

Breathwork - Therapy of Choice for Whom?

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Is breathwork a therapy? Breathwork is a broad rubric designating the use of a directed breathing process for healing or self improvement. As a form of Yoga it has been used for centuries for physical, mental, emotional and spiritual change and renewal.

Modern psychotherapy refers to a healing process contracted between a client and a trained health professional working from an established theoretical framework. Psychotherapy uses specified techniques to effect change in behavior, thinking and/or feeling states leading to more productive life and sense of well-being. Early forms of psychotherapy using the psychoanalytic model employed the projections of the patient onto the therapist (transference) as a major tool in understanding and giving feedback (interpretation) to the patient. Medical models of doctor/patient relationship and illness/health were assumed. Later developments in psychotherapy do not rely on the transference and interpretation tools. Many are more cognitive or behaviorally based, but they do retain the model of a professional contract for a specified change in feelings, thoughts and behavior.

Breathwork can, I believe, be effectively employed within the framework of some therapies, but in itself goes beyond psychotherapy and is used in educational models, e.g. Yoga classes using a student/teacher relationship, physical healing arts e.g. massage or physical therapy for pain or stress reduction using a client/technician relationship, or a spiritual seeker model using a disciple/master relationship.

Breathwork is not under the domain of any one discipline or confined by a single model. My intent is to share my thoughts and experience of how it has been used within appropriate psychotherapy models and what are precautions and advantages to its usage with different conditions as seen from a traditional diagnostic model and an alternative diagnostic framework, and the differences between the two points of view.

Breathwork and Traditional Psychological Disorders

First let us look at the traditional diagnostic nomenclature. These diagnoses are divided into the organic disorders, related to specific lesions or physical causes and functional disorders for which there are no observable organic lesions. Most of my work has been with functional diagnosis.

The functional diagnosis are divided into psychoses displaying major mood or thought disorders, neuroses characterized by anxiety, personality disorders dealing with behavioral problems and situational adjustments arising from life challenges.

Thought Disorders

A major impairment of thought or mood refers to one which inhibits the individual from functional self-care. These are known as psychoses. I have had very little experience or success in using breathwork with those diagnosed with schizophrenia, a major thought

disorder. Their terror of any breakthrough of real feelings and their defenses against this makes them unlikely volunteer candidates for this process. To try to require this treatment for them is antithetical to the philosophy of self-responsibility and flirting with the disaster of their further entrenching into their split.

Non-psychotic clients with schizoid tendencies may be more amenable. One ambulatory schizoid individual who was genuinely seeking change from his isolated monochromatic life continued to come for Breathwork with me even though he would invariably go into tetany with a few breaths. He explained to me that even though it was painful, he actually felt alive in his body for the first time. The voluntary seeking of the breathwork is critical here and the breathworker's sincerity, sensitivity and warmth are important. It is also critical to adjust your expectations for how much can be handled safely by someone so tenuously defended and to proceed with infinitesimal patience.

When thought disorder is combined with paranoid delusions there is the risk of striking out toward others when the perceived threat is increased as may happen by increasing their energy level or reducing their defenses. I would exercise great caution with breathwork under these circumstances.

Mood Disorders

Major mood disorders, Bipolar or major depression are more likely to voluntarily try breathwork. Here again we are dealing with very shaken defenses and breathwork is a very powerful technique that can produce quite dramatic reactions if used to rip away their walls of fear. Again my experience is that adjusting ones expectations for speed of progress is critical. I would have great caution in raising the energy level of someone already in a manic state and myself would not use breathwork with them until they were not so pressed. The propensity for their acting out and not grounding the increased energy is great, not just during but especially after the session. One needs to help them get safety and grounding firmly integrated. Breathwork has greatest potential with depression. It is well to note that the largest suicide risk is when the depression is lifting. It is most important to stay in contact with your client at this time. Underneath the feelings of worthlessness is great rage and this can be redirected to themselves when their energy is mobilized.

Anxiety States

I have much more experience with the anxiety states and breathwork. Here is where breathwork is an invaluable tool. Anxiety is marked by a sense of dread and uneasiness that does not have a logical focus. Thus there is a paralysis in taking any effective action to alleviate it. In breathwork clients learn to consciously change their energy level, identify what physical and psychological indicators go with their fears, feel and express emotions underlying their fear, remember life situations leading to their trapped energy and address the people and circumstances involved in their original blockage. I have used breathwork with everything from panic disorder, hyperventilation syndrome to more mild and generic anxiety states. Challenging the fears on their own grounds (the breathwork session) rather than unexpectedly in their life starts building the all-important confidence that they are in charge of their life more and more.

States of combined depression and anxiety are likewise amenable to breathwork. The tendency of the depressive to defend, however, through drowsiness in the

breathwork session makes the use of bioenergetic techniques very helpful in maintaining their energy level and keeping them consciously working with you. Getting the client in a focused grounded manner to hit, kick, twist or bite a towel, verbalize or make a sound can get them past the repressive drowsy state and aware enough of their underlying emotions to continue their breathing rhythm. Short of this you may get into the trap of feeling and expressing the depressed person's anger for them as they "sleep" through your breathwork session.

When anxiety is associated with post traumatic stress such as from childhood sexual abuse, it is very important to help the client release not just recreate the trauma. Breathwork has also been invaluable in this area for me when combined with directed visualization. Clients must be helped to access their adult strength and not just collapse into the victimized child position during breathwork. repeatedly encourage them to be with or even speak for their "injured child" rather than simply feel their feelings when they get overwhelming. We can recover and psychologically reenter situations that were abusive letting their child know that we are not going to abandon them there or let them fend for themselves. They can then speak as a protecting adult or give the voice to the child that they were incapable of at the time of the original trauma. Further they can take the child psychologically out of the abusive setting in their mind and bring them home to a current safe environment. This is all when the "child" part of them is ready to (a) leave the old setting and (b) trust the adult part of them. Breathwork helps ground this in the heart and guts, to reorganize their neurology and not just keep it as a nice fantasy. Breathwork surfaces the emotional body more powerfully than verbal or visualization techniques alone and helps integrate the heart and the head. I give assignments to daily consciously breathe and communicate with and listen to their inner child to help build a track record of trust. Also helpful is to have a daily reminder of their intention to heal, such as putting a picture of their inner child or a favorite childhood toy where they will see it regularly. This helps integrate the breathwork into life.

Personality Disorders

Personality disorders present a broad range of challenges. In this arena the advantage of breathwork is that it takes the client to levels of the unconscious beneath their behavior patterns. The disadvantage is that if this is not handled appropriately, this unconscious material may spill over into more inappropriate behavior. The borderline personality is a prime example of presenting this possibility. Clear behavioral contracts can be useful when working with this high potential for acting out. It is important, however, not to get into a "critical parent" role, but to help them deal with the thoughts and feelings, e.g. shame, when they do not stay within the boundaries of their stated intentions. Some may touch in with your services only sporadically. This can provide a valuable resource for them even though it may challenge your criteria for effective behavior change. I have one such client who comes in for short periods every six months to a year and at present can tolerate little more. We serve in many ways.

Situational Disorders

When dealing with situational disorders or adjustment reactions, breathwork has the potential to crack the illusion that the grief, sadness or anxiety is all about one event. This may be disconcerting for those wanting a quick fix. Breathwork, of course, can be

adapted to handling situational anxiety. Sooner or later, I believe, following the guidance of the breath will take the serious applicant to deeper roots when they are underlying. As the breathworker or therapist our job is to point out the potential or possibilities for further work or deeper processing and be available should the client choose to pursue it, not to sell it to them or force it upon them.

Psychotropic Medications

Though I am not a great proponent of psychotropic medications, they may be useful if used judiciously as a bridge to help bring some clients back to a drug-free condition of self-care. I do not refuse to do breathwork with someone on medications, but want to know what symptoms are being suppressed through their usage. In general the medications tend to mute the effectiveness of the breathwork. The breathwork, though, can diminish the length of time the client relies on the medications.

Bioenergetic Analysis

I use a form of Bioenergetic diagnosis in my therapy and breathwork. I prefer it because it gives me a framework for interpreting not only psychological, emotional and behavioral cues but also character structure as reflected in body types. Bioenergetics also gives a developmental model of both health and illness, the strengths and weaknesses of each body type. Clear goals are presented for each body type along with exercises on the physical level to augment the mental and emotional work. Adding breathwork to this form of therapy is a natural fit as free and easy breathing and a spiritual core are already main components of the theory. I have modified Alexander Lowen's typology to increase focus on the wellness components of each type and have added the indications for breathwork with each type.

The *Psychic Sensitive* patterns developed pre- and postnatally are most concerned with basic safety in their bodies and their worlds. In the held fear state their basic belief is "The world is not a safe place." Their compensating belief is "I am a free spirit, unattached to the material." Their bodies are disjointed, frozen and unfocused; their breathing is minimal. Under any stress they split off. Breathwork helps them unlock their chest and free their breathing mechanism, gain more comfort with their bodies and move towards releasing their rage and fear. It is important for the breathworker not to give double messages or control covertly. Breathwork can help bring out their high vibrational qualities with safety, bring agility and responsiveness to their bodies and show more productively their sensitive artistic natures.

The *Empathetic Nurturing* patterns formed during the first year of life are concerned with the issue of deprivation/abandonment. In the held fear state they believe "I'll never get enough." Their compensating belief becomes "If I love enough, I'll be loved" or eventually "I'm self sufficient." Their bodies take on a posture of deprivation with a collapsed chest affording a shallow inhale and a breath by breath experience of lack. Their pelvis is forward with knees locked, having learned to hold themselves up prematurely. They can also be tall and thin, looking undernourished. Though being oral and highly verbal, under stress they will tend to collapse. Breathwork helps them find their true source within so they can support themselves and their feeling of vitality. It is

important for the breathworker to be there as a support but not to "do it for" the Empathetic Nurturer. The depletion and abandonment themes then fade and their empathetic qualities are shared with the world out of choice and pleasure rather than fear of loss.

The *Inspirational Leader* patterns, solidified during the first to third year of life, are focused on control issues in relationships. Having been either overpowered or seductively manipulated, their held fear position is "To give in to feeling is weak." Their compensating belief is "I'm in control." Their body reflects the identification with the controller in taking on either an inflated upper body, muscle-bound, overpowering appearance or a more evenly proportioned, approachable looking, but inwardly controlled style. Under stress they will try to control by rising above or manipulating seductively. Breathwork will help them release their exhale, start to trust and feel pleasure in their vulnerable feelings, and to eventually let go and surrender appropriately with others. The breathworker serves as a model for caring strength rather than struggle for control. Their head and heart working together bring out their loving leadership qualities and releases the old tyrannical control of the Inspirational Leader.

The *Steadfast Supportive* types, developed during the second to fourth year of life, struggle with freedom of expression issues. Squashed in their expression of the "bad me" and smothered with controlling guilt, their fear-based attitude is "No one appreciates me." Their compensating belief becomes a martyr like position: "My struggle is noble." Their bodies take on a squashed appearance, with a thick neck, pelvis tucked in, waist short and thick. Their muscles are under continual pressure. Since direct expression of anger is repressed, under stress they often provoke others in passive-aggressive ways. Breathwork helps them complete and release their exhale and shed their experience of being under continuous pressure to please. They are able to deal more directly with their anger. It is crucial that the breathworker avoid going into collusion with their struggle and end up struggling to help them feel better. The strengths of the Steadfast Supportive Type are their abilities to stay with challenges and be helpful to others. When their creative spirit is released, their helping no longer has hidden expectation attached. Their bodies show solid and enduring qualities, along with being truly tender and huggable.

The *Gender Balanced* patterns set in during the third to fifth year of life. Their theme is gender confusion. How do I safely express myself as a male or female? The held fear posture dictates "If I assert myself spontaneously, I will be rejected." Trying to gain comfort with their dilemma of not being reinforced for their natural initiative, they adopt a compensatory belief that "My assertion is safer than others of my gender." The males adopt a very passive, soft style, their bodies have a rounded exterior and a compliant expression. Their true strength is often cloaked with sarcasm and covert manipulation. The females take a very assertive stance, often very competitive with males. Their bodies show a split between upper being quite rigid and lower being more full and weak. Their jaw is characteristically tight. Under stress the males will tend to undermine and the females resort to attack. Breathwork addresses this male/female imbalance by helping to balance the inhale and the exhale, to gain safety in both their vulnerability

and their strength, and to accept safety in their sexual identity. The breathworker provides a new model of acceptance in this regard as they expose their deepest fears of rejection and punishment beneath the surface. As this happens their true potential for blending their male and female sides comes to blossom and they are able both to enjoy themselves as full, balanced humans and share this model with their world.

The *Energetic Grounded* types, formed during the fourth to sixth year, have as their theme disappointment in intimate relationships. Feeling a deep sense of rejection and betrayal from their initial attempts to relate as a sexual being to their parents, their slogan becomes "No one is going to hurt me again." Their compensatory belief becomes "I am a loving person who no one understands." Their bodies portray stiffening for the anticipated love rejection and are armored in the torso region and have a stiff back. Their eyes tend to be bright and they handle affairs of the world well. It is in maintaining intimate relationships that they falter. Under stress they express anger readily. Breathwork helps them integrate their exhale and inhale as well as their heart and their genitals. The breathworker, avoiding getting competitive with them, is able to handle their underlying anger without rejecting them. They begin to learn safety in vulnerability with others and let their natural attractive, alert, capable qualities be shared in healthy, whole relationships.

Comparison Of Traditional And Bioenergetic Diagnoses

The Bioenergetic framework accounts for the extreme cases described in the traditional diagnostic nomenclature. Schizophrenia is an extreme case of frozen Psychic Sensitivity. Depression is found in the collapsing of the Empathetic Nurturing and the inner morass of the Steadfast Supportive. Behavior disorders are typical of the Inspirational Leader who has not integrated and is under high pressure. Anxiety is the hallmark of many of the types when beginning to deal with their basic themes before they identify and release the emerging fears deepest in their patterns. The difference in the Bioenergetic schema, however, is that their model includes a psychosocial etiology to suggest an approach to dealing with underlying causes not just a biological predisposition. Bioenergetic analysis also includes a continuum of dysfunction to integration and illness to health for each type. The Bioenergetic approach gives a holistic plan for integration using body, mind, and spirit that is documented.

We all deal with the basic themes of safety, abundance, control, freedom of expression, sexual identity, and intimacy and can identify with the postures humans take toward them. Few want to be labeled psychotic or neurotic. When answering the question of with whom to use breathwork, the diagnostic framework that is used will have a large bearing on your prognosis, treatment approach, and subsequent success. The label "psychotic" or even "neurotic" does not point to the way in or the way out of the stuckness for that individual. It tends to reinforce that position in the helping agent also.

Notice how hopeful, or fearful, you felt as a prospective practitioner when the diagnostic categories were being discussed from the traditional versus the alternative approach. I still would have caution in using breathwork with the extreme frozen or held fear position in any of the Bioenergetic Types. I would calibrate my prognosis according

to the standards of individuals using this style of life defense who range from dysfunctional to very productive versus the standards of comparing the "severely mentally ill" to the general population. This helps me, the practitioner, to put their defensive patterns in the perspective of a continuum of wellness, and moving toward integration at their own individual rate, not one dictated by statistics or standards foreign to them.

Summary

In summary, breathwork is not a psychotherapy, but can be very effectively used as an adjunct approach in some systems of psychotherapy that utilize a mind/body approach. Cautions and recommendations for the application of breathwork are offered from my experience using both a traditional psychodiagnostic framework and from Bioenergetic analysis. The wholeness of the theoretical diagnostic approach is seen as influential not only to the categorization of candidates for breathwork, but also to the expectations of the practitioner on how well they will do with it (prognosis) and the success of the treatment (outcome).

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