

“My Heart is Shutting Down”

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Brightman tells of a woman client who had a heart attack after not revealing pertinent medical history prior to Breathwork. He discusses the metaphor of “heart problems” in this case as well as the difficulty in getting relevant medical information from prospective participants.

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For two years, beginning in 1990, I had a regular assistant at my Holotropic Breathwork workshops. This person was very capable and grew in ability and detachment (caring deeply about others from an objective place). Yet, in her own innermost self, there was the deepest kind of omission where lurked the potential for personal disaster.

Two years after she stopped regularly assisting me, she sometimes came to Breathe in a group. One day, in the summer of 1994, she called me with the opening words: “I feel like my heart is shutting down.” I replied, “Come Breathe and see what comes up.” She did.

She reported a very positive outcome from the Breathing session. Others present commented on the deep level of her surrender to the process — much more than at any time before. She left feeling robust, relieved and elated with her choice to breathe.

A week later, she made her regular check-in call that I encourage each Breather to make. She was on the edge of tears and said that she felt an ongoing sense of vulnerability that made it difficult for her to function at work. We discussed specific interactions at work and her outlook in general. I offered her an exercise for focusing beyond or inside the vulnerability and ended the conversation believing that all would be well.

A few days later, she called again. “Your suggested exercise helped. I did a lot of work around it and things are going better now. However, I still feel like my heart is shutting down.”

“Do you want to come this Saturday, stay with the process and see if back-to-back Breathing sessions will help?” I asked.

“Yes, I do,” she answered.

Again, she experienced the Breathwork, surrendered at a very deep level and left with similar feelings of refreshment among the hugs, laughter, and well wishes of the group.

A few days later, I received an answering service message that she was in the hospital having had a heart attack. Her heart was, in fact, shutting down. Her body had given her an alert, but she took her feelings as only metaphorical or emotional. After all, she had been under routine care of a doctor for other matters with no explicit indication of a heart condition. She appeared in "good" health as an assistant and as a Breather.

Her heart surgery left her amazingly well and after six months of recuperation, she returned to full-time work at her agency. Once the crisis was past, I had lots of questions for her. I asked why she had never put anything about a heart condition on any of the required intake forms for Breathwork or had never mentioned any heart issues over the five years of our association. She had been keenly aware of the contraindications for Holotropic Breathwork (which include any cardiovascular problems) and, as my assistant, had even read, questioned, and verified the medical intake forms for other Breathers.

The bottom line was that her heart issues were a deeply repressed omission. She lived life so fearful of the reappearance of other parts of her family history, that she refused to admit consciously the long family history of heart disease. Yet, following the heart attack, her conversations were sprinkled with references to her heart issues in childhood and to the heart disease and deaths of other family members.

Stan Grof has written about the difficulty that Breathers have with the psychic damage incurred through "omission" in childhood. It seems that explicit damage of "commission" surfaces more easily in personal healing. This incident draws attention to another aspect of omission which through deep personal denial and repression can uniquely compromise both the Breathwork participant and a Facilitator.

The postscript to this learning experience is that this experienced Breather gives credit to the Holotropic Breathwork for saving her life. Her belief is that without the release of her stress and the nurturing environment provided by the Breathwork that the damage could have been more massive. She commented, "For me, this has been a heart 'opening' experience from the beginning to the end and continues to be such. I remember my last mandala before the heart attack, me in a basement, my mother [who is deceased] at the top of a set of stairs, beyond a door, telling me: 'No! you cannot come up here now. You have other things to do.' I surrendered at new levels in the Breathwork; I had no choice but to surrender to the doctors and the process that took over my body at the hospital; and, I am surrendered now to accepting that I need to live life in new ways. I have opened my heart in many, many ways."

Medical intake forms and legal releases are a part of the safety, informed consent, and personal accountability setting of Breathwork. Yet, people do not have to consciously lie to a Facilitator in order to set up a series of events

that can create crisis. As in this case, a person may repress a fear so deeply that they can tell you the “truth” only as far as they can admit it to themselves. If an experienced assistant and therapeutic professional can set herself up in this way, what about a first-time Breather?

My personal lesson from this is to listen with the inner ear to the words that come out of the mouth about the body-mind connections. Do not assume that the message is only physical or only emotional. Consider that it may be literal: “My heart is shutting down. . . .”