transpersonal world she had been visited by a bearded figure who had given her a song to chant and was rattling and dancing around her. Her vision had occurred prior to my engagement with her].

Imam: The following morning I felt faint and nauseous again and went to my bed. I came round from what felt like an anaesthetic by a friend calling my name and it took a while for my body to regain feeling. We shared the mandalas from the session. I talked about my session and how I had felt strange this morning. I realised there were threads of all my experiences in my mothers, her mother's, my fathers mother's, my husband's mothers', and even my ex-husbands mother's biographies. I also felt the abuse of the hospital system as well. It seemed to link all three sessions together, like a deepening and interconnecting. The birth experiences, rejections and abuse all interwoven together in some way.

EMMA'S STORY: A PRETERM MISCARRIAGE

The following narrative comes from Emma a woman of about 30 years of age.

Emma: Last year in September I had a miscarriage. I knew I was pregnant only three days, but felt very excited about the pregnancy. Later in October I had a spontaneous healing experience which began with a scream that ripped out of my body and through my throat leaving me hoarse. I knew it was not pain from my own life but from some other place. The point at which my holotropic breathing experience changed from personal to that of feeling the pain of others began also with such a scream. I cannot view life in the same way anymore. It has a different meaning. That feeling of others' pain is still with me, though not acutely, just an awareness.

Emma's 1st holotropic experience: Skin alive, fingers rigid and contracting back, hands and arms following, foetal comfort. Moving to music, loving the feel of my body in dance, moving, writhing, laughing, playing – with music and movement. Loving that place of dance and play, singing and laughing at myself to hear my singing, short breath followed by long, long notes held for what felt like forever. Feeling snake twisting and dancing, swan flying, graceful. But while swan-flying my arms suddenly are held back, restricted, stopped. Horror at this restriction, disbelief and confusion, why would anyone stop me, this dancing, singing woman? If you take my life, how can I breathe? If you take my breath, how can I sing? More dancing but each time back to locked arms. Caged and restricted, held down, controlled, stopped. Arms tied behind me, trying and trying to untie them but never trying hard enough, always knowing I could move when I wanted to but staying tied. Fierce pride and strength and horror and pain as memories of control, violence, restriction pass through my vision and my body feels the force of each strike, each violation. Gradually beaten down to despair and exhaustion till finally giving up, no fight left, no pride. Watching my daughter still dancing, unable to stop those moving to stop her also, then her begging me to fight, to resist, break free, my total inability to do so. Despair as exhaustion and resignation immobilise me completely. Aware suddenly that even now, in this life, I am still tied but it is now only me that keeps me so. Immobility, apathy, pointless, seeing this cycle repeated over and over.

At this point following pressure on my neck on an area of pain... Screaming, screaming, screaming just like the scream that ripped from me last year preceding the passing on of spirits of my ancestors, then uncontrollable weeping for the despair as I see children taken from me over and over. My child ripped away from my arms, my womb, my heart. Watching helpless as they are taken, die, are killed, leave home. Pain of mothers through time losing their children, pain unbearable, irresolvable. The certainty that it will continue, each life, each time,

children will be lost and that pain is so strong, so acute, so all encompassing. A well of pain and grief, blue, deep, circling, tangible, despair. Birthing more, only to watch them too be lost. How do I stop this? I cannot. But yet more are born, more new life flows from me, from woman, life ever flowing, unstoppable, womb giving new life, no way this can be stopped. And this bringing hope, light, peace.

Slowly quietening, slowly lessening, fear of more grief but slowly it ebbs away. Realising this dancing woman is there, seeing her in my ancestors, seeing myself in her. Quiet, quiet, sweetness, tiredness but life back. Life back!

Finally, left with images – a woman stood facing away with her hands tied behind her back, but her hands are now two doves. And a dancing woman, hair flowing back as she spins, arms outstretched. Restriction and hope, freedom and expression.

JENI'S STORY: A SPONTANEOUS ABORTION

The following is from Jeni, a Scottish woman who attended a workshop this year in North England:

The peace of being pregnant settled within as I took every precaution to nourish my growing bundle. I sang my songs, made plans, paid close attention to the doctor's advice and attended the scans. I smiled, seeing the fetus develop into a recognisable form my pleasure and expectation mirroring the growth. The magical nature of the following months heightened my sensitivity to the wonder of creation. I occupied a space which held my baby and me in an inviolable bond.

Disaster struck just before my sixth month as I stood in the bathroom one morning. I blacked out. Coming round I crawled to the bedroom followed by my youngest daughter whose face was streaked with tears. Her distress was palpable and I was caught between trying to comfort her and the pain in my belly. My husband called the doctor who came sometime later. When he examined me he told me I was miscarrying. The bed was soaked with blood and the contractions strengthened doubling my body with pain, the weakened womb pacing my mounting distress joining with the stark realisation that my baby's life was transformed into death's dark and still hand. My son was stillborn, my grief overwhelming as I held his small, formed lifeless body, the doctor gently mouthing his sorry. Time stood still.

Jeni's 4th holotropic session: I remember entering the coldest blackest space I have ever encountered. My whole self shivers to the

bone and beyond, as chilly fingers flex their ice laden grip stilling all hope. I curve my body as tightly as it will allow; fear transplanting the warm blood in my veins. I descend into the agony of loss, seeing my broken baby, dead in my womb. My son, his lifeless body held gently in the weakening womb, is small, formed and silent. Holding him with my mother's love, I struggle to rise for him, for me. I am caught in a density, which threatens to overwhelm me. Pinioned by strong hands, I smell the maleness of raging desire assaulting my nostrils and stare desolation in the face [Jeni is re-experiencing a sexually abusive episode]. I flee to that place of non-identity. I know not how long I wander desolate or how I find myself again. My broken baby is no more and my womb is no longer with me.

I hear my name being called softly, it is whispering still on the wind, warming my limbs, bidding me rise. I feel a powerful presence - primal in nature. A huge yellow and black cat softly pads across my path - sinuous, lithe and, familiar. Mouth open, enormous yellow sabre teeth displayed, ears sifting meaning, tail long and gently flicking side to side. Cat stops and gazes in my direction, slanted eyes focussing. Without warning we merge and, I become Cat - savage, ancient and flushed with natural instinct. My cub has been killed and I hunt his slayer. My humanness sits inside quiescent and accepting. Tears flow inside as I roar 'you killed my baby'. The force of my distress marked by a loss of control, warm urine rushes down my legs. I feel no shame. Our flattened tight body hugs the grass, eyes centred on my prey. A thrust of speed and claws and teeth fasten; rending, tearing, cracking muscle, sinew and bone. Life's blood spurts, spills, soaking fur teeth and tongue. My hunger sated, I curl my body into contentment's shape and rest. Fat Cat.

A huge deep orange sun hangs just above the horizon. Seven tall, tall dark men, twig thin, stand in front of this sun; their bodies glistening with effort. Startled by this image, I come to a standstill. They are moving in unison, to an internal rhythm, spears held in hands as brown as the soil they dance upon. Their heads are each decorated with four points floating just above. Fascinated by this and their primordial ways, it takes time to realise they are dancing for me, and for him - the broken woman and the broken baby. A sense of awe and a feeling of pure connection spirals within.

SUMMARY AND CONCLUSION

Holotropic ritual can break through the hegemony imposed on the psyche by a traumatic birth, reworking the traumatic event until a

new sense of self is born. The 'data' these women gather in transpersonal states of consciousness generated in holotropic rituals suggests that the frozen energy bound up in blocked emotional or psychosomatic symptoms is converted "into a stream of experience" (Grof, 1988, p. 166) coupled with a sense of "flow" after Turner (1979, p. 154). This ritual process has been likened to the death and rebirth mysteries of many cultures, it is a process that seems to be a universal one naturally occurring when the psyche seeks to rebalance and re-tune to its integral healthiness. The experience is also educative, after the climax of the session and the breakthrough into transpersonal consciousness, "The remainder of the session will be spent in these spaces as one's education continues against an often ecstatic background" (Bache, 2000, p. 13). There is a feeling of community and cooperative endeavour that pervades the ritual process, which when heightened to its zenith, bears fruit as *communitas* - a sense of deep psycho-spiritual bonding with the universe and its particulars beyond *all* hierarchies. It is in the state of *communitas* where further transpersonal potentials open and flower.

A last (but by no means final) word on authoritative knowledge: in holotropic ritual authoritative knowledge rests with the ritual participants. While the map and model (or myth) of the holotropic cosmology is given as *authoritative* and *warranted* - it is nevertheless a *provisional* map. Indeed because Grof's transpersonal paradigm is perpetually open to revision (Bache, 2000, p. 30; Ferrer, 2002, p. 149) ritual participants can contribute to this revision (as my participants have), therefore Grof's transpersonal cosmogony is in creative flux and is not only *demonstrated* or *legitimated* in holotropic rituals but potentially *extended*. Therefore holotropic breathers can participate in, and share in, the construction and production of transpersonal authoritative knowledge.

As Anthropologist Richard Katz put it in relation to healing in non-ordinary states, "During the experience itself, cultural concepts and descriptions are not available. *So, while there is conceptual clarity, there is experiential mystery* [my emphasis] (1976, p. 290). Grof's model has conceptual clarity yet the ritual's 'experiential mystery' leaves the door open for idiosyncratic healing events (Grof, 1988, p. 207). That is to say that ultimate authoritative knowledge rests in the hands of the protagonist and his or her 'inner healer'— this is a very important for persons who have been ritually robbed of their spiritual authority (in any environment).

I have presented here the tentative foundations of a theory suggesting that the traumas accrued in modern technocratic birthing

rituals, and reproductive crises in general, could be healed in holotropic rituals. I have offered several examples pointing in this direction that further women's "epistemic exploration through narratives" (Davis-Floyd, 1992, p. 245) of their birth-giving and ritual healing experiences.

To some this might suggest an ambulance at the bottom of the cliff scenario. Ideally the original ritual where the birth-giving trauma was maximized would be changed; however, attempts to re-ritualize hospital birth beginning in the mid 1960s seemed to have (debatably) failed. Nevertheless as our exploration into childbirth and healing expands into the 21st century new possibilities and paradigms open and older ones will slowly disappear (Davis-Floyd 1992). The transpersonal movement, among other *perspectives, such as those of prenatal and perinatal psychology*, will continue to offer alternatives to the dominant system in the hope changing those structures for the better, or until the alternates become main-stream.

REFERENCES

- Achterberg, J. (1992). Ritual: The foundation for transpersonal medicine. *Revision, 14*(3), 158-166.
- American Psychiatric Association (4th ed.) (1994). *Diagnostic and statistical manual of mental disorders*. Washington, DC: Author.
- Bache, C. (2000). *Dark night early dawn: Steps to a deep ecology of mind*. Albany, N.Y.: State University of New York.
- Bates, B., & Turner, A. (2003). Imagery and symbolism in the birth practices of traditional cultures. In L. Dundes (Ed.), *The manner born: Birth rites in cross-cultural perspective* (pp. 87-97). Walnut Creek, CA: Altimira Press.
- Beck, C. (2004). Birth trauma: In the eye of the beholder. *Nursing Research, 53*(1), 28-35.
- Biesele, M. (1997). An ideal of unassisted birth: Hunting, healing, and transformation among the Kalahari Ju/'hoansi. In R. Davis-Floyd & C. Sargent (Eds.), *Childbirth and authoritative knowledge* (pp. 474-492). Berkeley: University of California Press.
- Bolen, J.S. (1989). *Goddess remembered*. [videorecording] The National Film Board of Canada, Direction Donna Read.
- Davis-Floyd, R. (1992). *Birth as an American rite of passage*. Berkeley: California University Press.
- Davis-Floyd, R. (1994). Rituals of the American hospital. In D. McCurdy, (Ed.) *Conformity and conflict: Readings in cultural anthropology* 8th ed (pp. 323-340). Harper/Collins.
- Davis-Floyd, R., & Sargent, C. (Eds.) (1997). *Childbirth and authoritative knowledge: Cross-cultural perspectives*. University of California Press.
- Davis-Floyd, R. (2002). *Knowing: A story of two births*. Unpublished manuscript.
- d'Aquili, E. (1985). Human ceremonial ritual and modulation of aggression. *Zygon: Journal of Religion and Science, 20*(1), 21-30.

- d'Aquili, E., Laughlin, C., & McManus, J. (Eds.) (1979). *The spectrum of ritual: A biogenetic structural analysis*. New York: Columbia University Press.
- Elkin, E. (1977). *Aboriginal men of high degree*. St. Martin's Press: New York.
- Ferrer, J. (2002). *Revisioning transpersonal theory: A participatory vision of human spirituality*. Albany, N.Y.: State University of New York.
- Grof, S. (1977). The implications of psychedelic research for anthropology: Observations from LSD psychotherapy. In I. M. Lewis (Ed.), *Symbols and sentiment: Cross cultural studies in symbolism* (pp. 140-174). London: Academic Press.
- Grof, S. (1985). *Beyond the brain: Birth, death and transcendence in psychotherapy*. Albany, N.Y.: State University of New York.
- Grof, S. (1988). *The adventure of self discovery*. Albany, N.Y.: State University of New York.
- Grof, S. (1998). *The cosmic game: Explorations at the frontiers of human consciousness*. Albany, N.Y.: State University of New York.
- Grof, S. & Halifax, J. (1977). *The human encounter with death*. London: Souvenir Press.
- Heron, J. & Lahood, G. (2007). Charismatic inquiry in concert: action research in the realm of the between. *Handbook of Action Research* second edition, (pp. 439-449) (Eds.) P Reason and H Bradbury, London, Sage Publications).
- Hollan, D. (2000). Constructivist models of mind, contemporary psychoanalysis, and the development of culture theory. *American Anthropologist*, 102(3), 538-550.
- Kapferer, B. (1986). Performance and the structuring of meaning and experience. In V. Turner and E. Bruner (Eds.) *The anthropology of experience* (pp.188-203). Urbana: University of Illinois.
- Katz, R. (1976). Education for transcendence: !Kia-healing with the Kalahari !Kung. In R.Lee & I. De Vore (Eds.) *Kalahari hunters and gatherers* (pp. 281-302). Cambridge, Mass; London: Harvard University Press.
- Kitzinger, S. (1978). *Women as mothers. How they see themselves in different cultures*. New York: Random House.
- Kitzinger, S. (1982). The social context of birth: Some comparisons between Jamaica and Britain. In C. MacCormack (Ed.) *Ethnography of fertility and birth* (pp.181- 203). London: Academic Press.
- Klassen, P. (2001). *Blessed events: religion and the home birth movement in America*. Princeton and Oxford: Princeton University Press.
- Kremer, J. (1996). The shadow of evolutionary thinking. *ReVision: A journal of consciousness and transformation*, 19(1), 41-48.
- Laderman, C. (1983). *Wives and midwives: Childbirth and nutrition in rural Malaysia*. Berkeley: California University Press.
- Laderman, C. (1987). The ambiguity of symbols in the structure of healing. *Social Science and Medicine*, 24(4), 293-301.
- Lahood, G. (2006a) An anthropological perspective on near-death-like experiences in three men's pregnancy-related spiritual crises. *Journal of Near-Death Studies*, 24(4), 211-36.
- Lahood, G. (2006b) Skulls at the Banquet: Near birth as nearing death. *Journal of Transpersonal Psychology*, 38(1), 1-24.
- Lahood, G. (2006c) Rumour of angels and heavenly midwives: Anthropology of transpersonal events and childbirth, *Women and Birth: Journal of the Australian College of Midwives*, 20(1), 3-10.

- Laughlin, C. (1988). Transpersonal anthropology: Some methodological issues. *Western Canadian Anthropology*, 5, 29-60.
- Laughlin, C. (1994). Psychic energy & transpersonal experience: A biogenetic structural account of the Tibetan Domo Yoga practice. In D. Young & J. Goulet (Eds.) *Being changed by cross-cultural encounters: The anthropology of extraordinary experience* (pp. 99-135). Peterborough, Ontario: Broadview Press.
- Levi-Strauss, C. (1963). *Structural anthropology*. New York: Basic Books.
- MacCormack, C. (1982). *Ethnography of fertility and birth*. London, New York: Academic Press.
- Maslow, A. (1969). The Farther Reaches of Human Nature. *Journal of Transpersonal Psychology*. 1(1) 1-9.
- McClain, C. (1989). Reinterpreting women in healing roles. In C. McClain (Ed.), *Women as healers: Cross-cultural perspectives* (pp. 1-20). New Brunswick: Rutgers University Press.
- McClenon, J. (2002). *Wondrous healing: Shamanism, human evolution, and the origin of religion*. Dekalb, Illinois: Northern University Press.
- McDermott, R. (1993). Transpersonal worldviews: Historical and philosophical reflections. In R. Walsh & F. Vaughn (Eds.), *Paths beyond ego: The transpersonal vision* (pp.206- 211). Jeremy P. Tarcher/Putnam Books.
- Paul, L. Paul, B. (1975). The Maya midwife as ritual specialist: A Guatemalan case. *American Ethnologist*, 2(4), 707-726.
- Peters, L. (1996). The contribution of anthropology to transpersonal psychiatry. In B. Scotton, A. Chinen & J. Battista (Eds.), *The textbook of transpersonal psychiatry and psychology* (pp. 207-216). New York: Basic Books.
- Potter, J. (1974). Cantonese shamanism. In A. Wolf (Ed.), *Religion and ritual in Chinese society* (pp. 207-231). Stanford: Stanford University Press.
- Sered, S. (1991). Childbirth as a religious experience?: Voices from an Israeli hospital. *Journal for the Feminist Study of Religion*, 7(2), 15.
- Simkin, P & Klaus, P. (2004). *When survivors give birth: Understanding and healing the effects of early sexual abuse on childbearing women*. Seattle, Wash: Classic Day Publishing.
- Tarnas, R. (1991). *The passion of the Western mind: Understanding the ideas that have shaped our worldview*. New York: Harmony Books.
- Turner, V. (1969). *The ritual process*. New York: Aldine De Gruyter.
- Turner, V. (1979). *Process, performance and pilgrimage*. New Delhi: Concept Publishing House.
- Turner, E. (1992). *Experiencing ritual: A new interpretation of African healing*. Philadelphia: University of Pennsylvania Press.
- Van Gennep, A. (1960). *The rites of passage*. London: Routledge & Keagan Paul.
- Walden, N. (1993). Contributors of transpersonal perspectives to understanding sexual abuse, *ReVision: A journal of consciousness and transformation*, 15(4), 169.
- White, H. (1980). The value of narrative in the representation of reality. In *On narrative*, W.J.T. Mitchell (Ed.). Chicago: University of Chicago Press.
- Whitmont, E. (1983). *Return of the goddess*. London: Routledge & Keagan Paul.