

Alcoholism and Rebirthing

Therapeutic use of breathing with people addicted to alcohol in the program "Rebirthers for Alcoholics," Siemianowice, Poland

P. RAJSKI

*Roche Miette Psychological Serv., 12320-103 Avenue, Edmonton, AB,
T5N 0R2, CANADA (E-mail: prajski@telusplanet.net)*

Abstract. This paper presents theoretical assumptions and practical rationale for use of breathing, namely the American form of yoga of breath, known as Rebirthing, in treatment of people addicted to alcohol. In the years 1986-1987, the Outpatient Clinic for Alcoholics in Siemianowice, Poland, organized seven-day programs, each four weeks long, entitled "Rebirthers for Alcoholics." Seventy persons attended this program. Self-declared sobriety rate one year after the program was above fifty percent.

Keywords: Alcoholism, birth trauma, breathing, energy, program, purification, Rebirthing, therapy

Rebirthing

Rebirthing (RB) is a breathing method originating in the USA in the middle 1970's by Leonard Orr. Orr observed that while breathing in a relaxed, connected way he had many recollections of his early life, including birth. He hypothesized that breathing in this manner should allow every person to relive and heal the experience of birth trauma. The importance of the birth [experience], in shaping human life, was first proposed by Otto Rank (1952). This notion was later supported by Janov (1970) and Grof (1975, 1985). It appears that there is now a rich body of scientific data regarding birth trauma and its formative impact. Chamberlain (1995) gives a review of the research linking pre- and perinatal trauma with the tendency toward violence, juvenile delinquency, greater sensitivity to stress, sub-optimal brain growth, problems with cognition and self-control, and addiction. This review includes the landmark study by Salk, Lipsitt, Stumes, Reilly, and Levat (1985) linking perinatal conditions with eventual suicide among adolescents.

Rank's initial conceptualization did not draw much attention, as there was no practical method of intervention into birth trauma at that time. Some researchers, for instance Chamberlain (1995), attempted hypnotherapy, but it was mainly Orr's discovery that opened new therapeutic possibilities.

While the work of obstetricians, such as LeBoyer (1975) and Odent (1984), prompted the emergence of new ways of working with infants, the Emerson's (1991) method being probably the best known, Rebirthing seemed to bring up new trends of working with adults. One example of these new therapies is the Integrative Body Psychotherapy (IBP) proposed by Berg, Rand, and Asay (1985). IBP stresses the importance of birth, of the "affect primary scenario," which can be understood as the total: of different formative dynamics related to conception and birth, and of proper bonding (Rand, 1996). All these developments suggest that the notion of birth trauma, and its contribution to many human ailments, including alcoholism, deserves a second look.

Orr (1999) estimates that to this day about 10 million people, all over the world, have had at least one RB session. Orr's own thinking about the breathing method he discovered has evolved and changed over time. He no longer believes that reliving birth trauma is the main goal of RB. His recent thinking stresses the self-purifying and self-healing aspects of this technique. These preferences are reflected in the new names, such as Conscious Connected Breathing (CCB) or Intuitive Energy Breathing (IEB), used by Orr to describe the basic process. This is how Orr (1999) has recently written about the method:

"Intuitive Energy Breathing is a skill that most people can learn in ten 1 to 2 hoursoediling sessions. It is the ability to breathe energy as well as air. It is the most valuable self-healing ability that humans can learn. This involves merging the inhale with the exhale in a gentle relaxed rhythm in an intuitive way that floods the body with divine energy. This beautiful energy cleans and nourishes the human body physically, emotionally and spiritually. The result of a session is relaxation, peace and joy): (. . . . Brearlling is the basic source of health to the body. Breathing is the primary s./urce or ww'is:,mellt and elimination. (. . .) It is the skill of breathing energy. i-: :;'. <:.. :.1:~: e>,'elltually gives us awareness of mastery of our energy body. '... Ge.:..... : '!g and balancing our energy body is the secret to mental and pl:ysha: lzc':::~h Rebirthing has been called an American form of prana yoga. ', "

Crucial to the understanding of the whole approach IS the concept of energy, which Orr construes as the most basic life ~e Though contemporary science has difficulty accepting and measunng .t. the concept of energy has been with humankind for thousands of .: eaI". It is known as "prana" in ancient Vedic scriptures and as "chi" in tr~tonal Chinese writings. There is a vast popular literature about the subjec~ ~tany scholars (e.g. Eisenberg, 1993; Omish, 1993) who research the ~g potential of the human mind, or mind - body relations, also use the concept of energy.

For Orr, adoption of the concept of energy is naturally linked to the associated notions of "preservation of energy" or "cleaning of energy." That is why Orr customarily recommends to his students numerous "purification techniques", such as bathing twice a day, fasting, physical exercise and spending time with an open fire, etc. He stresses the importance of these things so strongly that "purification" can be understood as the second, next to breathing, most important component of RB.

Even before the discovery of RB, Orr was always a strong proponent of the role of the human mind in health. He believes that our thinking has a direct impact on the quality of our energy and thus has great influence on our health and aliveness. Similarly to adepts of Buddhism, Zen, and other religious traditions, Rebirthers are supposed to maintain a proper, possibly positive frame of mind. It can be achieved through meditation, prayer, mantra or through a popular technique of writing affirmations (positive thoughts).

Summarizing, according to this writer, these are the most essential elements of the method known as RB:

- . Conscious connected breathing (RB, CCB, IEB)
- . Purification of energy
- . Control of the mind

Research on Rebirthing

Rubin (1983) undertook a study consisting of two experiments. In Experiment 1, twenty-two subjects were randomly assigned to a Treatment Group or to a Control Group. Treatment consisted of a Rebirth Training Weekend. Subjects in the Treatment Group showed improvement (as compared to Control Group) on the Rotter's Internal vs. External Locus of Control Test, Self Esteem Scale, Affirmation Scale, and Multiple Affect Adjective Checklist when taken one day, two weeks, and six months after the Rebirth Training Weekend. These results, Rubin concluded, were "*consistent with RB proponents' claims of increased ability to be the locus of control in one's life, increased self-esteem, increased positive thinking, and decreased anxiety*" (p. ii). Rubin also administered the Marlowe-Crown Social Desirability Scale with her subjects. The two groups did not differ on this test, which suggested that improvements after treatment could not be attributed to lying to produce socially acceptable answers.

In Experiment 2, two subjects rested, had a breathing session, and rested again, while eight of their physiological functions were automatically recorded. Rubin observed that volume of air inhaled, oxygen and carbon dioxide expired, pulse volume, pulse propagation time, skin potential response, and electromyograph all changed during the RB sessions. This

finding is consistent with the claims that RB triggers important changes on a physiological level. Rubin concluded:

"This research strongly suggests that there are positive cognitive, affective, and physiological changes which occur in this process. Both short and long-term improvement in locus of control, self-esteem, anxiety reduction,

and more positive thinking occurred in the subjects tested. (...) Certainly these findings indicate that the rebirthing process merits further serious research and that it shows promise as a valuable psychological and perhaps physiological technique of self-improvement" (p. 65).

Sicard (1990), a Montreal based Biologist and Rebirther, compiled information on the physiology of breathing. Although Sicard did not present any original studies, her book gives a good review of the hypotheses on the physiological mechanisms of RB.

A good presentation of anatomy, physiology and mechanics of breathing can also be found in the work of Heyda (2000). This paper provides a good comparison between RB and other body related therapies, such as Lowen's Bioenergetics, or Grof's Holotropic Breathing. Heyda quoted three other studies on RB.

Jones (1985) applied CCB in the therapy of seven women with anorexic / bulimic problems. The use of CCB in these cases, once again led to better awareness of the body and improved nutritional habits. Reggios (1985--1986) applied CCB as an alternative to classical analytical therapy with the clients showing high resistance to the analysis. In all cases, the use of CCB led to better rapport and therapeutic progress. According to Heyda, this finding seems to support the original proposition of Wilhelm Reich (1973), linking blocking of the breath with therapeutic resistance. Sudres, Ato, Fouraste', and Rajaona (1994) took twelve persons with diagnosed adaptation problems, average level of depression and average general functioning, through ten CCB sessions. They recorded significant reduction in levels of depression and anxiety as well as improved perception of one's own body among the subjects tested. In six cases, these positive changes were observed eight weeks after the completion of the program.

In her own study, Heyda (2000) applied a series of 10 individual CCB sessions to a group of 23 randomly chosen subjects who had never experienced CCB before. Her Control Group consisted of 23 individuals who were pair-matched with the individuals from her Treatment Group for age, gender, education and marital status. All subjects were administered two tests - a week before entering the study and 3-4 weeks after completing their programs. Heyda used Losiak's SE-T Scale (1994), measuring three emotional dimensions, namely Anxiety-Depression, Joy-Satisfaction, and Anger, and ISRA (Miguel-Tobal et al.), which measures cognitive,

physiological, and motoric aspects of anxiety reactions to different every day situations. As her second hypothesis implied that personality characteristics might modify the impact of CCB on the emotional state of her subjects, Heyda administered (but only once) Eysenck's Personality Questionnaire EPQ-R. She analyzed her results using a two-factorial analysis of variance (ANOVA) (repeated measure of the dependent variables - time) with associated variables (personality).

In all of her analyses, Heyda obtained statistically significant differences (from $p < 0.01$ to $p < 0.001$) between the Treatment and Control groups in all the dimensions measured. These differences were consistent and unequivocal, showing that **CCB sessions led to the reduction of negative emotional states (anger, anxiety, depression) and higher levels of positive emotional states (joy, satisfaction)** in the subjects from the Treatment Group. This relation was true irrespectively of the subject's personality traits. What is worth pointing out is that the physiological aspects of the emotional states seemed to be altered by CCB. It confirms the claim that CCB makes an impact on a deep, physiological level.

Heyda concluded that her study demonstrated the potential of Rebirthing to alter human emotional states. The study seems to suggest that especially in cases in which reduction of anger and anxiety/depression is urgent, RB can be a very effective therapeutic tool.

Alcoholism

Although there are many theories (see, for instance, Blane & Leonard, 1987) of alcohol dependence or alcoholism they can be grouped in five general approaches. *Biologically*, for example, scientists try to explain the phenomenon of alcoholism by disordered body chemistry, nutritional deficiency, physical vulnerability or genetic predisposition. For psychologists, alcohol dependence is of a *psychological* nature, with immature emotionality, inability to manage stress and psychosomatic tension often listed as popular signs of this disorder. Sociologists consider alcoholism to be a *social* phenomenon. They point to widely accepted habits of drinking, the pressure of powerful and sophisticated advertising and mass media modeling as possible, contributing factors. There is also a *moral/existential* approach, in which alcoholism is viewed as manifestation of a moral failure, the lack of understanding or inability to live up to basic moral norms. And in the end, from the *spiritual* point of view, alcoholism is sometimes understood as a loss of contact with God, or in certain cases a painful way back to God.

"Rebirthers for Alcoholics"

Observing and working with alcoholics for many years this writer would say that all the above are real factors that have to be taken into account in any holistic intervention. After experimenting with RB for a couple of years for the sake of his own self-improvement, the author created in 1986 in Siemianowice, Poland, a day program, called *"Rebirthers for Alcoholics"*, which attempted to integrate all the above approaches. Though accepting the predominant in those years conceptualization of alcoholism as biopsychosocial disease, the program included some ideas of the emerging transpersonal and energy psychologies.

Seventy persons attended the program in the years 1986-1987. During that time we organized seven 4-week long programs. Formally, our clients were admitted to the Day Psychiatric Division in Siemianowice, but the workers of the Outpatient Alcohol Addiction Clinic conducted the therapy. Siemianowice is an industrial town of approximately 100 thousands inhabitants. Male, blue-collar workers, between 20 and 40 years old, were our most typical clients. In some cases a spouse accompanied clients. Like in a typical day program our clients stayed with us between 7 A.M. and 3 P.M. They were offered two meals - a breakfast at 8 A.M. and a lunch at noon. Wednesday was the day of fast. The basic schedule of the program is provided in Table I. Some of the clients decided to stay on the job while in the program, others arranged for a medical leave or leave-of-absence. The therapists, consisting of two psychologists, two social workers and one occupational therapist, were all well-trained Rebirthers, who went through the certification process of the Polish Rebirthers' Association. The team was very homogenous, with all the therapists knowledgeable, experienced and enthusiastic about the use of RB. This created conditions for a very powerful therapeutic impact as the same philosophy (e.g., regarding taking responsibility through controlling one's thoughts) was consistently and enthusiastically enforced by all the therapists. It was very important, as in a day program there is no possibility of monitoring/controlling clients' behavior 24-hours a day.

Only two therapists, a psychologist and a social worker, led each of the programs, while the occupational therapist was in charge of the Patient's Club, which offered the possibility of three meetings a week. Once a week, it was a group RB breathing session, which served as the main follow-up component. The other days consisted of AA meetings (AI-Anon for the spouses) and other social activities. In the Club, new graduates from the program joined the previous ones and had a chance to obtain important support. In 1987, the Club members participated together in a two-week long vacation camp.

Table 1. Weekly schedule of the program - "Rebirthers for Alcoholics"

Time	Monday	Tuesday	Wednesday	Thursday	Friday
7:00	Morning Meditation	Morning Meditation	Morning Meditation	Morning Meditation	Morning Meditation
8:00	Breakfast	Breakfast	Fasting	Breakfast	Breakfast
9:00	Conscious	Psychotherapy	Conscious	Psychotherapy	Conscious
10:00	Connected		Connected		Connected
11:00	Breathing		Breathing		Breathing
12:00	Lunch	Lunch	Fasting	Lunch	Lunch
1:00	Sharing	Bioenergetics	Sharing	Dynamic Meditation	Sharing
2:00		Psychoeducation		Psychoeducation	

With the exception that the clients had to be sober and oriented on the first day of the program, there was no other pre-screening. In some cases our clients struggled with strong withdrawal symptoms during the first days of the program. In three cases they dropped out of the program during the first week. In one case the client relapsed a few days before the end of the program.

Description of the program - Main components

Biological components of program

First, with the associates, we acknowledged the real power of physiological cravings and alcohol withdrawal symptoms. Before entering the program our clients were carefully examined by a physician. They were taking Antabuse or Disulfiram, if they wanted, or were sent for a short detoxification, if necessary. We also observed that RB breathing calmed the symptoms of withdrawal and made this period shorter. We considered RB to have a "vacuum cleaner" effect on the human body. We hypothesized, like Jones (1983), that more intensive breathing helped to break down the by-products of alcohol and get rid of the toxins sooner. What we found fascinating was that the RB breathing, perhaps in combination with other purifying/detoxifying factors, had a tendency to decrease people's tolerance for alcohol. In a few cases of relapse, our clients reported that they became aware of the unpleasant effects of alcohol more quickly than they had before. Their relapses were shorter and they were more motivated to come back for treatment.

In addition to the RB breathing, our clients were asked to practice other "purification" techniques recommended by Orr (1999). They were asked to bathe/shower twice a day and to come to the training in clean clothes. They were encouraged to be on a vegetarian diet, through the training, and to fast one day a week. They were encouraged to complement their diets with vitamins. In all the group activities, we had a candle burning and the clients were encouraged also to burn a candle at home. Typically once a week, weather permitting, the program participants spent a few hours at a campsite with a big, open fire, practicing "fire purification". They were asked to walk or exercise daily. Twice a week, they also participated in physically intensive exercises of Bioenergetics and Dynamic Meditation.

In the program, we also used a traditional psycho-educational approach for relapse prevention. For instance, our clients read texts about warning signs of a relapse and were asked to monitor these signs. Again, RB breathing was making our task much easier as almost all participants reported improved contact with their bodies.

Psychological Components

The program participants had two sessions a week of a traditional group therapy. These sessions gave them an opportunity to talk about their drinking, losses and mishaps. They could ventilate feelings about almost anything, from marital frustrations to occupational stresses, etc. In addition, they could vent in one-to-one sessions with a therapist. The use of the RB breathing sessions, however, helped us to deal with a variety of dynamics that are not normally addressed during a typical addiction treatment program. Among these dynamics were: conception and birth trauma, parental disapproval syndrome, regression to early stages of emotional development, passive/aggressive tendencies, lack of love syndrome, etc. A lot of important psychological work took place during so-called "sharing," as right after the breathing sessions our clients seemed to be more inclined to disclose personal matters.

The use of RB also provided other advantages:

- . Quick establishment of good rapport - thanks perhaps to the fact that RB sessions convey an immediate, implicit message of the therapist's interest in the whole person - not only in eradication of some unwanted behaviors of this person.
- . Quick improvement in the awareness of one's own body, including the energy of the body, and consequently better awareness of one's own emotions
- . Lower resistance to treatment (see Reich's notion that breathing reduces resistance)

that the group RB breathing was creating a unique therapeutic atmosphere. The sense of intimacy and closeness to others was facilitating more open communication between the spouses.

Moral components of the program

The issues of moral failure were typically addressed through individual and group psychotherapy as they arose. The most extreme case I remember was of a man who was thrown away by his wife because of drinking. He went to live with another woman, who abused alcohol with him, until one day she committed suicide. The memory of this death haunted him for many years. No amount of alcohol could prevent it. It was only after a couple of RB sessions that he was able to disclose this painful experience. Only gradually RB created a stage for this disclosure and the process of self-forgiveness. Many of our clients reported struggling with feelings of shame, guilt and inadequacy. Breathing helped them to bring these feelings to the surface and to integrate them.

Spiritual components of the program

We observed that our clients either did not have a relationship with God or had relationships that were quite complicated. Most often they denied the existence of God, and, at the same time, feared retribution from the God they claimed did not exist. This paradox was often related to the issue of moral failure (doing something wrong), mentioned above. Many of them did not believe they could be forgiven or loved by God (because of drinking and things they have done).

RB, which Orr (1999) describes from time to time as a "biological experience of God" gave us an interesting way to address these issues. Orr (1999) wrote: *"The miracle of IEB is not a religion, nor dependant upon belief, faith, nor dogma, nor philosophy, but it is a biological experience of God, that is available to everybody."* By breathing in a gentle, relaxed way our clients were coming into contact with the life and light inside of them. This experience helped them to accept themselves as they were, to forgive and let go. It seemed that the physical experience of Life within themselves, as manifested by sensations of the energy flowing through their bodies, was making them more open to the idea of the Source of Life (The discussion whether one can encounter God through therapy is beyond the scope of this article. For further thoughts on this subject, see Rajski, 1999a, 1999b, 2001).

In the program, this possibility was also encouraged during the Morning Prayers or Meditations. During this time our clients were encouraged to get in touch with their bodies and from there to say what they were grateful for,

joyful about, or etc. They would also typically set their goals for the day at that time. At the completion of the program the participants could, at their discretion, attend a mass in the local church.

Results of the program

Regardless of the liberal admission criteria, the rate of self-declared sobriety one year after the completion of the program was above 50%. This was confirmed by the observations of the therapist in charge of the Patient's Club. In a couple of cases our clients relapsed once and only for one day.

The change achieved by our clients was amazing in many ways. One of our graduates reported (in a semi-accusatory tone) that he "could not leave his apartment without taking a shower in the morning." Another reported that he could not enter his favorite bar without a sense of disgust and had to leave right away. Yet another informed us that he couldn't stand his old drinking buddies because of the same sense of repulsion. To this writer, these are all indications that our clients reached a certain level of self-purification that made their return to drinking more difficult. Through the program they mastered some easy "energy purification" techniques, they could continue practicing after the program. This gave them an additional tool of selfprotection. They had a chance to physically sense "cleanliness" that "felt good" and they were motivated to preserve this state.

RB breathing sessions gave clients the sense of companionship and friendship strong enough to serve as substitute for the sense of comradeship achieved through drinking. It was rewarding to see how these not so sophisticated individuals, who often had difficulty naming the simplest emotions, were able to share intimate observations about their physical and emotional states after the breathing sessions. In this regard, RB seems to have an advantage over other group therapies. It provides a natural opportunity for sharing of experiences of breathing, which creates a sense of intimacy and of having a common ground not related to alcohol.

Awareness of the body had improved greatly among our clients. They were in a better position to monitor their cravings and do something when they sensed the possibility of relapse. Some of them reported when having cravings that they would go and do gentle breathing for a couple of minutes until the craving would disappear.

The philosophy of RB gave clients the basic tools to control their minds. They became more responsible persons, willing to explore and trace their thoughts rather than blame themselves or others. This was especially important in cases of relapse.

Discussion - Advantages of Rebirthing

According to this writer the main advantages of using RB in therapy of alcoholics, divided by the RB three main components, are:

Conscious connected breathing

- . Quick detoxification of body - shorter alcohol withdrawal phase
- . Reduced tolerance for alcohol
- . Enhanced awareness of body, including signs of cravings, thus better control of body - reduced "alienation from the body"
- . Better awareness of the "energy" of the body and "energy exchanges" .
- Opportunity to integrate birth trauma and other early life conditionings .
- Satisfaction and integration of regressive tendencies
- . Reduced resistance to the therapeutic process - good rapport
- . Reduced anxiety
- . Reduced depression
- . Reduced anger
- . Increased locus of control
- . Increased self-esteem and positive emotions of joy and satisfaction
- . Benefits of "relaxation response" - sense of peace and well-being
- . Unique atmosphere of group intimacy
- . Biological experience of God

Purification of energy techniques

- . Practical, easy to learn purification techniques that clients can practice after the completion of the main program and use as tools of relapse prevention
- . Improved, more conscious, nutritional habits - improved metabolism .
- Sense of "cleanliness" - motivation to maintain it
- . Better overall health

Control of mind

- . Simple, easy to learn techniques of mind control, such as affirmations, that the clients can use after the basic program . The habit of monitoring thoughts for their irrational or negative contents . Tendency to take responsibility for one's thoughts, and related emotions and actions

Some of the above effects are likely a result of concomitant use of many of the Rebirthing techniques.

International and cross-cultural implications

It seems important to point out that breathing is culturally a very neutral medium. It does not depend on language, level of education or a place in social stratum. Experiences of rebirthers from all over the world confirm that CCB consistently produces states of deep relaxation, sense of well-being, better contact with one's body and so on, regardless of cultural or ethnic background. It is safe to assume that alcoholics from any country or continent would respond in a similar way to the breathing described in this paper.

Energy purification techniques appear more culturally related. Dietary or fasting habits often depend on ethnic or religious environment. However, most of the practices recommended in RB are based on common sense, simple, affordable and even pleasant to practice.

Cognitive elements of RB (e.g. "thought is creative" principle) seem to be most dependent on cultural and social factors. They require certain level of sophistication so people with higher levels of education typically handle them better. Still, our experienced showed that even clients with little or no education can benefit from a simple work with affirmations. The idea of taking responsibility for one's thoughts seemed to have triggered less resistance than the notion of responsibility for one's actions. Different techniques of control of mind could be then considered as a preparation phase for taking responsibility for one's life. Again borders may not play a role here. Regardless the language, religion or social status, people who monitor their thoughts seem to be more likely to take responsibility for their lives and recovery.

References

- B]ane, H. & Leonard, K. (eds.) (1987). *Psychological theories of drinking and alcoholism*.
New York: Gui]ford Press.
- Chamberlain, D. (1995). What babies are teaching us about violence. *Pre- and Perinatal Psychology Journal*(2): 57-74.
- Eisenberg, D. (1993). Another way of seeing. In B. Moyers (ed.), *Healing and the mind*. NY: Doub]eday.
- Emerson, W. (1991). *Maximizing human potential in infants and children*. Paper presented to the Fifth Internationa] Congress on Pre- and Perinatal Psychology, At]anta, GA.
- Grof, S. (1975). *Realms of the Human unconsciousness*. NY: E.P. Dutton.
- Grof, S. (1985). *Beyond the brain: Birth, death, and transcendence in psychotherapy*. A]bany, NY: State Univ. of NY Press.

- Heyda, A. (2000). *Wplyw Treningu Swiadomego Polaczonego Oddychania na Stany Emocjonalne. [An Impact of the Conscious Connection Breathing Training on Emotional States.]*
Master thesis under Losiak W., Jagiellonian University, Cracow, Poland.
- Janov, A. (1970). *The primal scream*. NY: Putnam.
- Jones, E. (1983). An introduction to rebirthing for health professionals. **In** S. Ray (ed.),
Celebration of breath. Berkeley, CA: Celestial Arts.
- Jones, E. (1985). Anorexia nervosa, bulimia, and birth. *Birth Psychology Bulletin* 6(1)
(spring): 1-6. LeBoyer, F. (1975). *Birth without violence*. Lewis, NY: Knopf.
- Losiak (1994). *Skala SE-T, do uzytku wewn. Kliniki i Katedry Nefrologii CM UJ, Krak6w*
[SE-T Scale, for internal use of the Nephrology Clinic of the Jagiellonian University,
Cracow]. .
- Odent, M. (\ 984). *Entering the world. The de-medicalization of childbirth*. London, NY:
Marion Boyars.
- Ornish, D. (1993). Changing Life Habits. **In** Moyers B. (ed.), *Healing and the mind*.
Doubleday.
- Orr, L. (1999). *Intuitive energy breathing*. Stauton: Pamphlet of the Rebirth International.
- Rajski, P.J. (1999a). European psychologist in Northern Alberta. **In** search for common denominators. **In** Roswith Roth (ed.), *Psychologists facing the challenge of a global culture with human rights and mental health*. Lengerich, Berlin, Dusseldorf, Leipzig, Riga, Scottsdale, Wien, Zagreb: Pabst Science Pub\.
- Rajski, P.J. (1999b). *Magika - The practice of the presence of God for people with cancer*.
Edmonton: Roche Miette Psychological Services.
- Rajski, P.J. (2001). *Finding God in the silence*, unpublished manuscript.
- Rand, M. (1996). As it was in the beginning: The significance of infant bonding in the development of self and relationships. *Joul71al of Child and Youth Care* 10: 1-8.
- Rank, O. (1952). *The Trauma of Birth*. NY: Robert Brunner.
- Reggios (1985-1986). Des mots pour un corps, un corps pour des mots, *Bulletin de Psychologie* 39(16-18)[377] (Sep-Oct): 891-899.
- Reich, W. (1973). *The function of orgasm: Sex-economic problems of biological energy* (trans.
V.F. Carfagno). Giroux, NY: Farrar, Straus.
- Rosenberg, J., Rand, M. & Asay, D. (1985). *Body, self & soul: Sustaining integration*. Atlanta,
GA: Humanics Ltd.
- Rubin, B.K. (1983). *Cognitive, affective and physiological outcomes of rebirthing*. Part of a
doctoral dissertation. American University, Washington, DC.
- Salk, L., Lipsitt, L.P., Sturnes, W.Q., Reilly, B.M. & Levat, R.H. (1985). Relationship of
maternal and perinatal conditions to eventual adolescent suicide. *The Lancet* 1(8429):
624-627.
- Sicard, V. (\ 990). *Body and breathing: A biological approach to rebirthing*. Montreal, PQ:
Centre L' Authentique Inc.
- Sudres, J.L., Ato, P., Fouraste, R., & Rajaona, E. (1994). Le rebirthing: une therapie li
mediation corporelle? Essai d'evaluation et reflexions prospectives. *Psychologie Medicale*
26(13): 1362-1368.