

Energy + Character 1994, NR 25, N° 2

## BREATHING DIALOGUES:

### PATTERNS OF BREATHING AS PATTERNS OF SOCIAL BONDING

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Editorial note: This article is a translation from a speech held on a Congress called "DER EIGENE UND DER FREMDE KÖRPER" in Wiesbaden, 30th October 1993, Germany. The congress was organized by "AFA, Arbeits- und Forschungsgemeinschaft für Atempflege e.V."

In a recently published article, Carlos Briganti, Brazilian psychiatrist and guest-trainer for psychosomatic medicine in the Biosynthesis-Trainings in South-America, described the mythological figure Narcissus. His central sentence read: "Narcissus didn't breathe. Never sighed. Has always considered himself full, with no space to experience exchange." Briganti refers to a sculpture from Benvenuto Cellini which shows Narcissus as a self-embraced, suffocated human being. Narcissus, the archetype of radical self-reference, appears in these descriptions as twofold: without social bonding - and without breath.

Through this pointed and denying exaggeration the mediating role of breath between the inner and outer world becomes obvious. Breathing expires where no bridges are thrown. Breathing means to build connections, to communicate, to cross bridges.

Realizing how many worlds are contactfully related to each other by breathing sharpens our awareness for its riches. First of all there is unconsciousness and consciousness. Breathing happens involuntarily and unceasingly, "it" breathes us as long as we live. At the same time we can influence our breathing voluntarily, we can shape it consciously.

Furthermore the diaphragm connects the upper with the lower body and the back with the front. In this way impulses migrate between heart and hara and between motor-system and feelings, provided that we give them permission to do so.

And last not least the etymology of Greek, Latin, Hebrew and Sanskrit reminds us of the interweaving of breath, life and psyche and of the interplay between the divine, life-creating spirit and the natural, life-sustaining breath. Traditionally the soul was regarded as interworld between the clear, super-subtle light of the source and the gross, sensual nature of bodies. Breathing was experienced as carrying the spirit within nature, as mediating communication between worlds.

Realizing this mediating nature of breathing we also become aware that breathing is not only a regulating force for other systems, but gets regulated itself by diverse influences. Textbooks about breathing demonstrate with sometimes impressive graphics the close network between breathing and - as it appears to me - all other body-systems. Usually these connections are no one-way roads but double- or even multi-tracks: the systems regulate themselves in mutual feedback.

Through such textbooks we learn much about the role of breathing **within** the body, which surely is important and useful therapeutically. Yet to be noticed is the relative neglect of other systems which are relevant for breathing, especially the outer nature and environment, including the chemical environment, the social context and the spiritual dimension. Without these references a real understanding and profound work with breathing in my opinion does not seem to be possible. The task of this presentation is to have a closer look at the social dimension of breathing.

In my training in Biosynthesis David Boadella taught us something very simple related to our perception of the client's breathing. Whatever our intervention might be, yet especially with touch, we will get three possible responses: "yes", "no" or "neutral". This matrix proved to be very effective in my work. If the breathing is deepening or balancing I interpret this as a "yes". If it flattens or distances from my touch, a "no" is signaled. If no change is happening, it stays "neutral" and possibly shows a gap in contact. These three possibilities form basic patterns or signals of non-verbal communication. It always is an exciting question to what extent clients are conscious about these processes and how far they are able to describe verbally what is going on inside themselves. The same question of course is valid for us as therapists, since our breathing is affected too in our encounter with the client. The therapeutic situation in itself however is only an example for social encounters in general: the same basic patterns occur everywhere in everyday interactions between people, yet usually they go much more unnoticed and unread.

Before I come back to the practical aspects of the work at a later stage of the presentation, I turn first to the concept of bonding patterns and the respective breathing patterns predominant in each of them.

The theory of bonding patterns, as I want to introduce it here, fulfills two important functions. On one side it offers a simple yet encompassing developmental model of the growing up human being, on the other side it describes four functional core themes of our human beingness which accompany us all the time. I begin with the developmental aspects.

The development of the infant got described from partly very different perspectives in the psychotherapeutic, psychological and sociological theories of this century. A basic question of these theories is the one concerned with the propelling forces of human development: are they to be looked for more in the biological or social realm? The probably most useful and simplest answer, namely as well as - and also the inclusion of an essential, spiritual dimension -, obviously was not self-evident at all. Freud explicitly talked about stages of psychosexual development, of biological drives, which society had to shape into social acceptability through conflict.

In opposition to this the psychosocial dimension got central in object relations theory: the affects of the child harbour the need for social exchange as something primary, not the conflict is central but the deficit of appropriate interaction which leads to deficits in ego

development. Already in the linguistic terms of the developmental stages the difference between biological and social orientation shows up: as Freud talked about orality, anality and infantile generality, so Margaret Mahler talked about autism, symbiosis, separation and object constancy.

Freud's psychosexual orientation was taken by Wilhelm Reich, his student, as point of departure for a thorough exploration of energetic processes in which he recognized and examined the functional identity of psyche and soma. His students Alexander Lowen and John Pierrakos developed their system of characterstructures in close connection to Reich and differentiate five broader realms of pathological development in partly overlapping time sequence: the schizoid, oral, psychopathic, masochistic and rigid structure. Strongly influenced through the Reichian tradition by Lowen and Pierrakos was Stanley Keleman, whose work is also based, beside many others, on the Individual Psychology of Alfred Adler, and who developed stratified concepts about the concurrence of deeply biological and highly cognitive processes. In his book "Bonding" he introduces his concept of bonding patterns.

Yet also from object relations theory there is a line of tradition arriving at a similar concept. The English psychotherapist Frank Lake, being under its influence, developed models of character formation during the prenatal period, in other words, he explored earliest links of biological and social processes. Influenced by him and Keleman, David Boadella, founder of Biosynthesis, described four phases of bonding in the development of the child. A synthesis of his and Keleman's approach and therefore a résumé of different lines of tradition was accomplished by the Dutch psychotherapist Maarten Aalberse. In the following I want to give a short overview about the four basic bonding patterns.

In Aalberse' use of terms the connection between the biological-libidinal and the social sphere becomes immediately apparent. The four phases are: the "tactile" or birthing phase, the "oral" or nurturing phase, the "anal" or empowering phase, the "genital" phase or the quest for intimacy and unity.

For the tactile or birthing phase the building of a basic bonding or relationship between mother and child is of crucial concern, the affirmation towards the forming being, so that the embodiment can take place in an optimally secure environment through the experience of belonging and being welcomed. At stake is the process of profound rooting in physical and social existence, of being and being perceived appropriately, which the child will notice especially through the feelings associated with the excitation of skin and senses.

In the oral or nurturing phase the joy of receiving and taking in is what matters. The organic dependencies and needs lead to a dynamic contact with the other through the region of the mouth as its motoric center. How is the sensitive dependency of the child being dealt with? Is the contact, the support, the holding and acceptance appropriate enough for the child to be able to learn recognition and expression of needs as well as to be with frustrations?

During the anal or empowering phase the child develops more and more abilities. Motoric and linguistic competences provide more self-will and autonomy. The anal issue of holding on and letting go expands into more general themes of control and separation and the testing of boundaries in conflict.

The genital phase or the quest for intimacy and unity finally describes the growing consciousness of gender identity in an eventful social frame. Chances of respectful interactions, kind recognitions and meetings all too often get spoiled through rejection or misuse. However, if communication succeeds in a sufficient way, a foundation is laid for the integration of head, heart and sexuality and the balance between libidinal impulses and communicative creativity.

As you can see, these four basic bonding patterns describe pointedly four human core issues. Yet they do this without wanting to reduce to the mentioned catchwords. The strength of this approach is on the contrary the possibility to integrate the focal points of different developmental theories. To specify this approach, concepts of the stages of sensorimotoric, linguistic-cognitive, affective and moral development should be able to contribute considerably. And last not least, and here I come back to my theme, the patterning of breathing within the tensions of biological and social growth.

I don't regard it as my task to give a somewhat stereotyped overview about typical patterns of breathing and their social meaning. For one reason such a recipe could oversimplify the factual complexity of possibilities. Moreover I don't think that **interpreting** breathing is a very valid point, but the **exploration** of its meaning and function in conjunction with the client certainly is. Therefore I like to turn directly towards the therapeutic work with breathing in the frame of the four bonding patterns.

The core issue of the first bonding pattern is: being there, being present. Presence requires a welcoming of existence, of being existent. As a therapist my attention goes with the question how a client is present, in contact with herself and with me. Breathing is here an important medium. Often clients come into the therapy room in different degrees of breathlessness, with unclear contact to themselves. My task can be to help them to find a better self-contact, to support them to find their breath. Therefore, within this bonding pattern, the contact of the client to me is not in the foreground. I don't have any demands on it, rather I try to be a good social environment in which the client can find herself.

As a bodypsychotherapist I like to use the work with body positions and touch to enhance self-contact. First of all the issue might be letting go and coming to rest, in short, centering. Lying positions on the back, the front or side are suited well. Some people like more to pull together, others to extend. After a first position is chosen and a direct touch is accepted I try to build a respectful contact to the chosen shape of the body with my hands. Of first importance is here an affirming contact through touch, staying there and holding. The responses of breathing in terms of the signals mentioned above, "yes", "no" or "neutral", show me the way for further proceeding. If the contact seems to be affirmed, slow movements of the body or specific parts are possible to look for a deepening of breathing. For some a further bringing together or flexion of the body to the inside can be helpful, for others a gradual opening and elongation. The intensification of the contact to oneself could lead into a deepening of present feelings, movement impulses and contact to me, non-verbally as well as verbally. Old themes of traumatizing experiences of rejection might

surface to be recognized, experienced and integrated. Yet independently of the respective contents the pulsation between folding in and unfolding is the red thread for the development of self-contact.

The contactful and accepting attitude of the therapist might even lead to the requirement to follow the client into a process of non-breathing. Recently a client of mine evolved the image of wanting to remain in a floating state within water. This reminded him at a prenatal state in which he would not breathe through his lungs. After an initial hesitation to get involved with this unborn part of himself he could follow his imagination. His breathing reduced itself for minutes to a hardly visible minimum. Yet because he was able to allow this process to happen, the impulses returned from a deeper level of the body. He described later how all the energy had moved towards the solar plexus until it involuntarily reversed from its gathering there and flooded through the body as a deep wave of breathing and a feeling of warmth. The message of this experience was clear for him: he acknowledged the depth of his exhaustion in which, as he said, nothing would work anymore, no voluntary doing, but only a deep letting go and rest to give back to the body the chance of a balancing self-regulation.

The core issue of the second bonding pattern is how to handle needs. Since breathing provides energy for the body, the cycles of charge and discharge, of taking in and converting energy are in the foreground of this bonding pattern. A flat and poor breathing might keep the organism in states of undernourishment or undercharge and remove the basis for the unfoldment of impulses. Here my task could be to explore the function of this low energy level and the possibilities of a more intense energizing. The early connection between sucking and breathing can be a prototypical point of departure. Accordingly in the energetic work with the client the stimulation of impulses on the inbreath is central in the contact. In working with touch as the therapist I can try to stimulate the inbreath through a stronger, more sucking pressure. In Biosynthesis we call this coordination of touch and breath the air touch which can be accomplished in manifold ways.

Yet in many situations the response to the stimulation of impulses from outside, from the therapist, stays too weak. Here it might be necessary to make proposals for the client's own activity. Through an activation of particularly hands, arms and jaw she might live through the experience of voluntarily reaching out and consciously articulating needs. For example the proposal can be to catch the arms or hands of the therapist with the hands and to squeeze, to suck or to pull them a bit on the inbreath. Accompanying imaginations of tapping a source of life can be supportive. The difficulty to come into contact with own needs and to express them physically and verbally is coming to light in this way in the most different variations. The pulsation connects the inside with the outside, invigorates the periphery of the body and its capacity for contact to take in deeply the potentially nourishing outer world, to transmute and to release it again.

The core issue of the third bonding pattern is separation and autonomy. This requires boundaries against something I don't want and the attainment of competences for something I do want. The developmental steps of a child in this phase include such important achievements as learning to walk and to speak. Will and abilities develop fast and power

struggles around control, influence and mastery increase. For the work with breathing in this bonding pattern two themes emerge especially strong: the balance of boundaries and the adequacy of expression. Energetically the coordination of the breath with the powerful motor system of the back, arms and legs and possibly the feelings of fear and anger shame and guilt play a significant role. The work with the client is now mainly done in upright positions. The tracing of the client's impulses, the acquisition of supportive structures for handling fear and anger and the communication in situations of conflict are central.

Fear often relates to the difficulty to build boundaries. In this context to work with the client for the coordination of inbreath and physical expansion, or delimiting, self-defending gestures turns out to be very effective. How do I defend my space against a threat? In the therapeutic work this might happen as well in direct touch, pressing and pushing away, as in more distant contact in the room through clearly articulated stop-signals against any invasion into the own territory.

In contrast to this we work for the support of expression with the outbreath in coordination of movement, voice and eyes. The spectrum of possibilities reaches from a soft, relaxing letting go of held control to kathartic discharges of emotions and vegetative processes. The central theme of pulsation in this bonding pattern is the connection between breathing and self-assertion, the integrity of the self, maintained and differentiated by breathing, within the frame of social interaction.

The core issue of the fourth bonding pattern is called meeting and communication. It includes sexuality and gender issues yet moves beyond this towards more basic realms of human connectedness and meaning. In the therapeutic situation the inner integration of head, heart and sexuality matters as well as the experience of a human counterpart with whom different degrees of closeness, yet without sexual boundary violations, could be explored. The more open and complete two human beings touch each other with their expressive possibilities of glances, voice, gestures and movements, the more problems of shame on one hand and impulses of seduction or approach on the other hand become obvious. How can the adjustment succeed between the flow of inner feeling-intensities and the possibilities of respectful boundaries within contact? Again the breathing provides a broad spectrum of indications about difficulties and is pointing to old biographical problems, because it shows up in the breathing how much the intensity of experience can be tolerated and expressed or not. The task of the therapist is especially demanding here, since he has to get involved on one side into the symmetry and intensity of the encounter and his own breathing, and on the other side he has to stay aware enough to recognize emerging difficulties and to help them towards verbalization. All this without getting caught into the manifold traps of insults and humiliations through an own freezing or contrary, own infringements.

Yet meeting and intimacy is not limited to gender identity. The experience of most profound human feelings as for example thankfulness, compassion, forgiveness, love, joy and happiness as well as sometimes deeply touching spiritual experiences can be embedded within great vulnerability and shyness. Such experiences often go together with the strong-

est waves of breathing when carried by a trustful relationship. The breath of the heart is the deepest ground of our being.

Let me finish by saying that this overview about the work with the bonding patterns can only highlight certain perspectives. Yet they can show how the realization of these four basic issues helps to simplify the handling of transference and countertransference. They describe the spectrum of themes and strategies which a bodypsychotherapist should be able to match in order to meet the needs of a client appropriately. To do this not only knowledge, experience and abilities of contact are needed, but also the ongoing honesty about our own weaknesses and predilections within the frame of these issues, out of which we meet our clients. Last not least our clients are the ones who challenge us here through their unique human conditions.

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