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## **Heart Rhythm Meditation to Reduce Auditory Hallucinations and Anxiety: A Single Case Study**

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### **Abstract**

**Objective:** Exploration of new ways of self-soothing and grounding to help with the integration of the fragmented self of a person diagnosed with Paranoid Schizophrenia.

**Design:** Single case study comparing symptoms of paranoid schizophrenia while on antipsychotic medication plus body-mind focusing exercises followed by a period without medication in which body-mind focusing exercises were used alone to decrease hallucinations and anxieties.

**Subject:** A 22-year-old-male diagnosed with paranoid schizophrenia

**Intervention:** Various methods of breathing meditation methods,

**Measures:** Daily self-reports of hallucinations, other psychotic symptoms, and anxiety levels.

**Results:** Over the course of a year there was a dramatic drop in psychotic symptoms, continuing for six months after stopping antipsychotic medication.

**Conclusions:** The Square Breath proved to be just as effective in reducing auditory hallucinations as it was when Abilify 30 mg was administered, avoiding no drug-induced side effects.

**Key words:** paranoid schizophrenia, command hallucinations, Square Breath Meditation, Full Breath Meditation, Water Breath Meditation, Sunlight Practice with Fire Breath

### **Introduction**

In early November of 2010, John's (assumed name) psychiatrist was concerned that he was on 30 mg of Abilify (an antipsychotic medication), yet his symptoms were getting worse. Daily command hallucinations were ordering him to kill and eat his girlfriend and their baby. He wanted to be a good father, but he stayed away from his baby son and his girlfriend out of concern for their safety. He also reported feeling very anxious, and his psychiatrist referred John to me, hoping that I would help him reduce his level of anxiety, which he said might also reduce the psychotic symptoms. John reported feeling emotionally numb during the time that he was taking Abilify. He described often feeling outside of his body and not relating to his environment. He was often restless, had trouble sitting still, with his legs and feet moving constantly. These could also have been due to side effects of taking Abilify. When he stopped taking Abilify, he reported that the emotional numbness ceased.

## Literature review

Various treatments are used in the treatment of schizophrenia. Medications are the standard conventional medical treatment. These can control the symptoms of schizophrenia but often produce unpleasant side effects.

### *Antipsychotic medications*

Antipsychotic medications are currently viewed as the most effective treatment for schizophrenia. Alternatives to medications are few, are often difficult for people who are psychotic to use, and these are rarely available due to their high costs. However, in the case of John, his psychiatrist asked me to focus on alternative methods to reduce John's anxiety, hoping that the reduction of anxiety might also reduce psychotic symptoms.

### *Diet and Supplements*

Orthomolecular medicine has been explored in the treatment of schizophrenia (Orthomolecular Web reference). John's psychiatrist and another psychiatrist at my clinic warned against orthomolecular medicine (diet and supplements for the treatment of schizophrenia and the importance of taking niacin). One of them told me that the longitudinal study by Abram Hoffer (1998) was not respected in medical school. This was also beyond the scope of my practice as a clinical social worker to make any dietary recommendations to John.

### *Meditation*

There is a robust research literature on the calming effects of meditation. A meta-analysis on the psychological effects of meditation, analyzing results from 163 studies, concluded that meditations are the "strongest (medium to large) for changes in emotionality and relationship issues" (Sedlmeier, Eberth, et al. (2012). These results could not be explained by mere relaxation or cognitive restructuring. These results are relevant to the discussion of meditative methods used in the single case study presented in this single case study, where changes in emotionality and relationship are important factors related to changes in the level of subjective anxiety and the frequency of psychotic symptoms.

A few specific studies provide evidence suggesting benefits relevant to John's problems. Meditation can help people who are schizophrenic. In a pilot study, feedback from 15 participants in face-to-face interviews demonstrated positive results, including: relaxation, relief from psychological symptoms, helpful cognitive changes, and focus on the present (Brown, Davis, et al, 2010). Especially important is that no participants reported worsening psychotic symptoms while meditating. A study of loving-kindness meditation shows promise for the treatment of negative symptoms of schizophrenia, such as difficulties in socializing, lack of volition and anhedonia (inability to feel pleasure), while increasing hope and sense of purpose (Johnson, Penn, et al, 2009). However, up to now no meditation method has proven to be effective in the treatment of positive symptoms of schizophrenia, such as persecutory delusions, auditory hallucinations, command hallucinations, disorganized speech or grossly disorganized behavior.

An interesting research article from India reports responses to deep breathing, orthostatic tolerance and valsalva maneuver in 25 meditators "of age ranging from 25 to 75 years and the results were compared with those from 25 non-meditators of matching age and socio economic status... Heart rate and blood pressure were found to be uniformly lower in meditators than non meditators in all age groups... These observations support that the regular practice of meditation, depending upon the years of meditation as well, increases parasympathetic tone in meditators" (Deepak, Singha, and Gusain, 2012). Two of these methods are similar to the breathing methods I recommended for John.

Deep breathing resembles the Full Breath in that there is a full exhalation followed by full inhalation. Orthostatic Tolerance addresses maintaining a good standing or sitting posture. The valsalvic maneuver is done with the nostrils closed, with a forceful exhalation from the mouth into a special tube and holding the exhalation out for a long period of time. I didn't use that last method with John, choosing instead for him to do the square breath, where the breath is held after the inhalation, not after the exhalation, in order to retain more energizing oxygen in the lungs.

Wallace, et al., (1971) described meditation as a "wakeful, hypometabolic state of parasympathetic dominance". In terms of John's treatment, I felt that parasympathetic dominance could be helpful in reducing the fight or flight psychotic states that John experienced in command hallucinations (fight) or when chased by unreal goblins (flight).

Peter Litchfield (2003) (discusses how hypocapnia (carbon dioxide deficiency) as a result of over-breathing can produce serious physiological crises with various physical and mental consequences.

"Oxygen availability in the brain is reduced by 40 percent as a result of about a minute of over-breathing (hyperventilation). Here are some of the common effects on health from hyperventilation: symptoms and complaints of shortness of breath, breathlessness, chest tightness and pressure, chest pain, feelings of suffocation, sweaty palms, cold hands, tingling of the skin, numbness, nausea, lightheadedness, dizziness, fainting, black-out, blurred vision."

These are also typical symptoms experienced by persons diagnosed with panic disorder. In John's case I was not sure that he was over-breathing, but if he was doing so, the square breath could stop the process of rapid over-breathing because it involves holding the breath at the end of each inhalation for the length of the inhalation and exhalation combined. Breathing fully out on the exhalation and fully in on the inhalation would also slow down the rhythm of the breath and help prevent over-breathing and hypocapnia.

I taught John four varieties of Heart Rhythm Meditation: Full Breath, Square Breath, Water Breath, and Fire Breath. Each has distinct effects. (See Appendix for full instructions.)

*The Full Breath variation* of Heart Rhythm Meditation expands the vital capacity of the lungs with full and deep breathing, while slowing the breath rate to six breaths per minute or slower. This synchronizes breath and heartbeat, creating "entrainment," a coherent pattern of Heart Rate Variability. Research studies completed by the Heart Math Institute indicate that this sort of entrainment increases parasympathetic nervous system activity, associated with a calm, restful state (Tiller, McCraty, et al., 1996). Entrainment also decreases production of stress hormones and increases production of anti-stress hormones (McCraty, Barrios, et al., 1998). One advantage of Heart Rhythm Meditation is that meditators are first taught to breathe fully and deeply, to feel their heartbeat or pulse, and then to count a set number of heartbeats on their inhalation and exhalation. Breathing rhythmically in this manner is the usual method for Heart Rhythm Meditation. Alternatively, the breath may be held at the end of the inhalation for the equal length of the inhalation and exhalation combined.

### **How I started Using Heart Rhythm Meditations in Therapy**

I already had extensive training in how to use Heart Rhythm Meditation and related methods. My first was through training with a Sufi Order, and later with similar methods when I worked as a teacher for the Institute for Applied Meditation on the Heart. Although these methods have a spiritual context for me, they also have important applications in daily life and for aspects of mental health treatment.

One day, at my workplace at Ventura County Behavioral Health, my clinical supervisor and her superior informed me that I was having a high degree of treatment success overall and especially with difficult clients. They gave me permission to use my repertoire of meditation methods with my clients.

### Example

A woman in therapy with me had been raised to believe that demons in her bedroom were waiting to attack her and send her to hell. I first worked with her using well-known cognitive-behavioral methods. She became convinced that there were no demons in her bedroom. However, she continued to feel depressed and anxious.

I then asked her to bring her attention on her breath down to the center of her chest and shift her identity from her head to her heart, where she could feel her heartbeats. She had a Native American background that she wanted to reclaim. While she was consciously breathing from her heart, she felt a pressure from behind her back. She said that her ancestors wanted to tell her something. I then directed her breathe in a forward direction from behind her back while asking for her ancestors to communicate with her. After that, she jumped up and down with joy. She said that the ancestors told her that there is a purpose to her life and to believe in herself.

This is just a single example of many that I could provide.

### John's history

John was a 22-year-old Caucasian American raised by his biological mother. His mother was on welfare and his father occasionally paid child support. He had no contact with his father prior to age six, and very irregular visitations thereafter. He grew up with an older half-brother, but they were not close. He visited his dad once a week and got to know another half-brother (years younger) who lived with John's dad and became John's friend. John's mother never spanked him and was not abusive. His father not spank him, either. He was often home-schooled by his mother in the sixth grade and at other times because of his mother's religious beliefs in the benefits of home schooling. He said that he did not have friends at school because he was not there enough or was preoccupied with his mental health problems. He said that he sometimes went bicycling with his dad and his half-brother but did not have friends in his neighborhood. He said that he often felt disconnected from his body. That was the reason he gave for being asocial. Although he does not remember any traumatic incidents, he wonders why he often feels a deep fear that something serious may have occurred.

John reported hearing "voices which began as whispers, and radio frequency sounds" when he was 16 years old. He said that the voices became more clear and of a persecutory nature, laughing at him, telling him he was "stupid and terrible" and commanding him to hurt himself. He has hit himself hard on his face in response to the command hallucinations to hurt himself. He said that he has also hit himself out of self-hatred but when he has done this it made him feel worse.

He said that he began to see goblins, too, that frightened him. "I would see goblins everywhere and the voices would tell me they're coming to get me." This led him to drop out of school when he was 16 years old. He tried hard in the 9<sup>th</sup> grade but failed in his academic work. He later obtained his General Education Degree (GED). At age 18 he joined the U.S. Army and soon decompensated, cutting himself. Recently, he told me that he had lied about seeing bugs on his body where he was cutting. He did this to help obtain a medical discharge. He said that he also lied to the military about having

hallucinations of goblins when he was in the first grade to bolster his chances of getting a medical discharge from the army.

At age 21 he experienced visual hallucinations of goblins and heard auditory command hallucinations to kill and eat his girlfriend, who was five months pregnant. She got frightened and called 911. On May 21, 2010 an emergency assessment team determined that John was mentally ill and a danger to others. The team placed him in a county psychiatric hospital for the three day hold mandated by California law when a person is assessed to be an immediate danger to self or others. He responded to Risperidol (an antipsychotic medication) and was discharged on June 1, 2010. He was referred for outpatient treatment at the Ventura County Behavioral Health Transitions Program In Oxnard, California. A psychiatric assessment was completed on June 28, 2010, and his primary medication was changed to Abilify.

## **Therapies**

### ***Meditation***

The primary purpose of this case study is to present a method that, by the subject's report, stopped the electrostatic sounds he was hearing within five minutes, helped him feel centered and calm, and stopped the progression of the psychosis into command or other hallucinations. The secondary purpose of this study is to show how heightened anxiety related to external cues may trigger auditory hallucinations and other psychotic symptoms.

During my first session with John at the clinic, he reported hearing a loud electrostatic sound, an auditory hallucination that he said was consistently the precursor to command hallucinations to harm or kill others. John learned the Full Breath meditation method at the clinic on the first day of treatment, November 11, 2010. I showed him how to do the Full Breath exercise (see Appendix), which he did successfully, as a necessary step to learning how to do the Square Breath. I then asked him to add holding his breath for ten to twenty seconds at the end of each inhalation, which he was also able to do. He reported feeling his heartbeat, so I asked him do this breathing exercise for five minutes while counting heartbeats on the inhalation, exhalation, and while holding his breath. He said that this method stopped the electrostatic sounds in his head so that it did not progress to command hallucinations. This was his introduction to the Square Breath, one of the two main methods of Heart Rhythm Meditation (Bair and Bair, 2006; 2009).

### ***Heart Rhythm Meditation (HRM) Square Breath***

I selected the Square Breath for John to use next because, in my experience, this is the best method to ground the breath and heartbeat in the body, reducing the likelihood of dissociation. My hypothesis was that the using the Square Breath would take John's full attention, distracting him from internal stimuli.

I anticipated that deep-breathing and the steady rhythm of Full Breath might reduce anxiety and help prevent hypocapnia (reduced carbon dioxide in the blood from breathing heavily, which can cause anxiety). I also foresaw that holding his breath at the end of the inhalation would definitely disrupt his shallow, rapid breathing, which again might reduce John's level of anxiety. The extent of the benefits for John in terms of dramatically stopping and reducing the frequency of command hallucinations was a huge surprise for me. I had not expected that.

For the entire course of treatment, John practiced the Square Breath at home ten times every morning, ten times at noon, ten times before dinner, and whenever he experienced any auditory hallucinations. Starting November 24, 2010, John added a variation to the HRM Square Breath, the

Sufi Sunrise Meditation Light Practice. He did this for 10 minutes every morning, even on cloudy days when he couldn't see the sun. He practiced this HRM method of self-soothing on his own for at least 20 minutes a day for two months and then as needed.

In the *Square Breath* variation, one first learns how to fully exhale all of the used-up air from the lungs, then breathes in fully, and after this has been established "the next step is to retain the breath proportionately" (Swami Vishnudevananda, 1970, p. 239). The Square Breath involves exhaling fully and inhaling fully, as with the Full Breath, then holding the breath in for the length of the exhalation and inhalation combined.

A square pattern of breathing was introduced to the West by the Sufi Master, Inayat Khan, early in the 20<sup>th</sup> Century (Khan, Unpublished). There are historical precedents for the Square Breath in traditional schools of meditation. Holding the breath is also taught in some of the yogic traditions. The main difference in the Square Breath method as taught by the Sufi Master Inayat Khan was the importance of feeling the heartbeat while meditating and determining the length of the breath by counting a specific number of heartbeats on the inhalation, exhalation and while holding the breath after the inhalation. Other ways of doing a square pattern of breathing, as for example with an advanced version of alternate nostril breathing, is to count a set number of times without necessarily being aware of the heart beat.

### *Water Breath*

I met with John and his girlfriend when she announced on June 5, 2011 that she was breaking up with him because of his command hallucinations to kill her. Upon hearing this, his body shook while he sobbed in my arms like a child. This was a symptom of his grief. He said that she was the only person in his life who ever loved him. A few days later, he assumed the role of a full-time father for his baby son while the boy's mother worked. He thought it might cause harm to his son if he showed any emotion. He described having muscle tension in his jaw, neck and head, and seeing colors that he referred to as visual hallucinations, not real to him, but with a painful headache. He said that he felt like crying, but would not let himself do that. I explained the grieving process to him and suggested that his tears were natural and would not hurt his son.

The Water Breath was introduced seven months into treatment, on June 9 to help John cope with his intense grief reaction so that he could fulfill his role as a competent parent. The purpose of the Water Breath is quite different from the other meditation methods. It is soothing and nurturing, good for healing emotional wounds. Of all the methods I've tried, the Water Breath works the best for healing emotional wounds. See the description of the Water Breath in the Appendix.)

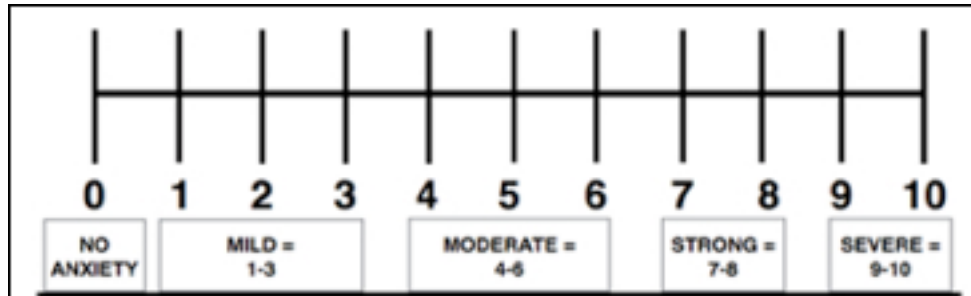
A week later, I observed that John was bonding with his son. He said, "I love Gandolf" (his son). He reported that the psychotic symptoms were gone. He liked using the soothing sensation of Water Breath for five more months to help him with his grief process and to be a good parent.

### ***Psychotropic medication***

The psychiatrist chose to continue with antipsychotic medication, not wanting to risk decomposition. Abilify 30 mg was administered during the baseline 30-day period and was discontinued after seven more months of treatment by John's choice, without the approval of his psychiatrist. He reported feeling emotionally numb, as if there was an ocean between him and the people closest to him - his son and the mother of his child. No other psychotropic medication was prescribed or used during the study. John denied any use of alcohol, marijuana or any illegal substances during the treatment. He was medication-free for the final 5 months of the study. I had already spoken with his psychiatrist about gradually reducing the use of Abilify, because John had demonstrated a major decrease of psychotic symptoms and anxiety.

## Measures

**Figure 1. Subjective Anxiety Scale**



Maximum anxiety for a given day was estimated by John based on this scale. If he rated subjective anxiety at 6 or higher on a given day, that day was included in the monthly count of high moderate to severe anxiety

### *Clinical Assessments*

John met with me once a week to review his progress, record data, and describe symptoms. We also spoke over the phone twice a week for the same purpose.

## Results

Baseline auditory hallucinations and high anxiety were recorded daily for 30 days prior to John's initial individual therapy session. Marked reductions in these symptoms were noted during the following months when John was practicing his self-treatment methods, from the start (11/10/10) to the end of Treatment (11/9/11). (See Table 1 for details.)

**Table 1. Symptom Intensities and Dates on Medication**

Month	Days in month	Days of auditory hallucinations	Days of other psychotic	Days of high anxiety	Days of medication
Base Line Oct. 2010	30	30	0	30	yes
November 2010	21	3	5	3	yes
December 2010	31	0	0	0	yes
January 2011	31	0	0	0	yes
February 2011	28	14	0	8	yes
March 2011	31	17	1	15	yes
April 2011	30	7	0	6	yes
May 2011	31	5	3	0	yes
June 2011	31	6	0	4	no
July 2011	30	0	0	0	no
August 2011	31	0	0	0	no
September 2011	30	0	3	3	no
October 2011	30	0	5	5	no
November 2011	9	0	0	0	no

From the first day of treatment, there was an immediate and dramatic drop in the frequency of auditory hallucinations. This continued for the course of a year, from November 10, 2010 to November 9, 2011, with some ups and downs. Reduction of subjective anxiety accompanied the reduction of auditory or command hallucinations and of other positive psychotic symptoms, such as visual hallucinations in conjunction with a psychotic fear of losing control over his mind. For example, in March, 2011 there were 17 days of auditory hallucinations and 15 days of high anxiety. In April, 2011 there were 7 days of auditory hallucinations and 6 days of high anxiety. In July and August 2011 there were zero days of auditory hallucinations and zero days of high anxiety.

Use of psycho-education to improve parenting skills was also beneficial.

In monthly followups until February 20, 2012, John did not report any further auditory or visual hallucinations. At that meeting, he reported that his depression had largely lifted, and he wanted to move on with his life. He expressed interest in attending college and connecting with people who share common interests. He was the primary parent for his son and demonstrated good parenting skills.

### **Recent updates**

I met with John twice in August 2015. He reported that he has not experienced any hallucinations or other psychotic problems since I last worked with him as a therapist in 2011. However, John reported that he has had problems with depersonalization and derealization, especially the latter. The Mayo Clinic explains:

The “Depersonalization-derealization disorder occurs when you persistently or repeatedly have the feeling that you're observing yourself from outside your body or you have a sense that things around you aren't real, or both. Feelings of depersonalization and derealization can be very disturbing and may feel like you're living in a dream.

This disorder is more common in people who've had traumatic experiences.”  
(Mayo Clinic, Web reference).

John remembers feeling dissociated from reality ever since he was a child. He sleeps seven or eight hours a night, but often wakes up crying. He said that he misses our sessions. His mom said that he trusts me but was not willing to meet with the therapists to whom he had been assigned at his local mental health treatment program. He continues to see a psychiatrist, who prescribed medication that John tried for two weeks and then stopped because he felt that it was not helpful... He never tried another therapist, which was a mistake.

John is familiar with cognitive behavioral methods and has used them, but they have not given him a stronger sense of reality. He noted that he and I share some common interests, such as metaphysics and science. The only reason I stopped working with John is that I retired from my employment in that program.

A week ago, his mom phoned me to let me know that he was hitting his face hard, then went outside in the heat without a hat all day long. I managed to reach the father of his girlfriend, the mother of his four year old son, who spoke with him for an hour and a half. It sounds like they might benefit from couples therapy.



In my recent meeting with John, I pointed out that he was a lot happier during time I was his therapist. I pointed out that he showed excellent parenting skills as a father and was thrilled to reunite with his girlfriend. Smiling for the first time during our conversation, he said the two years with them were the happiest in his life. Despite everything John said about his sense of unreality, his tears and strong emotionality took over when he spoke of his love for his son and the mother of his son.

John's mother reported that his girlfriend decided to send him back to his mother's house because he was staring out in space. John said that he has not been doing the practices I gave him. He failed his first semester of community college, even though he is intellectually capable of doing the necessary work.

I think it likely that John would start doing his meditation practices again on a regular basis if he also addressed the breakdown of his relationship with his girlfriend. It would also help him to reclaim an active parenting role with his son. John is a sensitive caring man. Despite his successes, he is feeling hopeless and could benefit from the support of the right therapist for him.

In summary, John has apparently not had a recurrence of his psychotic symptoms, which is a great success. He sometimes does the Square Breath. However, he is having a difficult time coping with major stressors in his life. He is currently isolating himself in his mother's home.

## **Discussion**

This is a single case study that suggests there may be benefits from Heart Rhythm Meditation in reducing symptoms of paranoid psychosis. This subject was a fairly high-functioning young adult in certain areas of his life. His vocabulary and ability to engage in abstract thinking was strong during our conversations. He likes to read scientific articles that could be pertinent to his mental health treatment. Also, he had not developed an extensive delusional system.

We must ask whether the Abilify could have been the agent for the observed changes. While there were modest improvements when John was on the medication, the abruptness of the changes observed with the start of mediation, and the continued improvements after stopping Abilify suggest that it was the meditation rather than the medication that produced the observed changes.

This single case study may not generalize to other persons diagnosed with paranoid schizophrenia. The responses were so encouraging, however, that these approaches appear well worth further study.

From the onset of treatment, when auditory hallucinations were present, they stopped every time John used five repetitions of the Square Breath method. Subjective anxiety decreased along with the reduction of auditory hallucinations and other positive psychotic symptoms. This suggests that more progress occurred after discontinuing Abilify than while taking psychotropic medication.

## **Recommendations for further research**

It would be helpful to clarify further the effectiveness of the Square Breath alone, of Water Breath alone, and of Square Breath combined with Water Breath. The effects of each of these interventions with and without the support of psychotropic medication should also be studied.

The marked benefits observed in this single case study of a psychotic person who had very high anxieties suggests there might be similar benefits in people with panic and anxiety disorders. In another anecdotal report, the chief psychologist in the children's clinic explored the Square Breath with older children and adolescents diagnosed with Panic Disorder. They reported that the Square Breath disrupted the patterns of thinking that had contributed to the rapid breathing associated with their panic attacks.

## APPENDIX

### Full Breath

1. Breathe out fully in a long deep breath, exhaling to the fullest extent, squeezing the abdominal muscles around the diaphragm to increase the length of the exhalation.
2. Inhale slowly and deeply, first expanding the abdominal region "like filling up a balloon," then lifting the rib cage and expanding the chest to fill the lungs to their full capacity.
3. Practice this for a few breaths, then hold the breath at the end of inhalation for a few counts while centering attention on the center of the chest. This expands the practice of Full Breath to include holding the breath.
4. "Listen" for your heartbeat while holding your breath at the end of the inhalation. You can't actually hear the beat, but you may be able to feel it.
5. This may be enough to reduce subjective anxiety to level 5 or lower with no auditory hallucinations. If not, proceed to the Square Breath.

### Square Breath

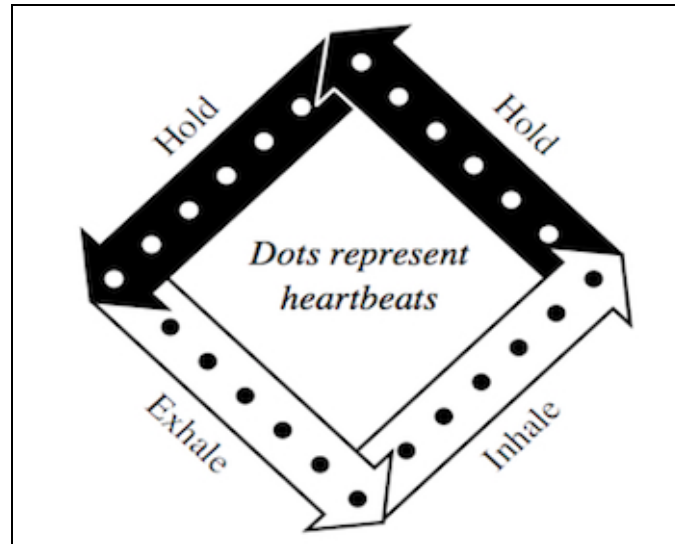
1. Place your attention in the center of your chest about two inches above the bottom of the sternum. Exhale and inhale fully as described in steps 1 and 2 for the Full Breath. Hold your breath at the end of the inhalation for the time of the inhalation and exhalation combined and feel your heartbeat.
2. You could breathe in a pattern of 8-16-8 or 6-12-6 if either works better for you.
3. Repeat 10 square breaths per session in this way. This may be enough to obtain good results without proceeding to steps 4 through 6, a more advanced version..
4. While holding the breath trace a line from the right shoulder up to the forehead, counting heartbeats equal to the number on the exhalation.
5. Continue to hold the breath while tracing an imaginary line from the forehead to the left shoulder, counting heartbeats equal to the number on the exhalation.
6. Exhale fully while tracing an imaginary line from your left shoulder down to your solar plexis
7. Inhale, tracing an imaginary line from your solar plexus to your right shoulder
8. Continue with the more advanced method, which John used.
9. Remember to count heart beats according to the pattern you have selected.

### Sunlight Practice: a Combination of the Square Breath and the Fire Breath

- Glance at the sun, or if the sun is not visible, look at the bright light of a lamp, and remember the intense image of that light.
- Like a reverse bellows fanning a fire, sip sunlight through your mouth into your solar plexus up to your heart center for six counts, hold your breath for 12 heartbeats with your attention at the center of your chest.
- You may use any other square pattern of breathing, such 8/16/8 or 10/20/10.

- Imagine that your heart is a miniature sun radiating light as you exhale through the nose for six counts.
- You may commune with the sun, breathing from your miniature sun to the sun, and feeling the light and heat of sun as you radiate the sunlight into your chest.
- Next, consider your arms and legs as rays of that miniature sun, and on every exhalation through the nose breathe light down your arms into you hands and down your legs into your bare feet.
- This is a powerful centering and grounding practice.

**Figure 2. (Bair and Bair, 1995, with permission to reproduce the figure below.)**



### Water Breath

- Breathe in through your nose and out through your mouth.
- Balance the length of inhalation and the exhalation, so they are the same length, as with the Full Breath.
- Make the outgoing breath into a fine stream, a gentle controlled blowing.
- As you inhale, move your attention upwards through your heart center to the crown of your head, feeling uplifted.
- While standing under an ethereal waterfall, imagine your crown opening like a chalice.
- As you exhale, water not only passes over you, it enters your body through the top of your head.
- Water, a metaphor for love, is nurturing and soothing, good for washing and cleansing emotional wounds.
- Relax your body, keeping your breath silent and effortless.
- Let the water flow to wherever it is needed for healing.
- You are being loved continually and unconditionally.
- Become that stream.

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**Elijah Imlay, MSW, LCSW**, says, “My focus, individually and collectively, is to bring out the best in others, that they may fulfill their potential, helping each seeker of life's purpose to be sought by that purpose.” Imlay has forty years of experience as a meditation teacher, mentor, retreat guide, psychotherapist and mental health professional. Imlay offers workshops for CEUs on the treatment of anxiety disorders, and has a strong interest in research. A member of the faculty of the Institute for Applied Meditation on the Heart, Imlay teaches Heart Rhythm Meditation, developed by Puran Bair. This draws upon methods and teachings of the Sufi, Hazrat Inayat Khan. Imlay is also a musician and published poet, strongly involved with the arts. A Vietnam vet, he has conducted writing workshops for veterans of war through Poets @ Writers, Inc. and PEN Center USA. He lives in Ventura, California with his wife.



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