DCB SOMATIC POLARITY PROTOCOL

A Practical Navigation Framework for Deep Circular Breathing (Rebirthing Breathwork)

1. Why This Method Was Developed

For many years, Rebirthing Breathwork - **Deep Circular Breathing (DCB)** has been used as an effective practice for reducing psychological tension, increasing self-awareness, improving emotional regulation, and restoring connection with the body. During a breathing session, emotions, memories, bodily sensations, and new insights often emerge spontaneously, becoming a natural part of the integration process.

In most cases, this spontaneous process is sufficient. The body's innate capacity for self-regulation often guides the individual toward experiences that are ready to be processed and integrated.

However, years of practical experience revealed a recurring challenge when working with more specific issues such as trauma, addictions, recurring relationship patterns, low self-worth, or shame.

People frequently arrive at a breathing session with a clear intention or a specific issue they want to address. Yet once the breathing process begins, it is impossible to know whether the emerging experience will actually relate to their original intention. What arises spontaneously may be meaningful, but it is not always directly connected to the issue that brought the person to the session.

As a result, instructors may find it difficult to provide clear guidance, while participants often struggle to understand how the experiences emerging during breathing relate to the problem they originally wanted to explore.

This led to a simple but important question:

Can we better understand what a person is actually breathing with before the breathing session begins?

The search for an answer led to the development of the **GCK Somatic Polarity Protocol**.

The purpose of this protocol is not to replace Deep Circular Breathing. On the contrary, it was designed to enhance its effectiveness by providing greater clarity before the breathing process starts.

Before the participant begins breathing, the instructor helps them:

- identify their genuine subjective experience;
- recognize how that experience is organized within the body;
- understand its possible protective function;
- identify an existing or potential resource state within the nervous system.

The breathing process then becomes more than a spontaneous emotional experience. It becomes a structured space in which the nervous system can naturally explore, regulate, and integrate the relationship between its protective organization and its available internal resources.

The **Somatic Polarity Protocol** is **not** a new breathing technique. It is a practical navigation framework designed to complement Deep Circular Breathing by helping instructors understand the participant's internal organization before the session begins, while preserving the spontaneity and self-organizing intelligence of the breathing process itself.

2. The Core Discovery

The most significant discovery behind the development of the **DCB Somatic Polarity Protocol** was not about trauma, breathing, or even the nervous system.

It was about **how people describe their own inner experience.**

For decades, psychology has focused on emotional suppression. People are encouraged to recognize, accept, express, and release their emotions. However, years of practical experience revealed another process that often occurs **before** emotions are even suppressed.

People do not only censor their emotions. They censor their subjective experience.

Before the breathing session even begins, they unconsciously edit their inner reality into a version that is easier to live with, more socially acceptable, or more consistent with their personal values, spiritual beliefs, or professional identity.

As a result, participants often begin a **Deep Circular Breathing (DCB)** session carrying not their original experience, but an already edited version of it.

For example, someone may say:

"It was a difficult relationship."

Yet deeper exploration reveals:

"I felt betrayed."

Another participant may say:

"I'm disappointed."

Yet their body is actually carrying the experience:

"I hate him."

Someone else may begin with:

"I felt bad."

After only a few more questions, the experience becomes:

"I felt humiliated."

Or:

"I was deeply hurt."

With further exploration, it may become:

"I felt worthless."

These differences may appear subtle, but in practice they completely change the direction of the work.

"It was a difficult relationship" is not an emotional experience.

"I felt betrayed" is.

"I'm disappointed" is often an interpretation of emotion.

"I hate him" is a direct emotional experience.

"I felt bad" tells us almost nothing about how the nervous system is organized.

In contrast, words such as **betrayed, abandoned, rejected, humiliated, powerless, invisible,** or **worthless** provide a much clearer picture of the person's lived experience.

It is important to emphasize that this protocol does **not** assume these statements represent objective truth.

If someone says:

> *"I was betrayed."*

the instructor is **not** confirming that betrayal objectively occurred.

The protocol simply recognizes that **this is how the person's nervous system currently experiences and organizes the event.**

The objective facts of the story are not the primary focus.

The primary focus is the person's **Subjective Experience**.

Repeatedly in practice, we observed that when participants were given permission—even for a few minutes—to stop censoring their inner experience, something remarkable happened.

Their language changed.

Their breathing changed.

Their bodily sensations changed.

The location of tension changed.

Their entire **Somatic Organization** began to reorganize.

Only after this shift did it become meaningful to identify a **Resource Organization** and begin **Deep Circular Breathing (DCB).**

This observation became one of the central principles of the protocol:

> **As long as a person is working with a censored version of their experience, the breathing process is often engaging with an interpretation created by the mind rather than with the original embodied experience itself.**

For this reason, the first step of the protocol is **not breathing**.

The first step is creating a safe space in which people can honestly encounter what they truly think, genuinely feel, and who they have become in response to their experience—before the breathing process begins.

3. Classical Deep Circular Breathing and the Proposed Protocol

Over many years of practice, **Deep Circular Breathing (DCB)** has consistently demonstrated the body's remarkable ability to spontaneously activate experiences that are ready to be processed and integrated. In most cases, this self-organizing process unfolds naturally and leads to meaningful psychological and emotional change.

However, when working with a clearly defined intention—such as trauma, addiction, recurring relationship patterns, or low self-worth—an important question emerged: **Is the experience that arises spontaneously always the one the participant actually came to work with?**

This question became the starting point for the development of the **DCB Somatic Polarity Protocol**.

Classical DCB Model

Presenting Issue
↓
Deep Circular Breathing (DCB)
↓
Whatever Naturally Emerges

In the classical model, the instructor relies on the self-organizing nature of the breathing process. The participant is invited to breathe, allowing the nervous system to determine which memories, emotions, or bodily experiences emerge.

For many people, this process is sufficient and highly effective.

DCB Somatic Polarity Protocol

Presenting Issue
↓
Subjective Experience
↓
Protective Somatic Organization
↓
Resource Organization
↓
Deep Circular Breathing (DCB)
↓
Integration

The proposed protocol introduces one additional phase **before** the breathing session begins.

Rather than immediately entering the breathing process, the participant is first guided to identify their **Subjective Experience**. The instructor then helps explore how this experience is organized within the body (**Protective Somatic Organization**) and identifies an existing or potential **Resource Organization**.

Only after these two internal organizations have been clearly identified does the participant begin **Deep Circular Breathing (DCB).**

Breathing remains the primary mechanism of integration. The protocol does not attempt to direct or control the breathing process itself. Instead, it provides the nervous system with a clearer internal map before breathing begins, allowing the process to unfold with greater intention while preserving its spontaneous and self-organizing nature.

> **The DCB Somatic Polarity Protocol does not replace the principles of Deep Circular Breathing. It complements them by introducing a structured preparation phase that helps both the instructor and the participant understand what the nervous system is actually preparing to integrate.**

4. Theoretical Foundation

The **DCB Somatic Polarity Protocol** integrates concepts from several complementary disciplines. Rather than reproducing any single approach, it selectively applies those principles that directly support the practical structure of the protocol.

Author / Approach	Key Concept	Application within the Protocol
Roberto Assagioli	Subpersonalities	Internal parts are understood as protective psychological organizations, each with its own intentions, fears, and adaptive functions.
Peter A. Levine	Somatic Organization and Defensive Responses	The protocol focuses not only on the person's story but on how the experience is organized within the body through breathing patterns, muscular tension, movement impulses, and states of activation or immobility.
Stephen W. Porges	Nervous System Regulation (Polyvagal Theory)	States of safety, fight, flight, and freeze provide a framework for understanding the participant's current autonomic organization and protective strategy.
Deep Circular Breathing (DCB)	Breathing as a Medium for Integration	Deep Circular Breathing provides the experiential process through which the nervous system can naturally explore and integrate both the **Protective Somatic Organization** and the **Resource Organization**, without forcing a predetermined outcome.

The **DCB Somatic Polarity Protocol** is not intended to replace or replicate any of these approaches. Instead, it integrates selected principles from each into a single practical framework that helps instructors prepare participants for a more intentional and structured **Deep Circular Breathing (DCB)** session.

5. Protocol Structure

The **DCB Somatic Polarity Protocol** consists of nine sequential stages. Their purpose is to help the instructor understand the participant's internal organization before the breathing session begins, allowing **Deep Circular Breathing (DCB)** to unfold within a clearer and more intentional framework.

Stage I. Identifying the Subjective Experience

Objective

To help the participant identify the true meaning of the issue they wish to work with. The focus is not the objective event itself, but how it has been experienced internally.

Key Questions

- What would you like to work with today?
- Who have you become because of this experience?
- What are you most afraid to admit to yourself about this situation?

Stage II. Identifying the Somatic Organization

Objective

To explore how the participant's experience is organized within the body. The emphasis is on direct bodily experience rather than interpretation.

Key Questions

- Where do you feel this most strongly in your body?
- How does this area breathe?
- If this part of your body could speak, what would it say?

Stage III. Identifying the Protective Strategy

Objective

To understand the adaptive function of the body's response. Rather than searching for pathology, the instructor explores the protective logic of the nervous system.

Key Questions

- What is this reaction trying to protect?
- What is it protecting you from?
- What might happen if this protection disappeared?

Stage IV. Identifying the Core Need

Objective

To distinguish the protective strategy from the deeper need beneath it. Control, anger, withdrawal, or freezing often protect a more fundamental unmet need.

Key Questions

- What does this part of you truly long for?
- What does it need most?
- What would allow it to relax?

Stage V. Identifying the Resource Organization

Objective

To identify an existing or potential internal organization that reflects the participant's core need.

Key Questions

- Can you remember a time when you experienced even a small amount of this?
- Where do you feel it in your body?
- How does this part of your body breathe?

Stage VI. Establishing Somatic Polarity

Objective

To clearly identify both the **Protective Somatic Organization** and the **Resource Organization**, allowing them to coexist within awareness.

Key Questions

- Where do you experience the protective organization?
- Where do you experience the resource organization?
- Can you be aware of both at the same time?

Stage VII. Breathing Navigation

Objective

To establish a simple orientation for the breathing process without directing or controlling its outcome.

Core Instructions

- Allow your breathing to become familiar with both of these places.
- There is nothing to change or fix.
- Let your breathing discover its own path between them.

Stage VIII. Deep Circular Breathing (DCB)

Objective

To allow the nervous system to naturally explore and integrate both internal organizations through **Deep Circular Breathing (DCB).**

The Instructor Observes

- changes in breathing;

- changes in bodily sensations;
- emotional flow;
- quality of contact with the environment;
- signs of nervous system regulation.

Stage IX. Integration

Objective

To help the participant recognize what has changed after the breathing session—first within the body, and only then through reflection.

Key Questions

- What feels different in your body now?
- How does the protective organization feel now?
- What would you like to bring from this experience into your daily life?

Overview of the Protocol

1. Subjective Experience
↓
2. Somatic Organization
↓
3. Protective Strategy
↓
4. Core Need
↓
5. Resource Organization
↓
6. Somatic Polarity
↓
7. Breathing Navigation
↓
8. Deep Circular Breathing (DCB)
↓
9. Integration

Core Principle: Before the breathing session begins, develop a clear understanding of what the participant is actually bringing into the process. During **Deep Circular Breathing (DCB)**, allow the nervous system to naturally explore and integrate both the **Protective Somatic Organization** and the **Resource Organization**, without forcing a predetermined outcome.

6. Areas of Application

Although the **DCB Somatic Polarity Protocol** follows the same overall structure in every session, the central inquiry changes depending on the participant's presenting issue. Selecting the appropriate question helps the instructor identify the participant's underlying **Somatic Organization** before the breathing process begins.

Area of Application	Primary Inquiry	Focus of Exploration
Trauma	**Who have I become because of this experience?**	The participant's **Subjective Experience** and how the traumatic event has shaped identity and nervous system organization.
Addictions	**What is this addiction regulating?**	The emotional or somatic need the addiction is attempting to satisfy or protect against.
Relationships	**What threat does my nervous system perceive?**	Protective responses activated by intimacy, conflict, rejection, abandonment, or loss of connection.
Self-Worth	**What part of myself am I trying to protect?**	The vulnerable self protected by inner criticism, perfectionism, control, or other adaptive strategies.
Shame	**What am I unwilling to acknowledge about myself?**	Aspects of the participant's experience that are habitually censored, hidden, or rejected.

Regardless of the presenting issue, the protocol follows the same sequence. It begins by helping participants identify their **Subjective Experience**, then explores how that experience is organized within the body (**Somatic Organization**), identifies a corresponding **Resource Organization**, and finally proceeds to **Deep Circular Breathing (DCB)**.

This approach preserves the spontaneous, self-organizing nature of the breathing process while providing greater clarity and direction for both the participant and the instructor.

7. Scope and Limitations

The **DCB Somatic Polarity Protocol** is a practical preparation and navigation framework designed to support **Deep Circular Breathing (DCB)** sessions. Its purpose is to help instructors better understand a participant's internal organization before the breathing process begins and to facilitate a safer and more intentional integration process.

It is equally important to understand what this protocol **is not**.

This protocol:

- is **not** a new school of psychotherapy;
- is **not** a medical treatment;
- is **not** a diagnostic tool for mental health disorders;
- does **not** replace psychotherapy, psychiatry, or specialized trauma treatment;
- should **not** be used as the sole intervention for individuals experiencing severe mental health conditions or addictions.

The protocol should not be used—or should be postponed—if the participant is experiencing:

- active psychosis;
- a manic episode;
- acute intoxication from psychoactive substances;
- acute withdrawal symptoms;
- uncontrolled PTSD flashbacks;
- an active suicidal crisis;
- any psychological or physical condition that makes participation unsafe.

In these situations, appropriate medical or mental health care should take priority.

The instructor should discontinue the session if the participant:

- becomes completely disoriented;
- is unable to respond to simple verbal instructions;
- enters a state of severe dissociation;
- loses behavioral self-control;

- is unable to re-establish contact with the present environment for an extended period;
- shows any signs that raise reasonable concerns about the safety of continuing the process.

In such situations, the instructor's priority is **not** to deepen the breathing process. The priority is to restore orientation, safety, and nervous system stability.

Referral to an appropriate healthcare or mental health professional is recommended if the participant:

- experiences persistent or recurrent dissociation;
- presents with severe or recurring PTSD symptoms;
- is unable to function adequately in daily life;
- has a severe addiction or an active eating disorder;
- consistently deteriorates following repeated breathing sessions;
- expresses suicidal thoughts or exhibits other signs of a significant mental health crisis.

> **The fundamental principle of this protocol is that safety takes precedence over intensity. The goal of Deep Circular Breathing is not to provoke the strongest possible emotional reaction, but to create conditions in which the nervous system can safely regulate itself and naturally integrate experience.**

8. Preliminary Practical Observations

The **DCB Somatic Polarity Protocol** presented in this paper is currently grounded in extensive practical experience rather than clinical research.

Over the past fourteen years, the author has facilitated more than **4,000 Deep Circular Breathing (DCB)** sessions and trained over **200 DCB instructors**. Throughout this work, a recurring objective has been to improve the precision and effectiveness of breathing sessions when working with trauma, addictions, recurring relationship patterns, self-worth, shame, and other persistent life challenges.

The first formal training in the **DCB Somatic Polarity Protocol** was delivered to a group of **twelve experienced DCB instructors**, including psychologists and professionals working in emotional and mental health support.

Following live demonstrations and supervised practice sessions, participants consistently reported several observations:

- greater clarity in identifying their genuine **Subjective Experience**;
- a noticeable reduction in the unconscious censorship of thoughts, emotions, and internal experience;
- improved recognition of **Protective Somatic Organizations** within the body;
- easier access to a corresponding **Resource Organization**;
- a more focused and intentional **Deep Circular Breathing (DCB)** process;
- deeper and more coherent integration following the breathing session;
- a clearer understanding of how bodily changes related to the original issue they had chosen to explore.

One of the most unexpected findings was that even experienced psychologists and long-term personal development practitioners recognized that they had often been unconsciously censoring their own primary inner experience. For many participants, identifying this process became the most significant insight of the training and fundamentally changed the quality of their subsequent breathing sessions.

These observations should **not** be interpreted as scientific evidence of the protocol's effectiveness. They represent preliminary practical findings obtained during the initial implementation of the protocol in a professional training environment.

For this reason, this paper should be viewed as an invitation to further professional evaluation rather than as a statement of established efficacy. Broader implementation by breathing instructors, psychologists, psychotherapists, researchers, and other professionals will be essential in determining the contribution that the **DCB Somatic Polarity Protocol** can make to the field of **Deep Circular Breathing**.

9. Future Directions

At its current stage, the **DCB Somatic Polarity Protocol** is presented as a practical navigation framework designed to complement **Deep Circular Breathing (DCB)**. Its purpose is to provide instructors with a structured way of understanding a participant's internal organization before the breathing session begins, allowing the breathing process itself to become more intentional while preserving its natural, self-organizing qualities.

This document is **not** intended to be the final description of the protocol. Rather, it represents the beginning of an ongoing process of professional exploration, evaluation, and refinement.

The next steps in the development of the protocol include:

- implementation by a larger community of **DCB instructors**;
- systematic collection of practical case studies and anonymized case reports;
- comparison of outcomes across different instructors and training settings;
- feedback from psychologists, psychotherapists, breathwork practitioners, and other professionals working with the body and nervous system;
- pilot studies conducted in collaboration with academic and clinical institutions;
- future research evaluating the protocol's reliability, safety, and effectiveness using established scientific methods.

The author's hope is that this protocol will evolve not as a closed methodology, but as an open framework that benefits from professional dialogue, critical evaluation, and practical experience.

Every instructor, researcher, clinician, or practitioner who applies the protocol within the scope of their professional competence and shares their observations contributes to answering an important question:

> **Can a more precise understanding of a participant's Subjective Experience and Somatic Organization before breathing enhance the safety, precision, and effectiveness of Deep Circular Breathing (DCB)?**

Only continued practice, critical evaluation, interdisciplinary collaboration, and scientific research will provide a reliable answer to this question.

10. Invitation to Collaborate

The **DCB Somatic Polarity Protocol** is neither a finished methodology nor a closed system.

It represents an initial attempt to describe a practical framework that emerged from many years of experience in **Deep Circular Breathing (DCB)**, with the goal of bringing greater precision and intentionality to work involving trauma, addictions, relationship patterns, self-worth, shame, and other recurring human challenges.

This paper is **not** intended to establish a new school of psychotherapy or a new approach to breathwork. Nor is its purpose to claim exclusive ownership of the ideas presented here.

Quite the opposite.

This protocol is offered as an **open invitation to the professional community**.

I invite **breathwork instructors, rebirthing practitioners, psychologists, psychotherapists, physicians, somatic practitioners, researchers, and other helping professionals** to explore this protocol within their own practice, evaluate it critically, compare it with existing approaches, test its usefulness, and contribute their own observations and improvements.

If any aspect of this protocol helps practitioners support people with greater clarity, safety, or effectiveness, then its purpose has already been fulfilled.

I make **no claim of exclusive ownership** over the future development of this model.

My hope is that it will evolve in the same way that science and mature professional practice evolve—through open dialogue, critical evaluation, collaboration, and continuous refinement.

If, over time, this protocol becomes something that is collectively improved by many practitioners rather than defined by a single author, I would consider that its greatest success.

The ultimate goal of this work is not to introduce another method.

Its goal is to contribute, even in a small way, to helping professionals guide people through profound inner processes with greater safety, greater precision, and greater respect for the self-organizing intelligence of the human nervous system.

If this document becomes one small step toward that goal, it will have fulfilled its purpose.

References

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These references provide the theoretical foundation and safety framework that informed the development of the **DCB Somatic Polarity Protocol**. They should not be interpreted as direct evidence supporting the effectiveness of the protocol itself, as the specific integration of methods described in this paper has not yet been independently investigated.

Additional Resources

If the ideas presented in this paper resonate with your professional practice and you would like to explore the protocol in greater depth, additional resources are available.

These include:

- a comprehensive **60-page Practitioner Manual** describing the complete **DCB Somatic Polarity Method**;
- detailed explanations of all nine stages of the protocol;
- practical questioning frameworks for each stage;
- application examples for trauma, addictions, relationships, self-worth, and shame;
- safety guidelines and instructor decision-making frameworks;
- common implementation challenges and practical recommendations;
- an expanded theoretical background with additional references.

A complete **video demonstration** is also available, presenting a full DCB Somatic Polarity session—from the initial interview through preparation, breathing, and post-session integration.

These materials are not intended to promote another closed methodology. Their purpose is to provide breathing instructors and other helping professionals with sufficient detail to evaluate, apply, adapt, and critically examine the protocol within the scope of their own professional practice.

If you decide to explore this protocol, I warmly invite you to share your observations, constructive criticism, and suggestions for improvement.

I believe that meaningful professional methods evolve through **open collaboration, critical dialogue, practical experience, and ongoing refinement**. My hope is that the **DCB Somatic Polarity Protocol** will continue to develop through the collective experience of practitioners committed to supporting people with greater clarity, safety, and effectiveness.

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