

Breathing Dialogues: Patterns of Breathing as Patterns of Social Bonding

Andreas Wehowsky

In a recently published article, Carlos Briganti, the Brazilian psychiatrist who teaches psychosomatic medicine to those undertaking biosynthesis training in South America, described the mythological figure of Narcissus. He said: 'Narcissus didn't breathe. Never sighed. Has always considered himself full, with no space to experience exchange.' Briganti refers to the Benvenuto Cellini sculpture which shows Narcissus as a self-embraced, suffocated human being. Narcissus, the archetype of radical self-reference, is given a double significance: he is without social bonding — and without breath.

This negative overstatement helps to show how breath mediates between the inner and outer worlds. Breathing ceases where no bridges are thrown. Breathing means building connections, communicating, crossing bridges. Realising how many worlds are related to each other by breathing sharpens our awareness of its riches. First, unconsciousness and consciousness: breathing happens involuntarily and unceasingly, it 'breathes' us as long as we live; but at the same time we can influence it voluntarily, we can shape it consciously. Furthermore the diaphragm connects the upper body with the lower and the back with the front; provided we give them permission, impulses thus migrate between heart and hara and

between motor-system and feelings. And last, though by no means 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 natural, life-sustaining breath. Traditionally the soul used to be 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.

Understanding this mediating role, we also become aware that breathing is not only a regulating force for other systems, but is itself regulated by diverse influences. Textbooks on breathing demonstrate, sometimes with impressive graphics, the close links between breathing and — as I see it — all other body-systems. Usually these connections are not one-way streets but twin- or even multi-track: the systems regulate themselves via mutual feedback. Such textbooks teach us a lot about the role of breathing within the body, which for the therapist must be both significant and useful. Yet we should not neglect other relevant systems, especially external characteristics and environment, including chemical environment, social context and the spiritual dimension. Without

these references I do not believe profound work with breathing to be possible, nor a real understanding of the client.

It is breathing's social dimension that I want to take a closer look at in this article. When I did my training in biosynthesis David Boadella taught us something very simple about our perception of the client's breathing. Whatever our intervention might be, but especially with touch, we would get one of three possible responses: 'yes', 'no' or 'neutral'. This matrix has proved very effective in my work. If the breathing deepens or gets more even I interpret it as a 'yes'. If it gets more shallow or seems to retreat from my touch, as a 'no'. If no change takes place, then it stays 'neutral' and may reveal a gap in contact. These three possibilities form basic patterns or signals of non-verbal communication. It is always exciting to discover to what extent clients are conscious of these processes and how far they are able to describe verbally what is going on inside. The same applies of course to us as therapists, since our own breathing is also affected in our encounters with clients. The therapeutic situation itself however is only an illustration of social encounters in general: the same basic patterns occur everywhere in everyday interactions between people, though usually unnoticed and unread. Before describing the practical aspects of my work, I want to discuss this concept of bonding patterns and the respective breathing patterns that predominate in each.

The theory of bonding patterns fulfils two important functions. On the one hand it offers a simple yet encompassing developmental model of the human being in the process of growing up; on the other it

describes four functional core themes of our human beingness which accompany us all the time. I shall begin with the developmental aspects. The development of the infant has been viewed from very different perspectives in the various psychotherapeutic, psychological and sociological theories of this century. These theories all consider the basic question of what drives human development: are these forces to be sought in the biological realm or the social? The simplest and most useful answer, namely 'In both' (though there must also be a spiritual dimension), was obviously never self-evident. Freud talked explicitly about stages of psychosexual development, of biological drives, which society had to shape into social acceptability through conflict. Object relations theory, by contrast, made the psychosocial dimension central: the affects of the child harbour the primary need for social exchange; it is not contact, but a deficit of appropriate interaction that leads to deficits in ego development. The difference between biological and social orientation shows up quite early on in the linguistic terms used for developmental stages: Freud talked of orality, anality and infantile genitality, Margaret Mahler of autism, symbiosis, separation and object constancy.

Freud's psychosexual orientation was taken by Wilhelm Reich, his student, as the point of departure for a thorough exploration of energetic processes, in which he recognised and examined the functional identity of psyche and soma. Reich's own students Alexander Lowen and John Pierrakos developed a system of character-structures, closely related to Reich's, differentiating five broader realms of pathological development in a partly over-

lapping time sequence: schizoid, oral, psychopathic, masochistic and rigid. Strongly influenced by the Reichian tradition through Lowen and Pierrakos, Stanley Keleman, whose work is also based on the psychology of the individual of Alfred Adler, evolved stratified concepts of the concurrence of deeply biological and highly cognitive processes, introducing in his book *Bonding* the theory of bonding patterns. Yet there is also a line of tradition derived from object relations theory that arrives at a similar idea, and it was under the influence of this that the English psychotherapist Frank Lake developed models of character formation during the prenatal period, exploring the earliest possible links between biological processes and social ones.

Influenced by Lake and by Keleman, David Boadella, the founder of biosynthesis, identified and described four phases of bonding in the development of the child. A synthesis of Boadella's and Keleman's approach, and thus a résumé of the different lines of tradition, was achieved by the Dutch psychotherapist Maarten Aalberse. Aalberse uses terms that make the connection between the biological-libidinal and the social spheres immediately apparent. The four phases are the 'tactile', or birthing; the 'oral', or nurturing; the 'anal', or empowering; and the 'genital', or searching for intimacy and unity.

The crucial concern in the first phase is to build a basic bond or relationship between mother and child that affirms the new spirit, so that its embodiment takes place in an optimally secure environment, through the experiences of belonging and being welcomed. What is at stake here is the whole process of profound rooting in physical and social existence, of being and

being perceived appropriately, which the child will be made most strongly aware of via feelings associated with the excitation of skin and senses.

In the oral or nurturing phase what matters is the joy of receiving and taking in. Organic dependencies and needs lead to a dynamic contact with the other through the region of the mouth as motoric centre. How is the child's sensitive dependency being managed? Do the styles of contact, support, holding and acceptance being practised allow the child to learn how to recognise and express needs as well as how to deal with frustrations?

During the anal or empowering phase the child develops more and more abilities. Motoric and linguistic competence 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 last, genital phase or quest for intimacy and unity describes growing consciousness of gender identity in an eventful social frame. Opportunities for respectful interaction, friendly recognition and meetings all too often get spoiled through rejection or misuse. However, if communication succeeds well enough it lays the foundations for an integration of head, heart and sexuality and a balance between libidinal impulses and communicative creativity.

These four basic bonding patterns form a powerful analogy for four core human issues. The strength of this approach is that it permits the integration of the focal points of several different developmental theories, to which the concept of the stages of senso-motoric, linguistic-cognitive, affective and moral development

should be able to make a considerable contribution. And this brings me back to my theme, the patterning of breathing within the tensions of biological and social growth.

I don't want to give a stereotyped overview of typical patterns of breathing and their social meaning. For one thing this could lead to oversimplification. For another, I don't think interpreting breathing is very valuable; but the exploration of its meaning and function in conjunction with the client certainly is. Therefore I want to turn straight to therapeutic work with breathing, within 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 I concentrate on how clients are present, in contact with themselves and with me. Breathing is an important medium here. Often clients come into the therapy room with varying degrees of breathlessness, not in clear contact with themselves. My task may be to help them make better self-contact, to support them while they find their breath. In this bonding pattern, therefore, contact between me and the client is not predominant, I don't ask for it; I just try to create a good social environment in which clients can find themselves.

As a body psychotherapist I like to use body positions and touch to enhance self-contact. The first issue might be one of letting go and coming to rest, in short, centering. Suitable positions for this are lying on the back, front or side. Some people would rather curl up, others prefer to stretch out. After they have selected their first position and accepted my direct

touch I try to build a respectful contact with their chosen body shape, using my hands. The most important thing at this point is to maintain an affirming contact with them through touch, staying there and holding. Their breathing responses, translated as 'yes', 'no' or 'neutral', show me how I should proceed. If the contact seems to be affirmed, then slow movements of their body or parts of it may deepen breathing. Some find a further inward contraction or flexion of the body helpful; others, a gradual opening out and elongation. Intensifying self-contact might lead to a deepening of present feelings, movement impulses and contact with me, both verbal and non-verbal. Old themes of traumatising experiences of rejection might surface, to be recognised, experienced and integrated. Regardless of what comes to light, however, it is the pulsation between folding in and unfolding that is critical for the development of self-contact.

The therapist who is sufficiently in contact and accepting might even have to follow the client into a state where both stop breathing. Recently a client of mine evolved an image where he wanted to be floating in water, as in the prenatal stage before he could breathe through his lungs. He was initially hesitant about getting involved with this unborn part of himself, but was eventually able to carry out his fantasy. His breathing dropped for minutes at a time to a hardly visible minimum. Yet because he was able to let this happen, impulses began to surface from a deeper level of his body. He described later how he had felt all his energy gather around his solar plexus, then involuntarily reverse and flood back through his body, which he experienced as a deep

wave of breathing and a feeling of warmth. The message of all this was plain to him: it forced him to acknowledge the depth of his exhaustion; as he said, nothing worked any more. The only thing he could do, if his body was to have a chance of achieving equilibrium and self-regulation, was to let go completely and rest.

The core issue of the second bonding pattern is how to handle needs. Since breathing supplies the body with energy, the significant elements in this pattern are the cycles of charge and discharge, of taking in and converting energy. A poor, flat type of breathing may keep the organism in a condition of undernourishment or undercharge and fail to supply the foundations on which impulses can unfold. Here my task might be to explore the function of this low energy level and the chances of a more intense energising. The early connection between sucking and breathing can be a prototypical point of departure, and stimulating impulses on the inbreath is therefore central in energy work with such clients. Using touch, I can try to stimulate the inbreath through a stronger, more sucking type of pressure. In biosynthesis we call this coordination of touch and breath the 'air touch', and it can be accomplished in manifold ways. Often, however, response to the therapist's external stimulation remains too weak, and it might then be necessary to suggest activities for clients themselves to do. Moving the hands, arms and jaw, for example, might enable them to experience a voluntary reaching out and conscious articulation of their needs. A client might seize the arms or hands of the therapist and squeeze, suck or pull them a little on the inbreath, perhaps with accompanying images of tapping a source of life, which

can be supportive. Such activities illuminate in a wide variety of ways just how difficult it is to make contact with one's own needs and to express them, both physically and verbally. The pulsation they set up connects the inside with the outside, invigorating the periphery of the body and its capacity to take in the potentially nourishing outer world, transmute it and let it go again.

The core issue of the third bonding pattern is separation and autonomy. This means acquiring boundaries against things I don't want and skills for things 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. Two themes emerge strongly for breathing work in the context of this bonding pattern: the balance of boundaries, and adequacy of expression. In energy terms a significant role is played by trying to coordinate breathing and the powerful motor system of the back, arms and legs, as well as possible feelings of fear and anger, shame and guilt. Work with the client here is mainly done upright. Tracing the client's impulses, acquiring supportive structures for handling fear and anger and developing powers of communication in situations of conflict are all central. Fear often relates to the difficulty of building boundaries. In this context working with the client on the coordination of inbreath and physical expansion, or alternatively delimiting, self-defending gestures, turns out to be very effective. How do I defend my space against a threat? In therapeutic work this might happen through direct touch, pressing and pushing away, or

from a distance, through clearly articulated stop-signals against any invasion of personal territory. By contrast with the outbreath we work to support expression through coordination of movement, voice and eyes. The spectrum of possibilities ranges from a soft, relaxing release of sustained control to cathartic discharges of emotions and vegetative processes. The central theme of pulsation in this third 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 meeting and communication. It includes sexuality and gender issues, but moves beyond these towards more basic realms of human connectedness and meaning. In the therapeutic situation the inner integration of head, heart and sexuality matters as much as the external experience of having a human counterpart with whom different degrees of closeness, without sexual boundary violations, can be explored. The more openly and completely two human beings touch each other, using all the expressive possibilities of glance, voice, gesture and movement, the more evident will become any problems with shame on the one hand and impulses of seduction or approach on the other. How can a successful adjustment be achieved between the flow of intense inner feeling and establishing respectful boundaries without losing contact? Here too breathing provides a broad spectrum of indications about difficulties, as well as pointers to old biographical problems, because it will show up the degree to which the intensity of the

experience can be tolerated and expressed. The task of the therapist is especially demanding, since it requires both involvement in the symmetry and intensity of the encounter and at the same time staying sufficiently aware to recognise emerging difficulties and to help them towards verbalization. All this without getting caught in the manifold traps of insults and humiliations that await any therapist who freezes or else, the opposite, commits some infringement. Yet meeting and intimacy are not bound by gender. The most profound human feelings, 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 feelings can often be experienced through the strongest waves of breathing when these are supported by a trustful relationship. The breath of the heart is the deepest ground of our being.

Let me finish by saying that this summary of work with bonding patterns can only highlight certain perspectives. Yet these should be enough to show how understanding the four basic issues can simplify the handling of transference and countertransference. They cover the spectrum of themes and strategies which a body psychotherapist should be able to call on in order to meet the needs of a client appropriately. To do this requires not only knowledge, experience and contact skills, but also an ongoing honesty about our own weaknesses and predilections, out of which we meet our clients. It is not we who challenge them, but they who challenge us, through their unique human conditions.