

Projection and Holotropic Breathwork

By Ted Riskin

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Kaplan and Sadock's Synopsis of Psychiatry defines projection as "perceiving and reacting to unacceptable inner impulses and their derivatives as though they were outside the self" or "attributing one's own unacknowledged feelings to others." In this article I would like to use the word projection somewhat differently, to describe the situation where one does own the feeling itself, but incorrectly attributes the cause of the feeling to something outside the self.

As part of being alive, we experience a variety of feeling states. Sometimes the feelings are a response to our environment; for example, if our boundaries are violated we feel angry, or if our well-being is threatened we feel afraid. But often we have feelings that are not a response to the environment. Perhaps they are a result of random hormonal and biochemical changes. Or, as a more interesting explanation, they may be a replay of old unresolved feelings that get triggered by anything sharing a COEX system.

In the information processing model behind EMDR, memory is stored in two different ways. In state-specific memory, the narrative of what happened is attached to the emotions, body sensations, imagery, and cognitions that took place concurrently. In declarative memory, these other aspects have been processed out, leaving just the recollection of what happened. Typically, as memories are changed from short-term to long-term, the brain also converts them from state-specific to declarative. However, when the brain is overloaded with the stress of trauma, this processing does not happen completely, so the memory continues to be stored with the associated aspects. When life presents us with a situation that triggers the memory, the old feelings get replayed.

As an analogy, think about a TV that is fed by cable and a VCR. If you walk in the house and see images of a tornado on the TV along with announcements that a tornado is coming, you cannot tell by looking at the screen whether this is live information coming from the cable, or if someone is playing a tape with those images. Before you start boarding up your windows, you would be wise to check. In the same way, when a tape with old feelings is played in our head, to the screen of our consciousness the feelings are indistinguishable from environmentally-produced current feelings. In order to avoid responding inappropriately to these old feelings we need to develop ways to tell the difference.

While it is easy to understand how a feeling state might arise from an old memory, it seems to be incredibly difficult to actually put that understanding into practice. Instead, we are driven to always explain the feeling state as a result of (caused by) the environment. Having a mismatch between the feeling state and the circumstances of the environment creates its own anxiety. The incongruity between inner and outer realities creates an uncomfortable tension and a drive to resolve the incongruity. To many people, this lack of correlation even makes them feel crazy.

In my Monday group there is a member who has been depressed since childhood. Two important people in her life recently developed serious medical conditions. My client stated that she almost prefers these kinds of catastrophes in her life, because at least her pain makes sense to her then. This is the same dynamic behind people who cut themselves. Taking a knife to the arm is preferable to having the feelings without a circumstance to match them to.

Rather than actually altering the environment to match our feelings, it is more common to distort the perception of the environment and decide that it is the cause of our feelings. This is what I am calling projection. I recently gave a workshop in another State and stayed at a friend's house. The morning after the workshop I went

into the bathroom and noticed that the toilet paper was embossed and hung kind of loosely from the roll. I felt angry at the toilet paper for not being how it should be, and also angry at my friend for buying such stupid toilet paper. Having already begun to think about this article, I caught myself and rejected this convenient attribution for my irritability. Since I had been noticing myself feeling slightly depressed lately after workshops, I came up with a different explanation -- I get in a bad mood upon returning to hylotropic reality after experiencing the connectedness, transcendence, and beauty of facilitating the holotropic state. Though this explanation may also be made up, at least it can be useful to explore and it makes more sense than getting mad at toilet paper.

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Many psychiatric diagnoses can be simply (albeit simplistically) explained by this dynamic of projection. A schizophrenic's delusion is an external explanation for an internal experience. Someone with Obsessive-Compulsive Disorder feels anxious and decides it is because her hands are covered with germs or the oven is on. A paranoid person explains the internal anxiety by deciding that someone is out to get him. An addict believes that internal discomfort is the result of the lack of the desired substance or behavior. In a manic episode, someone may feel an internal transcendence and limitlessness and conclude that he really has unlimited funds to spend. A phobia is having an internal fear state and deciding that it is caused by a cat or by being in an enclosed space. In evaluating her weight, the anorectic puts more faith in her inner feeling of being fat than she does in what her own eyes see in the mirror.

Also, many relationship problems can be traced to this dynamic. If one is angry or

irritable, even if it is an old feeling replaying in the body, it is easier to blame one's partner for the feeling. If the partner did anything questionable, which people always do, this becomes the inevitable target for the attribution of the anger. How many relationships are ruined because people cannot resist the urge to attribute the cause of their feelings to something their partner did? In fact, the drive to achieve congruence between inner and outer realities can even contribute to the choice of partner; left-over feelings caused by parental mistreatment finally make sense when we find a partner to repeat the same abusive behaviors.

If this tendency to project is so common and also so detrimental, what can be done about it? Probably the first step is to become aware of it. In Holotropic Breathwork workshops, projection seems to play out in wonderful ways that provide opportunities to become conscious of the dynamic.

Several months ago, a regular participant in the workshops that David Pearson and I give (call him Bob) returned his registration with a request to be able to breathe twice if possible. There turned out to be an odd number of participants, and he asked again in the opening group. David mentioned that we could not guarantee it, that if someone else in the group had a more urgent need to breathe again we might want to allow that instead. As lunch was ending, I said to Bob something like "I guess nobody else needed to breathe again, so you're up." I thought to myself, "That didn't come out right," but I let it go. About 45 minutes into the session, Bob got up and started putting his shoes on. David and I took turns talking to him as he gathered his things together while expressing anger at us for disregarding his needs. Finally, out in the parking lot, Bob realized what was happening and came back to work on his memories of growing up in a household where his needs came last.

No sooner was this fire out when a woman next to him sat up and said she was too upset to continue, because she thought it was her fault that he had left. She got to process her childhood dynamic of being blamed for everything that went wrong. Then as Bob was expressing his anger about his past, another adjacent breather got triggered and started yelling at Bob "Shut the fuck up" and "Suffer and die mother-fucker" while pounding the floor. At the other end of the room, another woman started to walk out; her interpretation of her feelings was that the space was not safe because of the anger being expressed. Of course, she was getting in touch with her childhood feelings from an extremely unsafe and chaotic environment. Using her logical mind to recognize that the loud guy across the room would not hurt her, she was able to take back the projection and focus on her own relatively common state of feeling threatened.

A very difficult and common confusion between inner and outer experience comes when people enter the BPM II COEX. The internal feelings of helplessness and hopelessness are often projected so that the breather is convinced that in actuality they cannot do it right and that they will never have an OK experience. In fact this confusion between inner and outer is endemic to depression itself — the internal, perhaps transpersonal, experience of "no exit" and eternal suffering is taken as evidence that, in reality, the bad feelings will never end.

A similar dynamic took place in a recent workshop when a participant moved dramatically as soon as the music started, expressing the themes of the music as well as sexual energy and birth themes throughout the session, and then reported that nothing happened. When I asked if she often felt that nothing was happening in her life or that things were not good enough, she said "Yes, all the time." Unfortunately, we were unable to help her see that something was happening — she was successfully recreating her "nothing is happening" COEX to potentially make it more conscious and resolve it. People also can resist owning joy and other positive experiences, attributing them to the music or the facilitators. Of course, it is more tempting for facilitators to absorb these projections than the angry ones. Music seems to be a favorite projection target for both positive and negative experiences. For example, a friend of David's, who breathes with us often, complained about the music in one session. David happened to remember that she had raved about the same music set a few months before.

As I see the pervasiveness of these projections, I am trying to take preemptive measures by discussing the phenomenon in the orientation. I believe this improves the chance that the participant can successfully own the internal experience and work with it. If he does not do this on his own, it seems to make our intervention easier anyway, as we can then say "Remember when we discussed this earlier?" And the fact that we predicted in advance that it could happen lends some validity to our interpretation.

It is important to be able to say to oneself, "OK, this is a feeling state I'm in – it may not be giving me reliable information about reality." The purpose of cognitive therapy is to provide tools with which to rationally derive accurate information about reality. The group context of Holotropic Breathwork provides a good way for participants to reality-check. As an example, a client in our last workshop always believed her feelings when they indicated that she was not liked by others. With some prodding on our part, she was able to put some trust in the actual evidence, when five people in the group gave her unsolicited positive feedback about herself.

I am always interested in how participants can bring their insights from the workshop into their lives. Perhaps becoming more aware of the tendency to misinterpret reality because of projected feelings is one more benefit that Holotropic Breathwork can provide.