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Energy & Character Vol 27-No.1-April 96

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BREATH AND CONSCIOUSNESS

Reconsidering the viability of breathwork in psychological and spiritual interventions in human development.

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Executive summary

This paper offers a conceptual framework and guidelines for using breathing techniques as a tool in psychospiritual development. It is intended to expand the field of theory and practice for therapists who utilize attention to the body, and specifically breathing patterns, in the course of psychotherapy. The relationship between respiration and consciousness is explored, and two main patterns or styles of breathing response are identified. The paper discusses the wisdom of attending to the respiratory pattern of an individual, and parameters are given for assessing the patterns and following through with intervention. Guidelines for appropriate intervention are given for therapists working with both developmental and traumatic shock issues. This includes any contraindications and cautions that may be necessary if breathing interventions are used with clients who have various medical, psychological, and spiritual concerns.

The information contained in this article should not lead the reader to assume that a therapist should use breathing techniques as the approach of choice. It is primarily intended to outline some of the parameters for a therapist to consider if they should choose to work in this way.

Introduction

Our world is undergoing rapid and complex change in its social, economic, and political activities. Human affairs are becoming increasingly turbulent and uncertain, and we need to learn new ways of managing this uncertainty to keep pace with the growing rate of change. Thus, each of us is faced with the challenge of making appropriate adjustments to maintain some degree of stability in the world.

Some theorists are alarmed by society's seeming inability to cope with the flood of new information, technologies, socioeconomic forces, and political issues at local, national, and even global levels. Since change, in itself, demands adjustment, we must respond in fresh and new ways that are outside our personal and societal experience. This, in turn, requires innovation and flexibility, and we must develop the ability to think in terms of complex relationships associated with the change process.

Not only is change challenging in its own right, but the rate of change itself is also on the increase. In his 1971 book Future Shock Toffler points out that it is absolutely necessary to develop both capability and organizational capacities to deal with change if we are to address its increasing rate successfully. According to Toffler, "future shock is the dizzying disorientation brought about by the premature arrival of the future. It may well be the most important disease of tomorrow."

The challenge to be proactive in developing our capacity to cope effectively with these changes is great, and many have speculated about our ability to do so. Russell identified the exponential increase in the amount of information we must confront, and Campbell "wonders if we must soon fumble through another age of darkness."

As individuals we need to find new ways of coping with this rate of change, and develop collective methods for transforming the challenge it presents into opportunities to improve the human condition, locally, nationally, and globally. Breathwork is one important response to the challenge.

Section 1: Breath and consciousness

For thousands of years, attention to breathing has been a significant focus in many psychological and spiritual practices. Many of the eastern systems relating to human development are actually developmental psychologies that begin where western psychologies leave off. Eastern and shamanic systems use breathing for both psychological development and spiritual growth, and they do not make a clear differentiation between the two as the western system does.

In eastern cultures there are two main approaches to working with breath. The first uses an awareness of breath to develop a focus and mindfulness, and the second uses overbreathing or hyperventilation as a way of generating transformational experiences, as in Kundalini or other Yogas. In eastern and shamanic cultures it usually takes years of training, meditation, control, and awareness, under the strict guidance of a teacher, shaman, master, or guru, before an individual is able to utilize the breath and energy of the body (bio-energy) for personal transformation.

In the west there are a number of new approaches to working with breath. One of the latest nvolves the use of 'high energy' hyperventilation, often described as the use of eastern methodologies translated into western terms. Examples of this include the Grof Holothrophic Breathwork, some types of rebirthing, and certain western versions of shamanic practices.

The authors of this paper have some concerns about such kinds of 'high energy' hyperventilation. 'High energy' breathing is usually conducted without the extensive preparation and guidance that is a part of the eastern and shamanic traditions of consciousness exploration. When we attempt to import eastern techniques into our culture we need to address the context n which they were developed, since human beings function in a way consistent with society ınd context. Our challenge is to develop breathwork techniques that are congruent with westrn culture.

Traditionally, athletic activities form the basis for the western way of working with breath and body. This gladiator or warrior model emphasizes the physical aspects of breathing, of being really alive in one's body. In this context, Westerners run the risk of using a 'high energy' breathing approach without an overall sense of the larger framework. The use of culturally-appropriate breathing methods for psychospiritual development is at an evolutionary stage in the west. We believe it is important to go beyond thinking of it as a technique, and argue for a conservative approach in the use of breath for transforming consciousness.

In order to decide which approaches are appropriate, therapists need to understand the process of personal transformation, and recognize when there are significant shifts of perception. It is important for them to recognize the effects of various breathwork approaches, such as hyperventilation, on our functioning as organisms, whether it is within a specific cultural context or because we possess a certain psychophysiology.

The origins of western psychology are relatively recent compared with the various systems in use worldwide that explain, control, and affect the human condition. The first western psychologist to look at respiration and it's effect on consciousness was Freud. In his later life he developed a rudimentary awareness of respiratory changes occurring in the nervous system, and of vegetative (autonomic) changes experienced by his patients during what he believed to be birth regressions.

It was Wilhelm Reich, a student of Freud, who became the main researcher in the field of breath. Reich used more active breathing patterns and provocation of muscle to dissolve what he termed 'character armour'. His theory was that the persons neurosis was interwoven with a tendency to create armouring as a defence against feeling a fuller sense of a healthy self. This armouring took various forms, according to the specific malady of the client. Whatever the form, it always served to interrupt the sense of pulsation, a core vitality which he termed the 'life force'.

Jung also worked with breathing, using it as a tool for relaxation and release of active imagination. Some Jungian analysts use a breath-awareness process, freeing the breathing very subtly and slowly, allowing unconscious images, thoughts, sensations and experiences to emerge.

We believe it is important to utilize the wisdom of both western and eastern views of human development. The western world has contributed a great deal towards understanding the role of neurophysiology in the functioning of individuals. We recognize that for an organism to exist, and to survive, it needs a regulatory nervous system with two principal qualities: a basic stability, and a capacity for flexibility, change, and adaptability.

Stability and flexibility have to exist in a dynamic balance with each other. By fluctuating within a range narrow enough to maintain homeostasis, they create a steady state that gives us the consistency to be able to function as human beings. Each level of increased self-regulatory functioning generates a new steady state, and this new pattern of stability provides the foundation for the next new level of flexibility. .. and so on.

Reich originally viewed therapy as a process of reducing, or breaking down, armour.

We need to rethink what this actually means, since the reduction or dissolution of an individual's armour can disorganize a person's whole system of adaptation and coping. When we, as therapists, intervene to remove some of this defensive armour, it is essential that other, more functional resources are found for the individual. This enables them to maintain the stability they need to remain functional in the world.

When Reich originally developed this de-armouring process in pre-World War II Germany, people had more defenses than they do today; an important point in the current development of theory and practice. Now our intent should be to create more functionality and organization, and use this perspective when considering any new type of intervention in a person's psychophysiological functioning so that these resources can be accessed in an integratable manner over the long term.

For example, we can look at what happens when transforming energy is applied to the human organism. When it is introduced judiciously, the organism or system is able to reorder itself to a level of even higher stability, and increase its potential for future flexibility. However, if energy is introduced in large amounts, flooding the system beyond the organism's ability to maintain its containment boundaries, the system breaks down in chaotic disorganization.

Behavioural extremes coexist in many people today, and people can and do exhibit both excess rigidity and a tendency to be unfocused or scattered in their energies at the same time. A person who uses intense high energy breathing methods to expand consciousness may operate under the illusion that he or she is becoming more spiritual and evolved, when in fact they are primarily becoming more dissociated. They may pursue hyperventilation and experience some type of relief, or they may create further dissociation. As a general rule, when a system moves too far out of equilibrium it will continue towards further destabilization without realizing it. This is why repetitively following a person's 'process' will often reinforce the maladaptive pattern.

However, gradual interventions can allow the organism to maintain integrity, maximize the functional reorganization process, and develop the potential for greater flexibility - as long as that flexibility is bounded by a stable system and is incremental. The process of using small interventions, assessing the impact, and reassessing what to do next, is a process we term 'titration'

Through evolution, organisms have developed ways of coping with attempts at changing the status quo, and any attempts to alter this coping ability have to move slowly. The innate wisdom of the neurophysiology, and how it has come to deal with attempts to change its orientation in the world, must be respected: we cannot change overnight that which has evolved over millions of years. If it were possible to make substantial changes quickly and easily, we would not be flexible but rather would be unstable!

The sudden introduction of vast quantities of energy, as happens during intense hyperventilation and catharsis, can destabilize a person's 'self organization'. If a person has been severly stable, it may feel good to have a sense of letting go. This may make them feel like,

"Wow, I'm on the other side and I'm free. I'm floating with the cosmos." However, with that floating feeling may come a disordering of the self in such a way that the person cannot retrace their path through small steps; they must push the breathing all the way, or not at all. It's a lot like taking a drug such as LSD. The drug destabilizes the physiochemistry and this destabilizes the functioning of the self. No one can say exactly what the effect is.

LSD can be useful in certain circumstances, and can open the doors of perception, but it also initiates a potentially disorganized process. In most cases, people don't know how to use the experience to make useful changes, and this can lead to very dysfunctional outcomes.

Working with the breath can also open up an awareness to other realities, and to other dimensions of consciousness. In this form of therapeutic intervention the art is in knowing how to integrate these experiences into the whole personality, and to do this in a way that is developmentally and psychophysiologically sound. If breathwork is used without proper integration, it simply recreates the same old path of disorder with which the person was struggling originally. It does not address the creative process of disintegration and reordering, and it does not introduce new information or parallel stabilizing patterns to support a persons sense of integration and wholeness.

Experience needs to be properly integrated in a repetitive, incremental, and self-organizing process. This is what drives all our developmental and spiritual processes. We see this reflected in a child's experience. At each developmental stage a child acquires new skills and then they pass into a new stage, such as the 'terrible two's', and order disintegrates. However, each falling apart is followed by a significant new synthesis.

An infant cannot be made into an adolescent by giving them a drug: the drug would simply disorder their reality. An infant would not have the life experience to contain the gonadal energy of an adolescent appropriately, and they would be seriously disoriented. This is what happens when drugs and intense breathing methods are used to generate intense experiences. The person needs information, preparation, experience, and pacing through developmental layers before these experiences can be integrated as part of their developmental shift towards realizing their full potential.

Some individuals can become fixated around new pathways, such as the use of intense breathing, so that they can continue to have an intense experience. When this happens it indicates an addiction to the process. A certain type of experience may need to be generated several times in order to resolve it without the person feeling a sense of loss or incompleteness. People who are prone to becoming fixated (addicted) to a certain type of experience may not be able to adjust successfully to the intensity of the intervention used and healthy defense mechanisms may break down, reducing the person's ability to function. This can result in generalized or specific anxiety, somatization, illness, psychosis, or depression.

Some of the new psychologies, including those utilizing hyperventilation methods, have focused on catharsis, on the expressive 'get it out' theme, and there is much concern around this technique. In 1990, Gendlin expressed his concern about the dangers of cathartic work and analyzed the theories of Janov, contrasting them with those of Levine and Grove.

Section 2: Breath, anxiety and consciousness

Here we examine the relationship between breath, anxiety, and consciousness. We address the two different patterns of breathing and their effects on consciousness.

atterns of Breathing

There are two primary patterns of breathing which can be useful to understand in the ɔntext of psychotherapy: hyperventilation (overbreathing) and hypoventilation ınderbreathing). These patterns are two polarities in a continuum of breathing patterns that ınge from gasping to very shallow, limited breathing.

The use of the term hyperventilation can be misleading. Most people who are called yperventilators are actually hypoventilators who exhibit periodic episodes of relative yperventilation. True hyperventilators are aggressive, type A individuals who develop a ɛnse of aliveness by pumping their breathing. These people are often seen puffing in gyms, ıd they thrive on constant charge and excitement in their lives. They need to be sensitized ı their inner pulsatory capacity, and weaned from the pushing and tightening rhythms that ıey use to develop and perpetuate their type A energy patterns.

Hypo/hyperventilator types, by contrast, shrink from experiencing the energy surge or ıarge. In their predominant mode of hypoventilation, their feeble breathing pattern accuılates carbon dioxide in the blood. This shift towards blood acidity and incomplete ıetabolism, which produces increased serum lactate, irritates the core regulatory functions f the brain in the hypothalamus and brainstem, contributing to the many digestive, allergic, nmunologic, and general low energy problems that frequently plague them.

Repeated hypoventilation predisposes the individual to a metabolic imbalance. This ıggers compensatory mechanisms involving the secretory systems of the kidneys and lungs ı an attempt to restore homeostasis. This stimulates a respiratory increase in the lungs, ·ducing blood acidity and increasing alkalinity. Unfortunately, this abrupt change in pH, ıth associated sympathetic activation from receptors in the intercostal muscles, produces a ısh of excitation leading to further overbreathing, which leads in turn to anxiety and still ıore charging, creating a vicious, escalating circle. In other words, a panic attack.

Viewing this from another perspective, what is actually happening is that overbreathing ɛnerates a charging pattern that mobilizes anxiety so that a chronic, low-grade anxiety ɛcomes acute. When hyperventilation is carried to extremes it removes control of the cortex ıd allows the anxious affects to flood, moving the person through the anxiety state. However, the person then regresses back into hypoventilation, and anxiety builds up again. his typically results in a flip-flopping between hypo- (anxious) and hyperventilatory lissociated) states.

People who have done a lot of intense breathwork will sometimes create this pattern. hey will hypoventilate for a period of time, almost not breathing, and then switch to /perventilating. Here the system is not regulating itself and it is not stable. Rather, the two odes are separated, split from each other and disconnected. Breathing becomes dysfuncɔnal and is not coordinated with the overall functioning of the organism.

Thus it is absolutely essential to help hypo/hypervertilatory individuals contain and regue their charging mechanism, and lead them towards normalizing biological rhythms. This ·lps them to develop a more flexible, adaptive stability. Although it is true that techniques hich encourage runaway hyperventilation can ultimately take the person through to panic

release, this kind of flip-flopping eventually encourages an even greater widening of the pattern. This is rather like setting the house thermostat to turn the heat on at 50 deg. F and off again at 100 deg. F. Although the average room temperature is 75 deg. F, inhabitants of the house will be first chilled and then nearly suffocated in the process. It is obviously much more desirable to have a thermostat that turns on at 73 deg. F and off again at 77 deg. F.

When hyperventilation breathing techniques are used repeatedly, the person is encouraged to split hypo- and hyperventilation patterns even more, rather than restoring respiratory balance. This cuts the person off from a dynamic repertory of experience, and they can lose the sense of the essential, core self Experience is no longer continuous and coherent but becomes expressed in terms of these extremes.

Then the person's internal experience is oriented around either anxiety or flooding, around holding and not breathing, or over-breathing and flooding. This phenomenon can occur in the Primal Therapy approach, where the orientation around 'having a feeling', usually a regressive feeling, becomes a goal, a pathway believed to lead to the 'real' sense of self

If this pathway of generating intense experiences becomes a part of the person's life evolvement approach, he or she may end up without a sense of self-regulation, leading to a diminished sense of self. We believe that the essential self evolves from a sense of internal regulation, and thus learning how to regulate the self is critical in the development of a person's full human potential. This includes paying subtle attention to shifts in regulatory patterns, and then using appropriate interventions.

When we become aware of the wide range of subtly-flowing sensations and feelings which make up the overall process of self-regulation, orientation, responsiveness, approach, and withdrawal, we know that we are alive, connected, and human. All of these orienting responses become parts of the self-regulation of homeostasis as a person begins to experience his or her breathing automatically.

Practically, it can be useful to generate mild to moderate breathing in order to access various states of affect and consciousness. For example, when working with a client's anger, a therapist can have the client push firmly on the therapist's hand, and breathe out while pushing. This discharges the energy associated with the anger. The therapist does not, however, encourage or allow the client to dramatize the anger he or she feels. In this way, the therapist has helped to contain the expression of the client's emotional experience.

Section 3. Intent of using breathing techniques

As mentioned previously, the healthy opposite of stability is not instability: rather, flexibility is the compliment of stability.

Stability and flexibility: system dynamics

When using breathing interventions, a therapist needs to develop a way of assessing the systems and parameters of the client in order to design an intervention to generate optimal adaptive tendencies. This raises several questions: What are the adaptive tendencies of a person? What are the maladaptive tendencies? How can these be assessed?

Where does one begin an intervention? A therapist needs to develop a balanced approach, based on the interventions appropriate for each individual client.

Appropriate Assessment

As mentioned above, the hypoventilator is characterized by a pattern of avoiding charge. The client has an underlying anxiety of which they are often unaware, but are unconsciously driven by it all the same. The hypoventilator is driven to avoid excitement, has a tendency to minimize intense contact, and exhibits avoidance behaviours. In addition, they are likely to have unresolved developmental issues, family-of-origin issues, and other concerns related to their particular character structure (as explained earlier in the text).

A person with a primarily mental character structure will tend to be a hypoventilator, while a person with a more emotional character structure will tend to alternate between hyper and hypoventilation. The more mental person may be lost in a dream world, with a philosophical or spiritual orientation to life, connected through a philosophical or spiritual cause. An emotional type, on the other hand, may utilize hyperventilation to generate emotionally transcendent spiritual experiences. This, however, reinforces their inability to be in the world and to contain affect.

It is sometimes believed in body psychotherapy that the body has its own innate wisdom, and that this wisdom will guide a person to wholeness. Like most blanket statements, this theory can lead us astray. For example, the premise that encouraging a client to hyperventilate and go into catharsis will naturally bring them to an improved state of well-being is just not true.

Strategies with different breathing styles

Hyperventilator intervention

When working with an energetic and expressive hyperventilator, a therapist can push the client slightly to increase their breathing and raise the activation level. This encourages the nervous system to become sympathetically dominant, leading to a parasympathetic discharge and release response. This gives the client the experience of a charging and discharging cycle, and familiarizes them with the subtlety of their own internal experience. The therapist should encourage the client to develop a fascination with the internal experience, and with a more internal orientation (in contrast to emotional explosion). Through this type of experience the therapist is teaching the client that gradual increments can lead to positive experiences.

The client needs to be helped to move slowly as they will want to push right through, wanting greater charge, intensity and experience, and overriding the building blocks necessary for the broadening and deepening of personal development. When left to their own devices, a client will often try to use breathing to satisfy an addictive pattern. The therapist's task is to encourage enjoyment of the more subtle experience. An important goal of therapy is to replace the drive to generate more intensity with a sense of facilitating the building and containing of charge, leading to a gentle release. The therapist can discuss with the client the awareness of changes. This includes questions such as "What's going on now?" "How is it to be like that?" "How is that

different?" "What do you want from this place?" "What do you feel in this area?" "What are your images from your body?" "What sensations are you experiencing?" "How are they different from before?"

Hypoventilator intervention

When a client's breathing pattern is closer to hypoventilation, the goal is to titrate the experience just enough to stimulate the breathing mildly, leading to a minimal activation. This will tend to normalize the respiratory pattern and support the client to develop their own capacity to contain more charge without fragmentation, leading to more central vitality without anxiety.

The intent here is to shift the homeostasis in a direction that can embrace more life. The client will want to disassociate as they approach anything close to a hyperventilation response.

The therapist needs to assist the client to stay present with the gradually increased excitation. As the client's breathing begins to approach a more normalized pattern they will actually begin to associate. This may not be comfortable at first and they may need additional encouragement to tolerate the experience. They may again move into slight disassociation, and the therapist will need to direct the client back towards what is being associated.

The process of bringing the client back into awareness of a higher level association, stimulating slightly and then reassociating when the client slightly disassociates, is the preferred approach when working with this pattern. The idea is to use breathing techniques to help them reach the point where they can associate, without going over to disassociation. If they disassociate during the process, the therapist needs to recognize it, ensure the disassociation is minimal, and bring the client back through to reassociation.

In body psychotherapy it is important to work with body awareness and an awareness of muscle. For example, the therapist might physically support the lower back, and ask, "What does that back support feel like?" or "How does that affect respiration?". This type of intervention can lead to increased body awareness and, until the client has awareness of the muscular sensations and the embodied experience of the self, they will not be able to change old patterns. This approach requires a great deal of education and information in order for the client to understand the personal benefit of the work.

Section 4: Developing spiritual experience

When we speak of spiritual experience, it might be more accurate to think about the undeveloped parts of ourselves. Extension of these parts will then lead to unfolding of spiritual dimensions. It is important to look at this as developmental, not just as a psychological or spiritual experience. It is a developmental process in human development.

We believe that the role of a therapist is to encourage clients to live more comfortably within themselves, and support them to move beyond an addiction to transcendent and spiritual experiences. In order to do this we need to assist them to develop the every day richness of internal

experience. Once that richness is discovered and incorporated as a part of their ongoing experience, their spiritual life will be generated quite naturally out of the richness of internal experience, and will not be a goal in itself We need to encourage the notion that we are biological beings, rooted in flesh and in the animistic spirit of the flesh; that we are a part of the cosmos, and of all existence.

The approach to spiritual experience will be different for the hypo- and hyperventilator. The hyperventilator will want to push, and will tend to become focused on or addicted to whatever approach can generate the transcendent experience. The hypoventilator, on the other hand, will go into the spiritual as something disassociated from daily life. The therapist's task is to bring both types back into everyday development. Then, instead of habituating to spirituality outside of self, the person will learn to surrender to his or her own vegetative currents, and find their internal truth within their authentic and inner instinctual self.

Section 5: An explanation of Character Structure and Bodynamic Model

Throughout this paper the terms 'Character Structure' and 'Bodynamic Model' are used. The following section is intended to provide definitions and frameworks to clarify these terms for those readers unfamiliar with them.

Character structure

The following material on character structure, although originally developed by Reich is drawn from the Bioenergetics model of Lowen.

Character is defined as a fixed pattern of behaviour, the typical way an individual handles his striving for pleasure. It is structured in the body in the form of chronic and generally unconscious muscular tensions that block or limit impulses to reach out. Character is also a psychic attitude, buttressed by a system of denials, rationalizations, and projections, and geared to an ego ideal that affirms its value. The functional identity of psychic character and body structure or muscular attitude is the key to understanding personality, for it enables us to read the character from the body and to explain a body attitude by its psychic representations, and vice versa.

In bioenergetics, the different character structures are classified into five basic types. Each type has a special pattern of defense on both the psychological and the muscular levels that distinguishes it from the other types. It is important to note that this is a classification not of people but of defensive positions. It is recognized that no individual is a pure type, and that every person in our culture combines some or all of these defensive patterns within his personality. The personality of an individual, as distinct from his character structure, is determined by his vitality: that is, by the strength of his impulses and by the defenses he has erected to control these impulses.

No two individuals are alike in either their inherent vitality or in their patterns of defense arising from their life experience. Nevertheless, it is necessary to speak in terms of types for the sake of clarity in communication and understanding. The five types are termed 'schizoid,

'oral, 'psychopathic', 'masochistic', and 'rigid. These terms are used because they are known and accepted definitions of personality disorders in the psychiatric profession. Our classification does not violate established criteria.

The schizoid character structure: schizoid describes a person whose sense of self is diminished, whose ego is weak, and whose contact with the body and its feelings is greatly reduced.

The oral character structure: we describe a personality as being *oral* when it contains many traits typical of infancy, the oral period of life. These traits are weakness in the sense of independence, a tendency to cling to others, a decreased aggressiveness, and an inner feeling of needing to be held, supported, and cared for.

The psychopathic character structure: the essence of the *psychopathic* attitude is the denial of feeling. There is in all psychopathic characters a great investment of energy in ones image. The other aspect of this personality is the drive for power, and the need to dominate and control.

The masochistic character structure: the *masochistic* individual is one who suffers and whines or complains but remains submissive. Submissiveness is the dominant masochistic tendency. If the masochistic character shows a submissive attitude in his outward behaviour, he is just the opposite inside. On a deeper emotional level, he has strong feelings of spite, negativity, hostility and superiority.

The rigid character structure: the concept of *rigidity* derives from the tendency of these individuals to hold themselves stiff - with pride. Thus, the head is held fairly high, the backbone straight. These would be positive traits were it not for the fact that the pride is defensive, the rigidity unyielding. The rigid character is afraid to give in, equating this with submission and collapse. Rigidity becomes a defense against an underlying masochistic tendency.

The character structure defines the way an individual handles his need to love, his reaching out for intimacy and closeness, and his striving for pleasure. Seen in this light, the different character structures form a spectrum or hierarchy, at one end of which is the schizoid position, a withdrawal from intimacy and closeness because it is too threatening, and at the other emotional health, where there is no holding against the impulse to reach out openly for closeness and contact. The various character types fit into this spectrum or hierarchy according to the degree that they allow for intimacy and contact.

Bodynamic model

Founded by Lisbeth Marcher, the Bodynamic theory is the work of a group of Danish therapists who have studied, worked, and developed together for over fifteen years. The theory combines the experience of many people working with a powerful system, continually finding and expanding its limits. The diverse personalities engaged in this project are reflected in the many aspects of the theory. One such aspect, Somatic Developmental Psychology, achieves its power through integrating new research on the psychomotor development of children with depth psychotherapy systems. This developmental approach allows for direct activation of undeveloped motor (body) skills and psychological (mind) resources.

Marcher was aware of the Reichian idea that if children are frustrated in an activity they nay tense their muscles to hold back this activity. She realized that when the frustration of a levelopmental activity is early or severe the child may become resigned, and the corre-sponding muscles will be flaccid (undertoned). If the response of the environment is ippropriate, the muscles will have a neutral tone and the child will tend to have a healthy esponse to future situations. Since each developmental stage is comprised of a specific set of developmental psychomotor tasks, and since these tasks all have associated muscles, there an be any of three overall outcomes for each stage: resigned (early frustration), held back or igid (later frustration), and healthy (appropriate response).

The seven developmental stages, listed in increasing age and by the structural issue dealt vith, are: existence, need, autonomy, will, love/sexuality, opinion, and solidarity/performance. Each will be understood in terms of an early position, a late position, and a healthy osition. Using the will stage (2 to 4 years of age) as an example, its early position is characterized by self-sacrificing, its later position by judging, and a healthy position by assertiveness. Viewing clients' difficulties in these terms allows the therapist to phrase interventions in an appropriate manner. A schema of the seven stages is included as Appendix A, outlining the different early, late and healthy phases with the stages, as well as an approximate correlation o the Lowen's bioenergetics model.

Having this specific information allows the therapist to pinpoint the undeveloped areas corresponding to a particular issue. The ability to work directly with somatic resignation ransforms the nature of psychotherapy. Rather than focusing on resistance, understanding, r emotional release, clients learn to sense their body in a way that helps to awaken these ndeveloped resources, ones that have been given up or never learned. The acquisition of hese new resources, which are exactly the ones needed (but missing), greatly facilitates the esolution of developmental trauma. At the same time it empowers clients to new actions in laily life, including developing the resources to reposition themselves within their family-of-origin and their social context.

One of the profound aspects of the Bodynamic approach is the bodymap, an empirically leveloped diagnostic tool. The bodymap is a colour-coded mapping of the elasticity (hypo, yper, or neutral) of over two hundred muscles. Bodynamic therapists are trained to make his map for each client. The testing is done manually and has a repeatability of over 90%. With the map one can read the history of the client's character development. One can literally ee which stages are characterized by developmental trauma. The test results can be analyzed nctionally, in terms of a client's resources and abilities in areas like bonding, grounding, entering, boundaries, etc. Shock and birth trauma can also be read directly from the map. he somatic developmental approach can also lead to exciting new ways of working with a ide range of issues, including family-of-origin, somatic boundaries, shock (such as physical nd sexual abuse), issues related to birthing and womb experiences, and the use of somatic erapies with children.

With this introductory information on Character Structure and Bodynamics in mind, we w look at the practical applications of breathwork. Strategies for working with a particular ient depends not only on their psychological makeup but also on their present character ucture. For example, a hyperventilator could be a person with a great deal of will structure no has endured through difficult life situations, or could be a later developmental structure, ch as the rigid opinion or solidarity/performance structures.

There will be slightly different strategies for each of those related structures, but they do have a commonality. If a will structure client is having trouble moving through a charge, he or she may become afraid of explosion and get stuck while trying to go through the charge to discharge. On the other hand, a client with a rigid structure will try without success to push through, failing to achieve relaxation. Both clients will have a similar problem as they become caught in the charge and cannot get through.

When working with these clients, especially with the withholding will structure, a therapist needs to be both firm and gentle. The therapist may need to assist the client as they breathe, and free the breathing by using massage or supporting the back. The breathing may be used as an adjunct to massage, just as the client is preparing to let go. This will diminish the person's thinking activity, promoting a sense of ease and stillness, and allow them to let go.

The later character structures all have some issues around surrender. When surrender happens, and the client is responding parasympathetically, he or she is much more aware of the subtlety of sensations. Comparing the sympathetic to the parasympathetic state can be likened to the Weber Fechner Law: if you have a hundred candles in a room and you put one candle out you don't notice it, but if there are only four candles and you put one out you can notice the difference.

In the parasympathetic state, the client begins to notice and experience sensations besides pain, bracing, and tension, and starts to realize that there is another universe available to them. They are now able to experience a whole range of sensations Later they can learn to access these sensations themselves, with or without the breathing, They become aware of more subtle, softer sensations, and of fluidity, aliveness, connection, yearning, and power. Each of these sensations will feel different for people with different personality structures but, whatever their makeup, each person begins to have a sense that there is something underneath the tension and the energy. People with a will structure pattern are likely to be most aware of the tension, while those with a rigid/achiever structure will be most aware of excitement, the ability to handle the energetic sensations, and the subsequent move into surrender.

Since will structure clients need to learn to move through the tension and experience the charge, the therapist must work with their tension and help to ease the musculature. On the other hand, if the client has a rigid structure, the therapist needs to help them achieve a free flow of sensation so that they can connect their different experiences. The therapist must keep the client from going into the same stuck patterns. Once the client begins to accept and feel comfortable with new sensations, and gain the confidence that comes with a successful experience, then they will be able either to release their patterns of tension or move through their patterns of holding intensity.

A client who hypoventilates generally embodies the earlier character structures. The first benefit the hypoventilator will experience from increasing respiration is having more oxygen, and this enables them to get more energy and hold more charge. The oral or need structure person, for example, will be able to sense some vitality, core feeling and satisfaction. It is crucial for the hypoventilator to learn to develop self-support. (Note: this is not regressive work, it is wiser to avoid using breathing for regressive work, but breathing work could be useful to give some extra self-support).

If the client has a mental-oriented existence structure, it's important to give them a strong sense of security so that they will not feel they are flying apart when they experience some charge. They need to learn to feel charge directly in the body, and then work at containing it. Their natural tendancy will be to escape from the increased sensation, so it is necessary to build up the charge a little at a time, helping the client to stay with the experience.

This pattern of avoidance is found in both the mental and the emotional existence structures but is expressed in different ways. The mental type is more likely to squirm, itch, and scratch, whereas the emotional type is more likely to emote, become hysterical, or end up compelled to express some feeling. It is possible to assist the client to experience the sensation. The emotional type needs to learn to connect with their energetic nature, to their bodily truth, whereas the mental type needs to connect more with their body sensations so that they can handle, tolerate, and contain some of the increased charge.

It is important for the therapist to take care not to push the mental structure into disassociation, or the emotional into catharsis, as both are actually forms of disassociation. The therapist needs to work at the level where the client is able to contain and tolerate charge. In the earlier character structures (existence, need, autonomy, and will), breathing is not the best approach for uncovering unresolved developmental issues. In later structures (love/sexuality, opinions; and solidarity/performance) breathing is more useful. The client has the resources to integrate it's impact, having developed more ego strength and autonomic stability at the earlier developmental stages.

Clients who hyperventilate, and are characteristically the later structures, can use breathing as a tool to discover more subtle levels of their experience. Here the therapist assists, teaching the client how to relax by paying attention to the nervous system. Relaxation happens when the client navigates the excitation or charge successfully, and is able to enter into different altered states. This kind of deep relaxation can support hypoamnesia and an ability to make more associations, just as alcohol and some mild drugs can loosen up the super ego, our sensor and critical judge. When a client yields to deep relaxation, he or she is able to access more core material, not necessarily just memories but also how they see the self, how they feel, and how they experience the difference between the public and private self, the heart feelings and desires.

By contrast, hypoventilator structures need to be strongly encouraged, supported and helped to breathe. This can be done with a little gentle work on the chest. If the therapist places a hand gently on the side of the client's chest it encourages the client to use side breathing, which is usually more spontaneous. The client may need only two or three breaths before experiencing a noticeable sense of nervous system charge. By staying with that experience until the charge becomes fully associated as a sensation or feeling, the client can move towards integration. The therapist can do some movement or emotive work at this time. The client may become a little dizzy, or become slightly uneasy, and may need contact or support to move through to release. It is important for the client to titrate the experience gradually, rather than pushing past this point of dizziness or light headedness.

At this point, the goal of therapy is to develop some sense of energy flow, and reinforce the ability of the client to handle the charge without fragmentation. This is a very important corrective experience because it reorganizes the client's basic belief in self, and their capacity to integrate

increased sensation. For example, a mental structure type believes that they are going to fall apart or disintegrate in some way. There are variations of this, but it is an overall theme. When a client can experience shifts in reality without falling apart, they are moving towards a more functional way of being in the world.

Section 6: Strategies for developmental and traumatic issues

Having examined different character structures and the particular breathing patterns associated with these structures, it is now possible to look at therapeutic strategies for both developmental and traumatic issues.

We begin by examining how to work with the incomplete developmental issues of hyperventilators. Usually these people do not have much expressed or experienced spirituality. They may go to a church or synagogue, but actual spiritual experience generally eludes them. Except for an emotional sensitivity, hyperventilators are either bound up, like the will structure, or do not believe in spiritual experience, like a rigid structure does ("It's not rational" or "I'm trying but can't seem to find it"). They will sometimes express disillusionment since they have tried to meditate to change their reality and nothing happened. In these cases, a therapist can work directly with breathing to build up some charge. Eventually the person will start going into deeper discharge experiences, altered states of awareness and suspended respiratory states. They will beginning to 'see' images, and experience subtle body sensations.

These people can be substantially present in their bodies without having the problems found in early structure individuals. When their experience begins to shift they begin to develop an interest in spirituality, and want to explore it. Love/sexuality structure individuals then start to open up sexually, experiencing love with sexuality together as a spiritual union. They become more able to connect to their feelings and desire a more complete relationship than they have had before. Will structure individuals who have been trying to break through their sexual tensions, or achievers who were trying to achieve orgasm, begin to yield. A sense of melting is a positive step forward in their spiritual development.

For people with a mental (schizoid) structure, spirituality tends to be enhanced or linked to images and thoughts. As the person opens up, feelings contained within the body become more grounded in spirituality, beginning with mutual connection. Working with the breathing is a good approach here because these clients have real feeling for the first time and start to open up in their bodies, moving with the breathing and feeling pleasure.

This initially invites a positive transference, and supports them to develop a good therapeutic alliance. Occasional breathwork at this point is very useful. It can also help the client to develop the strength to resist being flooded by sensations and any spontaneous emotional material that may emerge. As they learn to control the charge and tolerate it, the experience becomes one of developing increased personal capacity and healthy boundaries.

When working with hypoventilators and developmental issues, a therapist needs to teach them how to contain increased sensation and charge so that they experience the charge in their body while remaining grounded in sensation. Otherwise the energy will move up and

centre in the head. In order to be grounded, the client needs to increase their energy and then move it down. It is essential for the therapist to know when the energy moves from one area of the body to another. When a group works with hyperventilation-type overbreathing, often there is no one attending to the movement of each person's energy who has the ability to recognize vegetative flow and shifts. This can be hazardous. Breathing is a powerful tool for moving energy, provided it is used appropriately and directed by skilled practitioners. Ethical guidelines and adequate training are necessary if somatic approaches are to be used wisely and well (Macnaughton, Bentzen and Jarlnes.)

Developmental issues are different from shock or trauma issues, and need to be approached differently. Breathing can be used in traumatic issues to help a client tune into the autonomic nervous system and develop a sense of the resources which can be used to help. A therapist may choose to do this before working with the shock itself It is helpful to work gently with respiratory patterns during the renegotiation of the trauma response before using breathwork to enhance integration and a sense of wholeness.

Section 7: The contraindications

Breathwork may be contraindicated, or a cause for concern, in the presence of certain medical conditions, and it is important that a therapist is aware of this potential. Such medical issues include diabetes, hypoglycemia, lupus, muscular sclerosis, heart problems, cancer, stomach ulcers, epilepsy, glandular problems, kidney disease, and liver disease.

Hyperventilation can cause the blood sugar to drop, and this can be significant for clients with diabetes and hypoglycemia. A number of people have reactivated their symptoms of lupus, muscular sclerosis, and other auto-immune disorders and chronic conditions through intense overbreathing. People whose symptoms had been in remission for years have had to be hospitalized because their symptoms returned. The increased stress of hyperventilation could precipitate a heart attack in those with heart problems, and could possibly increase the rate of spread of cancer within the body.

Therapists should not start breathwork with clients who have an active stomach ulcer. However, if the therapist can use the breathing in a very sensitive, judicious way, it is possible to help to clear up stomach and intestinal problems. One of the diagnostic tests for epilepsy is that a patient's brain will produce spiking waves when they hyperventilate, even if it is only for a few breaths. Lupus is an autoimmune disorder characterized by major breakdown and disorganization of the system, and thus any energy that is introduced must be of the very smallest titration, otherwise the system will become further disorganized.

Similarly, endocrine problems (such as hyperactive thyroid - Graves disease) are most likely a result of central nervous system disorganization: if too much energy is introduced through breathing, the therapist may not be able to control what is going to happen to some of the organs. For example, if a client with kidney problems uses hyperventilation this will force the kidneys to secrete additional biocarbonate ions, and put more stress on the kidneys themselves; this could cause the kidney to fail. If the organ under stress is the liver, it may not

be able to cope with all the additional toxic material that is being moved around as a result of the increased breathing. These are not necessarily absolute contraindications but they are serious concerns and caveats for the therapist to consider.

Section 8: Psychological concerns, dissociative problems, and sexual abuse

Consider this scenario: as the therapist, you are working with a client's breathing pattern and he or she disassociates significantly on the third breath. If you are surprised, something has been missed in the assessment phase. Obviously, a therapist must know character structure and psychopathology enough to know when not to use breathwork at all. If you have a client who would typically be diagnosed as a borderline personality or a multiple personality, it is very difficult to know what meaning he or she is going to place on that altered state experience. The client may take a few breaths and become flooded with images, projecting that out to you. Such a client needs to connect much more slowly, in terms of transference, rather than have a rapid transference, provoked by hyperventilation.

A further example of the perceptual problems altered states can create: a person goes to the dentist and uses nitrous oxide. This releases some sexual images, feelings or fantasies. Since the person's boundaries are unclear when they are in this altered state, they become confused as to whether or not the dentist molested them.

Breathwork is very rarely appropriate in working directly with shock and trauma, although it can be helpful in some situations (mentioned earlier in this article) to develop resources and uncover previously unconscious material. This is more true for individuals with later character structures. As the therapist, you don't want to push them through prematurely.

Hysterical, obsessive, or explosive personalities

Obsessive clients can habituate to breathwork. If it is done correctly, a therapist can use hyperventilation to help break the obsession, but this takes finesse and skill. The therapist must know how to take the breathing up to a point, poke and prod a little bit, have a good rapport, and be able to use some other interventions to loosen it up. If you are too forceful it will merely reinforce the obsessive behaviour. If a person is hysterical, the therapist should only unmask emotional issues gradually, otherwise they will tend to experience flooding. There are, at the least, caveats in working with explosive and violent personalities. Pushing these clients could generate violent behaviour.

It is not appropriate to introduce breathing for clients who are dealing with unresolved birth and intra-uterine situations. Rather, it is important for the breathing to start from the generation of deep biological rhythms, not those imposed by the therapist. The person may have been respirated at birth which created a shock or similar reaction. If the therapist introduces a mechanical respiration pattern, the client will be locked even more into the shock pattern. However, if the client has worked through some of the birth and intra-uterine shock, gentle belly breathing, then some light panting patterns can be used as a resource, to recapture some 'womb bliss'. It is

important to realize that these steps must be put into the appropriate context. A therapist should not do a 'rebirthing' session if a client is still exhibiting birth shock, or any shock relating to the neck: responses can be unpredictable if the client tries to push physically through that shock.

Summary

This paper has discussed the implications of attending to the respiratory response of individuals in the psychotherapy process. The patterns or styles of breathing were placed on a continuum ranging from those individuals who overbreathe (hyperventilators) to the other polarity of individuals who underbreathe (hypoventilators). The relationship between respiration, breathing, anxiety, and consciousness was discussed in relationship to these polarities. The importance of employing attention to the breath, and interventions in breathing patterns, were explored. This led to a description of appropriate interventions with various breathing patterns and character structures. The need to include caution and flexibility in employing breath interventions was described. This led to an examination of types of medical conditions and psychological issues where breathing interventions would be contraindicated.

Conclusions

Attention to the pattern or type of breathing displayed by a client can provide useful information for the therapist in the practice of psychotherapy. Intervening in the client's breathing pattern can be useful in moving the client towards self-regulation and a sense of wholeness. These interventions must be utilized within a context of understanding the client's breathing pattern, it's implications in their psychological, neurophysiological, and developmental (character structure) issues. In addition, particular cautions need to be kept in mind when there is any evidence of shock and trauma, medical conditions or dissociative issues. It is hoped that this paper will provide some guidelines for the therapist wishing to employ attention to, and interventions in, a client's breathing in the service of increased psychological and spiritual well being.

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