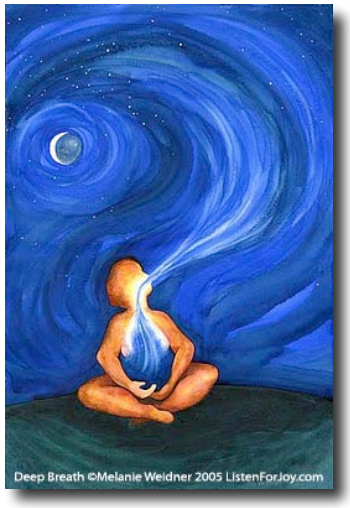
Working with the Breath in Psychotherapy - with Michael Soth

Two CPD weekends for counsellors and psychotherapists from across all the approaches

Weekend 1: 9 & 10 May 2020 - Weekend 2: 19 & 20 September 2020 – Exeter, UK



The significance of the breath for any kind of psychotherapy which does not exclude the body

In recent attempts to include the body in psychotherapy, partly inspired by modern neuroscience, the importance of breathing and the breath as one main regulator of the intensity of feeling has been increasingly recognised. If we want to bring the two bodies constituting the therapeutic relationship fully into the consulting room, we need to not only *understand*, but learn to *attune to*, *stay connected to* and *actively work with* the breath, the client's and our own, and the connection between them, as part of the emotional, psychological and intersubjective encounter.

In this learning we can draw from a wide range of different – and quite contradictory - traditions, both Eastern and Western, many explicitly holistic, some spiritual, some psychological as well as a wide range of complementary therapies and practices, which have been exploring and using the breath, some of them for several decades, some of them for millennia.

Diverse traditions, contradictory principles, a multitude of techniques

One problem with the recent fashion of re-including the previously neglected body in the 'talking therapies' (by drawing on body-oriented traditions and integrating them into psychotherapy) is that in our eagerness to validate somatic experience, the inherent differences and contradictions between these traditions get ignored. We then end up with a smorgasbord of techniques which are all presumed to work towards a common goal, but are actually profoundly contradictory, and end up pulling the process into different directions. The client's bodymind then feels uncontained, confused and fragmented, not sure whether it is coming or going. All the different traditions, of course, each have their wisdoms and gifts (otherwise they would not have survived), but we cannot just arbitrarily mix and match them, even if it is for the valid purpose of supposedly including the body or achieving bodymind integration.

What are some of the key tensions and contradictory principles between the diverse traditions of different kinds of breath work?

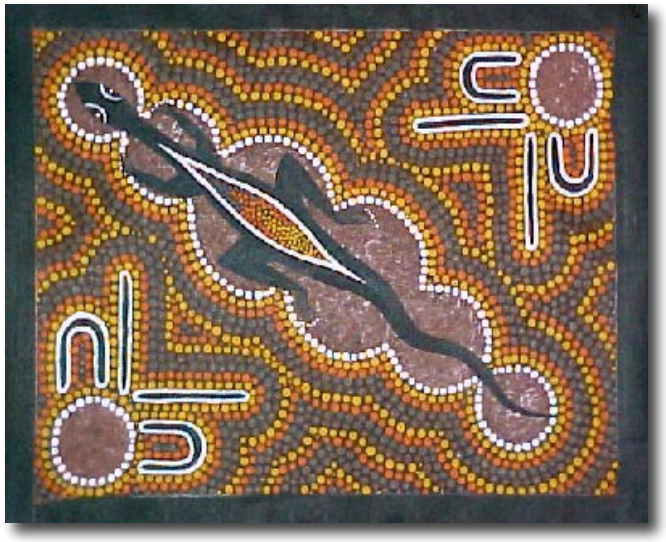
Centering versus expression (charge/discharge)

Generally speaking, the Eastern traditions including yoga, meditation and the martial arts focus on belly breathing, and mindful centeredness in the 'hara' (the centre of the body, just below the navel) and are therefore oriented towards a calming, unifying, steadying effect. They were never designed to deal with the degree of disembodiment, traumatised dissociation, repressed feelings, and general neurosis which we find in the modern *psyche* with its fragmentation and relational vicissitudes (e.g. see Flics). But as holistic practices affecting not only our body, but also our state of mind, the Eastern practices *can* have profoundly beneficial and therefore therapeutic effects.

In contrast, the more recent Western traditions of working with the breath, starting with Reich's vegeto-therapy in the 1930's, were focused precisely on addressing disembodiment and repressive 'character armour' and primarily emphasised catharsis in order to counteract chronic tensions, inhibitions and restrictions of the breath, especially in the diaphragm, but throughout the body. A host of humanistic approaches have descended from that origin (or are at least pulling in the same direction, e.g. Janov's primal therapy, rebirthing, Grof's holotropic breathing and many other cathartic techniques).

The tensions between these two kinds of traditions – roughly speaking Western versus Eastern - continue, although these days of course many hybrid forms have developed. But this dichotomy (charging, 'mind'-less expressive catharsis versus 'mind'-ful, calming centering) is not the only contradiction.

Changing the breathing pattern through the mind versus attending to it *as it is*



When recognising somebody's restricted or flawed, incomplete, hypo– or hyperventilating or otherwise unwholesome breathing pattern (with some bodyworkers having no hesitation calling it 'pathological'), different approaches have quite different assumptions, aims and corrective techniques. All of these approaches can have their valid purpose and application and can be used at different times. But in the context of psychotherapy, the question is: *what* are we trying to do?

Are we trying to educate the client to change their way of breathing towards a 'healthier' breathing pattern? There may be good arguments for that. In that case we would give specific instructions to the client which will require top-down mind-over-body deliberate application and discipline. Often, however, this leads to a forced and consciously controlled breathing pattern which adds further layers of contortion on what is already a tense and contorted situation.

Or are we trying to understand and bring awareness to how this breathing is part of the client's characterological bodymind habit and condition? In which case there is a rationale for attending mindfully to the 'unhealthy' breathing pattern *without* trying to change it – we are then letting it be and attend to it *as it habitually is*.

One essential feature of the breath is that it mostly happens automatically or semi-consciously. But if we want to, we can be very deliberate with it and conscious of it. Can we use our minds and mindfulness to change our spontaneous breath pattern? Yes, in the present moment we can (and that can be profoundly helpful), but how does this impact on the breath the rest of the time when we do not make an effort to consciously direct it?

The psychological limitations of a 'one-size-fits-all' approach to the breath

Many guidelines and systems advocating supposedly 'correct' breathing technique, whether it is belly or chest or diaphragm, in- or out-breath, energetic or calming, fail to take into account individual psychology. Frequently, they advocate a 'one-size-fits-all' notion of 'healthy' breathing which the client is then expected to consciously, deliberately make a disciplined effort to approximate. But will this transform the life-long roots of the individual breathing pattern and engender a sustained satisfying spontaneous breath, functionally adapted to the individual?

Many of us, and many clients, have at some time in their lives been involved with activities or situations (quite apart from complementary therapies and breathwork techniques, e.g. singing lessons, swimming or diving, illness, children learning to hold their breath) where they learnt or were explicitly taught *how* to breathe. These methods have become automatic or turned into injunctions or 'rules' in people's minds, affecting the way they organise themselves when they start paying attention to their breath.

In practices such as Tai Chi or Yoga, this may be fine. But in psychotherapy, this often becomes another top-down 'super ego' imposition, usually exacerbating the contortions that are already present.

Calm, controlled breathing can be a very good idea when somebody is in an overwhelmed, traumatised state. It can also be a symptom of freezing and dissociation. It may exacerbate a depressed condition. At the other end of the scale, many people are scared of 'hyperventilation' which can indeed be a symptom of an entrenched 'traumato-phile' habit of hyper-arousal, constantly leading to emotional overwhelm.

On the other hand, it can be argued that most of the population systematically and chronically under-breathe – their default 'normal' state is that they are *hypo*-ventilating. So an experiment in deliberately breathing more deeply might be needed in order to balance this, or to just get an experience of the edge of their comfort zone or 'window of tolerance'.

Sustained mindfulness of breath can constellate fears of regression

For a client to change position in the consulting room, from talking in chairs to lying on the mattress in order to breathe conjures up a host of associations. Experimenting with how the breath affects the intensity of one's felt sense and experience can draw attention to implicit control mechanisms. If these mechanisms are challenged – not necessarily by the therapist, but more often by internal forces – regression can occur. This can have both damaging and transformative elements, and the history of psychotherapy provides ideas, theories and reference points for both.

In our culture - dominated as it is by metaphors of development which emphasise linear progress, growth and ascent – any hint of regression constellates primitive and for many people catastrophic fears. The client's defensive ego scans 'vitality affects' and the energetic 'weather' in the bodymind for signs that threaten intensity, regression and potential overwhelm. The defensive ego anticipates, counterbalances, and manages – in some sort of controlling approximation of self-regulation – regressive tendencies as they arise. In order to do that, the ego needs to monitor the 'charge' in the system, and therefore the breath as the main regulator of that intensity – this usually happens automatically, pre-reflexively and outside awareness. Bringing awareness to the breath can reveal the presence of this monitoring and control process in action.

It is only when the smooth operation of this pre-conscious mechanism is attended to, that the underlying body-mind split – in whatever idiosyncratic way it manifests in the client's system – becomes more apparent. This split or battle between 'mind' and 'body', reflection versus spontaneity tends to be experienced as an either-or, all-or-nothing battle around control. Within the split, surrender to the somatic processes and letting go into the body is equated with loss of control and regression (which mythologically corresponds to a descent into the underworld).

Inbreath and outbreath are intimately linked to these movements of consciousness and the habitual conflicts which are structured into the client's bodymind system.

How to recognise and engage with this complex matrix of the client's bodymind via attention to the breath and the relational dilemmas which then arise for the therapist, especially when fears of regression are evoked, will constitute some of key questions throughout the workshops. For each participant, these fears and reactions need to be attended to and processed in the context of their own history and habitual patterns of control versus regression.

Depth of intra-psychic bodymind focus at the expense of interpersonal awareness

Generally speaking, the profound potential of breathwork in terms of spontaneous and regressive experience was traditionally achieved by focussing on the client's intra-psychic and bodymind dynamic. This focus on the client's *internal* (or 'vertical') experience – their body awareness including sensations, internal movements and impulses, their emotions and stream-of-consciousness - can move into the foreground of the therapeutic interaction at the expense of attention to the inter-personal ('horizontal') relational dynamic between client and therapist.

Traditionally, body-oriented therapists working with the breath paid no attention at all to transferential dynamics. This is ironic, as our theory tells us that during states of regression early experience tends to come to the fore to such an extent that it then outweighs or overwhelms ego consciousness, thus *intensifying* transferential projections, often reaching back into pre-verbal and primitive states. The consequent conclusion we should draw from this theoretical recognition is that when we invite regressive experience, we should be *more* alert than ever to unconscious processes and transferential and enactment dynamics. Therefore, providing a relational container for regressive states, primarily by the therapist recognising and attending to transferential pressures and countertransferential reactions and responses *whilst* engaged in the breathwork, is one of the key integrations which is generally lacking and which we want to develop. How transformative the experience of breathwork can become, and how the client is then able to integrate it later into their everyday life, crucially depends on the therapist being able to provide a relational container, and to attend to *both* intra-psychic bodymind dynamics (internal, or 'vertical' relationships within the client) as well as inter-personal (external or 'horizontal' relationship dyanmics between client and therapist. Traditional concepts and models of transference and countertransference tend to be limited in their helpfulness in the immediacy of breathwork because of their implicit paradigm bias towards the mind and mental representations, privileging reflection over spontaneity. The spontaneity of breathwork inherently relies on an embodied two-person psychology, and a holistic – or non-dualistic – framework not only philosophically, but with the therapist 'walking their talk' as an embodied intersubjective presence.

Following in Reich's footsteps, we can consider transference and countertransference not just as having somatic aspects or as being reflected in right-brain-to-right-brain interactions, but engage in them *as* intersubjective bodymind processes. The way the two subjects organise themselves in relation to each other as two bodymind systems *is* the matrix of conscious versus unconscious processes. In this perspective, envisaged by Reich, psychology and biology become inseparable polarities - differentiated, but mutually related: body, emotion, *psyche* and mind as fractal parts of a dynamic, integral whole in relationship.

During the workshops, we will aim to work in such a way that these abstract notions remain alive and experience-near, through attending to the detail of the charged bodymind dynamics occurring in the therapeutic relationship and how these are reflected holographically between the various sub-systems, levels, parts and the whole via parallel process.

In the highly charged, potentially regressive context of lying down on the mattress, spontaneous and reflective, somatic and mental, habitual and emergent processes become tangibly constellated, and open into a way of working that can range across all the bodymind levels of (inter-)subjective experience. This places high demands on the therapist's own capacity to be present between such intimate and existential extremes as wholeness and fragmentation, integration and conflict, merger and separateness, authority and woundedness, empowerment and helplessness and a unified sense of self versus multiplicity. These workshops aim to deepen, widen and enhance therapists' perception, understanding and creativity in these areas of intersubjective intensity and vicissitudes.

An integrative, broad-spectrum approach to the breath

The issues described above are just some brief examples to illustrate that this whole area is a minefield that we cannot afford to ignore or sidestep. We want to approach it with an understanding of the contradictions, tensions and the opposing as well as complementary principles, theories and practices which exist across the field, both of psychotherapy and of Eastern practices which many of our clients are involved with.

Content of the weekends

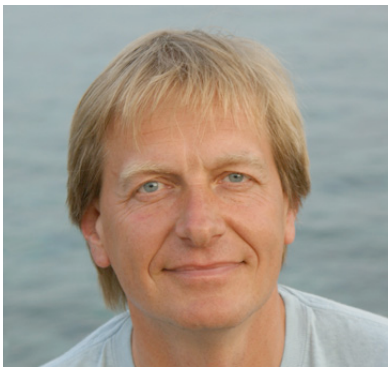
These workshops aim to work towards a comprehensive understanding and practice of breathwork, drawing from the diverse traditions and trying to integrate them on the basis of a holistic bodymind psychological understanding. Specifically, we will include to some extent mindfulness, meditative and yoga breathing, but focus on the lesser known approaches like Grof's holotropic breathing, rebirthing, vegeto-therapy, and an integrative relational form of breathwork developed at the Chiron Centre focussing on bodymind and relational 'charge'.
We will work with and without touch, with and without focus on the breath, experimenting with various styles and stances from allowing (biodynamic midwife approach of allowing impulses 'impinging from within') to challenge (bioenergetic or vegetotherapy).

Format of the workshops

As all of these techniques depend upon the moment-to-moment engagement with the body's spontaneous and involuntary processes and subliminal communications, role-play and simulations (which are usually a regular feature of experiential CPD learning) are of limited usefulness in this context. Therefore, an important part of the learning will be *live sessions* which participants will have with each other, in pairs or triads, or in the middle of the group. We will together build the safety and relational container necessary for such work to become possible in an authentic way.

Several assistants to support the group and strengthen the 'relational container'

As traditional breathwork tends to ignore and neglect the intersubjective aspects and unconscious processes occurring between client and therapist, in order to maximise relational awareness, we will invite a significant number of assistants to support the group and the learning process at every level. We are expecting a group of about 20 to 25 participants and between 5 and 10 assistants.



About the Tutor:

Michael Soth is an integral-relational Body Psychotherapist, trainer and supervisor (UKCP), living in Oxford, UK. Over the last 32 years he has been teaching on a variety of counselling and therapy training courses, alongside working as Training Director at the Chiron Centre for Body Psychotherapy.

Inheriting concepts, values and ways of working from both psychoanalytic and humanistic traditions, he is interested in the therapeutic relationship as a bodymind process between two people who are both wounded and whole.

In his work and teaching, he integrates an unusually wide range of psychotherapeutic approaches, working towards a full-spectrum integration of all therapeutic modalities and approaches, each with their gifts, wisdoms and expertise as well as their shadow aspects, fallacies and areas of obliviousness. He has written numerous articles and is a frequent presenter at conferences. Extracts from his published writing as well as hand-outs, blogs and summaries of presentations are available through his website for INTEGRA CPD: integra-cpd.co.uk, or find him on Facebook and Twitter (INTEGRA_CPD). He is co-editor of the *Handbook of Body Psychotherapy and Somatic Psychology*, published in 2015.

A broad-spectrum integration of a wide variety of therapeutic approaches:

Here is a list of approaches I draw from and include, vaguely in sequence of my own training and exposure to them over the last 30 years:

- drawing on all the schools of the Body Psychotherapy tradition (Reichian, vegeto, bioenergetics, biosynthesis, biodynamic, somatic psychology, somatic trauma therapy, etc)
- wide range of humanistic-integrative approaches, incl. Gestalt, Process-Oriented Psychology, breathwork & rebirthing, Transactional Analysis, Psychodrama, and others; also existential perspectives
- psychoanalytic: object relations, self psychology, intersubjectivity & relational perspectives
- systemic: both in terms of Bert Hellinger's family constellations and the systemic approach, as well as systems theory, complexity theory and integral and fractal perspectives
- transpersonal: Jungian and archetypal psychology, psychosynthesis, Wilber, mindfulness
- constructivist, including NLP (Neurolinguistic Programming) and hypnotherapy (Erickson)
- cognitive-behavioural models and techniques
- somatic trauma therapies, including Rothschild, Levine (Somatic Experiencing), Ogden (sensori-motor) and EMDR

Many of the above are being combined these days into new hybrid forms, so I aim to keep updated with these ongoing developments.

Venue (tbc)

The Blackdown Healthy Living & Activity Centre
Riverside, Hemyock, Cullompton, Devon, EX15 3SH

Dates & Times

9 & 10 May 2020 - 10.00 – 17.00 each day
19 & 20 September 2020 - 10.00 – 17.00 each day

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