



*Spiritual Emergency:
Embracing Unexpected
Transformation
A Holotropic Breathwork™
Workshop*

With Tav Sparks and GTT staff

Croydon Hall, Somerset, England

10th -15th April 2012

Understanding spiritual emergency is one of the major contributions of the Holotropic perspective. Whether you are a professional or a lay person, someone interested in working with people in transformation crises, or primarily in your own growth, this module offers a rich experience and valuable information. In addition to differentiating between psychosis and spiritual emergency, we will also explore the intensely practical aspects of who, in these kinds of crises, can benefit from Holotropic Breathwork and how best to work with them in their emergencies. The workshop includes discussion of the concept of spiritual emergency, its manifestation and forms, historical and anthropological perspectives, treatment strategies and work with family and friends.

Tav Sparks is a writer, international workshop leader and director of Grof transpersonal Training, a programme offering certification in Holotropic Breathwork. For nearly 25 years he has worked therapeutically with people in non-ordinary states of consciousness. He is the author of 'Movie Yoga: How Every Film Can Change Your Life' and 'Doing Not Doing: A Facilitators Guide to Holotropic Breathwork'. His writing includes books, screenplays and poetry.

Tav is also a pioneer in the field of the wellness perspective in addiction. He is the author of the ground-breaking book 'The Wide Open Door: The Twelve Steps, Spiritual Tradition and new Psychology'. He first wrote about his approach to addiction and recovery in the 1987 ReVision Journal article 'Transpersonal Treatment of Addictions: Radical Return to Roots'.

TRAVEL: Croydon Hall is situated just three miles from the North Somerset Coast on the edge of Exmoor National Park. Taunton, the county town of Somerset, is located about 35 minutes drive away with access to Intercity rail services, National Express coaches and the M5 motorway. A wide variety of detailed travel information is available on the [Croydon Hall website](#).

DATES & TIMES: We will begin with registration at 9:30 am on the first day, 10th April 2012. We will close with the end of the morning session on 15th April at approximately 12:30.

PROGRAM ONLY COST AFTER 10th February : £730.

EARLYBIRD COST: £600.

See below for lodging and meals.

To qualify for the earlybird rate, payment in full must be made by 10th February 2012.

ACCOMODATION and ACCOMODATION FEES: The accommodation price includes 5 nights retreat centre accommodation with meals from lunch, 10th April until lunch on 15th April 2012. The pricing below is per person. If you wish to arrive the night before the workshop begins please contact Croydon Hall directly for arrangements. A few single rooms may be available for additional cost. Roommate requests may be made to Croydon Hall when you register. If you don't have a request you will be matched with appropriate same gender roommate(s) from the GTT group.

To register for your room and meals, please contact Croydon Hall directly : info@croydonhall.co.uk or 9am-5pm on (UK) 01984 642200

ROOM TYPE (PRICE INCLUDES MEALS)	COST PER PERSON
CATEGORY A: DOUBLE/ TWIN en suite	£387.50
CATEGORY B: QUAD SHARE	£361.50
CATEGORY C: DORMITORY	£317.50

Note: a twin or double room used as a single will incur an additional fee. Croydon Hall charge 2.5% if you payment is made by credit card.

Off site options at nearby B&B's are also available. Please contact GTT or Croydon Hall for a list.

GTT REGISTRATION & METHODS OF PAYMENT: Please send both registration and medical forms to GTT:

1) by email to gttuk@hotmail.co.uk or

2) by fax to (UK) 01494792629

3) by postal mail to **Grof Transpersonal Training :**

3 Grove Farm Cottages, Grove Lane, Chesham, Bucks HP5 3QQ England

Personal cheque or draft: *May be made out to Holly Harman or Debbie Dunning and mailed to the address above.*

Note for those outside the UK: *If you wish to send a cheque or draft from a country that uses Euros or US dollars, please contact us about the amount to send in those currencies.*

Electronic funds transfer: *For information on making a transfer, please contact the GTT office by email gttuk@hotmail.co.uk or by phone (UK.) 01494 792629.*

Credit cards: *We accept Visa and Mastercard. Card number, expiration date, and 3-digit security code may be written on your registration form, and sent by fax or postal mail. **It is not safe to email credit card information.** We will add £20 for use of credit card, toward bank fees incurred. If you pay by credit card, the charge will be made in U.S. dollars equal to the exchange rate on the day charged, as determined by our bank.*

(<https://www.foreignexchangeservices.com/index.html?partnerid=FES&serviceType=rate>)

GTT REGISTRATION FOR Somerset, England, April 2012

Please send workshop registration forms and payment to:
 Grof Transpersonal Training, 3 Grove Farm Cottages, Grove Lane, Chesham Bucks HP5
 3QQ or gttuk@hotmail.co.uk

NAME	
ADDRESS	
CITY/CODE COUNTRY	
EMAIL	
PHONES	mobile: _____ home: _____

I AM ENCLOSING:

£300 deposit OR FULL PAYMENT of:	
Credit card fee £20 Wire transfer fee £10	
TOTAL AMOUNT	£ _____

***For early registration fee, full payment must be made by 10th February**

If you are not using early registration discount, you may reserve your place with a £300 deposit.

***Please read cancellation policy below**

IF PAYING BY CREDIT CARD, CREDIT CARD NUMBER:

_____ - _____ - _____ - _____

EXPIRY DATE: ____/____/____ **3 DIGIT SECURITY CODE (REQUIRED):** _____

PLEASE READ AND SIGN THE FOLLOWING. YOUR SIGNATURE IS REQUIRED FOR REGISTRATION.

CANCELLATION POLICY: £40 of your payment is a non-refundable processing fee. The balance of your payment is refundable, upon cancellation in writing, until **March 10th**. **After March 10th**, £300 of your payment is non-refundable, and the balance may be credited toward a future module, minus any fees GTT has been charged by the retreat centre on your behalf for room and meals.

SUBSTANCE USE POLICY: Use of any non-prescription drugs or other illegal substances is not permitted during the training or at the training site. Anyone using such drugs or substances during the training module or at the training site will not be allowed to attend the training.

I have read and understand the above cancellation policy and substance use policy.

Signature & Print Name

Date

FOR GTT USE:

Date form received:

Date payment processed:

Med form ok: Y/N

Confirmation letter sent: Y/N

Medical Form for Holotropic Breathwork

Breathwork is intended as a personal growth experience and should not be looked upon as a substitute for psychotherapy. Holotropic Breathwork can involve dramatic experiences accompanied by strong emotional and physical release. This workshop is not appropriate for pregnant women, or for persons with cardiovascular problems, severe hypertension, some diagnosed psychiatric conditions, recent surgery or fractures, acute infectious illness or epilepsy, or active spiritual emergency.

If you have any doubt about whether you should participate, it is essential that you consult your physician or therapist as well as the workshop organizers before attending.

The answers to the following questions are to assist your facilitators and will be kept strictly confidential. Please answer all questions as completely as possible.

- | | | |
|--|-------|-------|
| 1. Do you have a past history of, have been diagnosed with, or are currently experiencing, any of the following: | YES | NO |
| A) Cardiovascular disease, including heart attacks and any cardiovascular surgery | _____ | _____ |
| B) High blood pressure | _____ | _____ |
| C) Diagnosed psychiatric condition | _____ | _____ |
| D) Recent surgery | _____ | _____ |
| E) Past or recent physical injuries, including fractures or dislocations | _____ | _____ |
| F) Present or current infectious or communicable diseases | _____ | _____ |
| G) Glaucoma | _____ | _____ |
| H) Retinal detachment | _____ | _____ |
| I) Epilepsy | _____ | _____ |
| J) Osteoporosis | _____ | _____ |
| K) Asthma (If yes, please bring your inhaler to the workshop) | _____ | _____ |
| 2. Are you currently pregnant? | _____ | _____ |
| 3. Have you ever been hospitalized for medical reasons? | _____ | _____ |
| 4. Have you ever been psychiatrically hospitalized? | _____ | _____ |
| 5. Have you ever or are you currently experiencing spiritual emergency | _____ | _____ |
| 6. Are you currently in therapy or involved in any type of support group? | _____ | _____ |
| 7. Are you currently taking any type of medication? | _____ | _____ |
| 8. Is there anything else about your physical or emotional status we should be aware of | _____ | _____ |

Emergency Contact: _____ Phone #: _____

If you answer "yes" to any of these questions, please explain or elaborate the details. This medical form must be received by your workshop organizer as part of your registration. We cannot send your confirmation letter until we've received your medical form.

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

I hereby confirm that I have read and understood the above information, and have answered all questions completely and honestly, and have not withheld any information. My general health, as far as I am aware, is good.

Print name: _____ Age: _____ Gender: _____

Signature: _____

I have experienced Holotropic Breathwork before Y/N