

BREATH IS A LANGUAGE

by

Joy Manné, PhD.

(Paper presented at the Fourth Global Inspiration Conference of the International Breathwork Foundation, "Breathwork and Psychotherapy," Kirchberg/Pielach, Austria, June 1997, and published in the Lectures and Transcripts.)

I. Breath is a language

When we take our first breath we inform the world that we are alive, and when we finally stop drawing breath, we inform the world of our departure. Breath is a language. (See also Manné, 1997 i.)

Breath is a language with its own vocabulary. Among its words are long breaths and short breaths, and more or less noisy breaths: puffing, panting, yawning, gasps, snorts and sighs.

Some gestures combine movement with sound effects. The bull snorts when he is angry. People who are furious usually take short breaths and expel the air through their nostrils in spurts similar to snorting. In a sorrowful situation, highly emotional people take deep breaths and expel the air slowly, making long, sighing sounds. Breathing also plays a prominent part in the communication of frustration and disgust. (Nierenberg & Calero:78f)

Coughing, choking and suffocating, too, are part of the vocabulary of breath language. This is what Georg Groddeck says about coughs:

A cough, any sort of cough, expresses the wish either to blow off something which is regarded as unpleasant, or to get rid of something already felt to be within the organism, whether as part of itself or as a foreign body, and whether of a mental or of a physical nature. (Groddeck, 1951:133)

The way the words of a language are combined to make meaningful utterances is its syntax. Breath is a language with its own syntax and structure. Breath language is meaningful.

The part of the body in which the breath takes place is significant. When we are under stress we breathe at collarbone level. One component of the physical response to stress is a shift from the relative dominance of abdominal to thoracic breathing. When we are afraid our breathing moves from our belly to our chest. The contraction of abdominal muscles for protection of organs in that part of the body serves as a survival mechanism.

In difficult situations -- for example in marital quarrels or with the unexpected appearance of one's employer -- we see that this gasping for breath and cramp in the diaphragm and stomach regions assumes frightening dimensions. Breathing stops, or a breath is hastily drawn, and the situation -- which probably demands our greatest responsiveness -- is hopelessly lost. (Elsa Gindler, 1986-7, p.9)

Breath is a language with its own expressions, symbols and metaphors: We wait with bated breath. We catch our breath in fear or anticipation; we hold our breath during moments of tension, pressure, strain, anxiety, danger and excitement; and when we are at ease again, we breathe freely. We breathe freely also in an atmosphere of intellectual freedom. (This is expanded in Manné, 1997 i.)

Breath is a language with its own rules. These may be obeyed or broken:

A person should respond to an increase in excitement or charge by increasing his rate of breathing. Instead, many people are uncomfortable with the charge and they attempt to control their excitement so they can stay "calm, cool, and collected." They do this by curtailing their breathing. The reason that they do this is that breathing deeply and fully amplifies their awareness of feelings. Many of the feelings that emerge with the deep breathing are uncomfortable ones, so most people avoid awareness by restricting their breathing. Unfortunately, while restricting the breathing to repress uncomfortable feelings, they restrict feelings of pleasure as well. This is not just a reaction we see in therapy, but a common pattern of the average man-on-the-street. Most people breath with only a portion of their lung capacity during the normal day and then hold their breath when they get tense or frightened. (Rosenberg, 1985, 106f)

Breath language is especially rich in communicating emotion: (See also section IV below.)

Nearly all strong emotions, crying, anger, fear, and pleasure, involve increased breathing. So it is not surprising that if a person seeks to repress emotion, breathing reduction is a central dynamic. (Boadella, 1994, p.241)

Just as we behave, move, act, according to our specific makeup and express ourselves uniquely through gestures so does our breathing pattern express our inner situation, varying in accordance with inner and outer circumstances. The usually arrhythmic respiration goes with our normal diffusion of attention, and changes with emotional states: agitated in anger, stopped momentarily in fear, gasping with amazement, choking with sadness, sighing with relief, etc. (Proskauer, 1994:255)

In our vocabulary, expressions about the breath are expressions about our emotional or physical state, or both together. Further, disordered breathing shows stress and anxiety (Fried, 1990:32); hesitation and mental conflict can trigger asthma attacks (Winnicott, 1941, in 1992:59); fear and sadness cause breathing changes (Fried, 1990:33). Our habitual rhythms of breathing regulate our state of consciousness and our emotions in daily life. A change in our rhythm of breathing induces a change in our state of consciousness, as the elements of breath language above show. (See also Fried, 1990:31) Breath is a psychological language. It is the language that describes our state of consciousness. If dreams are the royal road to the unconscious, breath is the royal expressway.

Breath, however, is not only a psychological language. In health and physical illness, in psychotherapy and in personal and spiritual development, breath can be used as a means of diagnosis, with its own descriptive and prescriptive vocabulary.

And breath language has a transpersonal dimension. We are energy beings, beings of psychological and physical energy. (Manné, 1997 ii) Breath is our language of energy and harmony, as Robert Fried says so poetically:

The physical world is made up of particles which are arranged spatially, in three dimensions, in accordance with the interplay of attracting and repelling forces which, in composite, we call "energy." Energy fluctuates periodically. One of its properties is "frequency."

The interplay of energy changes is dynamic and, in the aggregate, gives all things physical a continuous dynamic periodicity which we observe as rhythm. Most aspects of physical matter have their own rhythm, a signature, as it were, which interacts with other such rhythms to result in yet new rhythms for the aggregate. When physical matter is combined into a life form, we may observe it to have a complex interplay of these energy oscillations — something like the score of a symphony — where, at any moment in time, each component plays its characteristic "note" as part of its own melody and rhythm, and the aggregate creates a distinct new sound, superimposed on yet a new rhythm.

And so it is in psychophysiology that we begin with an assessment of the rhythm of the energy in an organ system, because we recognized dysrhythmia as dysfunction, and we believe that we can, like turning the pegs on a violin, restore the rhythm to the strings that will give the organ the proper pitch and harmonic composition. ... We do it with the .. body organs .. And most importantly, we do it with the breathing. (Fried, 1993:305f)

II. Breath is a Language of Illness

Breath is a language of illness. When we are ill, our breathing is affected; when our breathing is inadequate, our health is effected. Breathwork can heal some illnesses, while in other illnesses inadequate breathing is a life-saver.

Hyperventilation

Most frequently breath language speaks of illness through hyperventilation (HV).

What is hyperventilation? As usual the medical profession does not agree, but at the moment it seems to be the bucket diagnosis into which as many ailments as possible are put! HV is not easily diagnosed. People with it have been misdiagnosed as having cardiovascular, respiratory, neurological, psychological, gastrointestinal, musculoskeletal, endocrine and allergic problems. (Fried, 1993:194f)

How, then, is hyperventilation defined? This is how Fried describes its bio-chemistry:

An increase in the periodicity of this [i.e. the normal] breathing cycle inconsistent with metabolic demand may result in an increase in the amount of CO₂ expelled from the lungs (hypocapnia), reducing the blood CO₂ content below that required for proper function

(hypocarbia). This process is called hyperventilation and results in a momentary shift of the acid-bas equilibrium of blood toward alkalosis. (Fried, 1993 : 302)

Clinicians often use the hyperventilation-challenge as a means of diagnosis. "The HV-challenge (has) the person breath deeply and rapidly (perhaps twenty to thirty breaths per minute [this is hyperpnea, over-breathing] for two to three minutes." (Fried, 1993:42) It induces the symptoms from which the client is seeking relief, and thus is supposed to validate their origin. These are the symptoms induced by the HV-challenge:

(a) Very deep breathing at 12 breaths per minute in a normal person, produces tetany in 15 to 30 minutes;

(b) Initially there is a slight transient tremor of the eyelids and facial musculature C usually one side only (and typically the right side);

(c) Tremors are replaced by muscular rigidity in the face and hands C the lips form a circle, close against the teeth, thumb and fingers are extended; the width of the hand is reduced to the "obstetrician's hand" configuration;

(d) If hyperpnea is discontinued at this point no rigidity is noted in other parts of the body;

(e) Subjective sensation of slight dizziness and rigidity; numbness, and tingling in the affected parts are noted;

(f) Primary sensations of gross contact C pain, heat, and cold C are rendered more acute; reaction to stimuli is enhanced; on the other hand, the exercise of judgment is blunted, the power of attention is lessened, and consciousness is reduced. (Fried, 1993 : 194, quoting Rosett, 1924 : 332-333)

In fact, the HV-challenge produces an astonishing array of sensory, affective, and somatic symptoms, for example, faintness, apprehension, anxiety, depression, panic, and phobia, and a considerable constellation of somatic sensations including chest pain and muscle spasms. (Fried, 1993, p.194) Fried, a leading authority on hyperventilation, does not recommend this procedure and considers it hazardous. The main danger, as he sees it, is that the client is relieved that, for example, "the chest pain is not due to 'something more serious,'" whereas it may in fact be an important symptom.

Hyperventilation is a dangerous process that is both brought about by illness and that leads to illness. Anxiety causes primary HV, cardiovascular, heart and renal disease may cause secondary HV, while HV itself can bring about organic and psychological symptoms. Chronic HV is a physiological disorder of the acid-base balance of the blood. (Fried, 1993:193) Chronic hyperventilation may upset cardiac electrolyte balance. Chest symptoms and ECG-trace abnormalities are common. (Fried,1993:192) Hyperventilation may cause kidney problems. It may lead to vasoconstriction that also effects the brain. It will affect on the lymph and immune systems. It affects mental health (Fried, 1993:302),

Hyperventilation is repeatedly causally implicated in stress syndromes, and in most mental disorders, including depression, anxiety, panic and phobias. Its symptoms span those encountered in most such complaints, including anxiety, dizziness, faintness, apprehension, a feeling of unreality, vertigo, and often the fear of going crazy, or of dying. The numerous studies which link these disorders and symptoms, while by no means in unanimous agreement as to etiology, overwhelmingly point to respiratory patterns, and the physiological ventilatory response to CO₂. (Fried, 1993:302)

Anxiety and hysteria have been called "respiratory neuroses." (Fried, 1993:199, citing Christie, 1935) Fried says, "Anxiety neurotics seem to have the lion's share of HV....They are the mainstay of clinical practice. They are numerous, condition readily, adjust poorly, and have disordered breathing of a type that heightens their symptoms." (Fried, 1993:230)

Breathing is affected in neurosis, and in psychosis (Fried, 1993:202, citing Clausen, 1951), schizophrenia (Fried, 1993:199, citing other research) and panic attacks, which Fried points out, have the same symptoms as hyperventilation. (Fried, 1993 : 197)

People with psychopathological conditions have particular breathing patterns,

Sighing; increased respiration rate (tachypnea); irregularity of respiration (inhalation and exhalation) C disturbances of co-ordination; sharp transition between inhalation and exhalation; curtailed expiration and prolonged inspiration; respiration wholly or mainly thoracic; shallow respiration; inspiratory shift of median position. (Fried, 1993: 199, citing other research)

Breathing can be affected by nutrition which can also cause hyperventilation (Fried, 1990:141).

Is hyperventilation a myth?

Is hyperventilation a myth, an explain-all medical category, or a cure?

Fried knows all there is to know about breathing C except for what can be done psychotherapeutically through Breathwork. Ley, too, is ignorant of the psychotherapeutic potential of hyperventilation,

The links that connect breathing with cognition and emotion have important implications for theory and practice. If hyperventilation accompanies strong emotions (i.e. fear, frustration, anger, and sadness), then some of the irrational and bizarre behaviors and cognitions associated with these emotions (e.g. hysteria) may, in part, be a consequence of an underlying cerebral hypoxia produced by hyperventilation. (Ley, 1994:89)

This way of thinking reduces all feelings to chemistry, and eliminates the essential quality of humanness in human beings including feeling, experiencing and suffering. Maybe hyperventilation does not induce hysteria C that all-time favourite derogatory category used by psychiatrists and others for what they cannot understand C but is, as Wilfried Ehrmann has proposed, "a quite sophisticated tool of the unconscious to trick the

permanent manipulation and control of consciousness."(Manné, 1997 ii, p, 171) In other words, hyperventilation may a way in which the unconscious moves towards healing and integration.

Hendricks, who knows how to work psychotherapeutically with the breath, understands this. He says this about hyperventilation,

If you started to hyperventilate in a doctor's office, he or she would probably have you breathe into a paper bag, saturating your blood with carbon dioxide and restoring the balance. If you started to hyperventilate in my office, I would invite you to contact the emotion you were concealing and breathe into it. After a few deep belly-breaths into the fear, anger, or sadness, you would probably have a release of the emotion and feel better than you did before....There is an emotional trigger that starts the hyperventilation. If you can identify and deal with the emotion, the hyperventilation fades quickly. (Hendricks:169)

Hyperventilation is a shamanic technique which induces trance. (Bradley, 1991:15) and other altered states of consciousness. I prefer to call this phenomenon, i.e. the breathwork that induces altered states of conscious "augmented breathing." My position is that induced hyperventilation should never be used in therapy! Unless there is adequate preparation, it rapes the unconscious, precipitating the emergence of repressed traumatic material or other altered states of consciousness which the person does not have the means to deal with and integrate. (Manné, 1994:508; 1997 ii, Chapter 20) Hyperventilation was used by Reich (in a way that Hendricks criticizes, see Hendricks:182; see also Boadella, 1994:241); it was used extensively in early Rebirthing and is still used by some Rebirthers, and it is still used extensively by Janov in his Primal Therapy (Manné, 1994:507) and by Stanislav Grof in his Holotropic Breathwork. Grof says,

The practice of Holotropic Breathwork provides deep insights into the dynamics of the "hyperventilation syndrome"....It shows that the richness of the response to faster breathing cannot be understood in simple physiological terms, because it is a complex psychosomatic phenomenon that reflects the entire psychobiological and even spiritual history of the individual.

The symptoms induced by rapid breathing can appear in all areas of the body and in all possible combinations. Systematic study of these reactions show that they represent intensification of pre-existing psychosomatic symptoms or exteriorization of various latent symptoms. Continuation of accelerated breathing makes it possible to trace these symptoms to their sources in the unconscious C to memories of traumatic biographical events, biological birth, prenatal traumas, and even various transpersonal gestalts (e.g. phylogenetic memories, past life experiences, and archetypal motifs.) (Grof, 1997:9, my italics)

Let us note that while Grof does use the term "hyperventilation" to describe what he does in Holotropic BreathworkJ, in this passage (and throughout his text) he also uses terms like "faster breathing," "rapid breathing," and "accelerated breathing." Grof also asserts

that hyperventilation can cure certain medical problems that others try to cure by slowing down the breathing. (Grof, 1997:8)

For Grof, it is almost a religious belief that hyperventilation produces his results, but the same results occur in breathwork without hyperventilation or any other type of forced rapid breathing, as well as through a large variety of techniques that do not use the breath.

Rebirthing is criticised for its use of hyperventilation. (Manné, 1994; 1997 ii, Chapter 20) Minett, however, sees it in this way,

There is a precise distinction between the correct breathing pattern in a Rebirthing session and hyperventilation. There are, however, often situations during a Rebirthing session which may cause the person to fall into a hyperventilation pattern. This is certainly not intended and a good therapist will know how to prevent this. Breathing during Rebirthing should really be called "super-breathing" - an optimal method of breathing. It will not cause hyperventilation, regardless of the speed and intensity of the breathing, as long as the relaxed exhale is maintained. The body may experience intense physical sensations, vibrations, or tinglings during Rebirthing; this is, however, generally perceived as positive and pleasant. (Minett:65, see also pp. 92, 117)

Minett calls this way of breathing "super-breathing" and I call it "augmented breathing." (Manné, 1997 ii:170). As so much disease and dis-ease is associated with hyperventilation, I prefer to have it as a specific medical category which describes a defined medical condition, namely, a physiological breathing ailment. (See also Mithoefer, 1997) "Hyper" is not a healthy or attractive concept, while "super" evokes the power of a good breathing session, and "augmented" evokes music, adventure, and training to improve capacity. Spontaneous rapid, or faster, or accelerated, or augmented or super breathing will occur in breathing sessions, quite spontaneously and of itself, when it is useful for development and healing. (Manné, 1997 ii:169. See 1999 ii)

III Breath is a Language of Health

Breath is a language of health and harmony. Our breath is the language through which is revealed whether our body is in rhythm with itself or out of it, in other words, its state of health, energy-flow and well-being. (See Fried, 1993:305f quoted at the end of Section I) Fried has pointed out that, "All body functions are breathing related," (Fried, 1990:60) and therefore breathing is "the fulcrum for the balancing act we call health." (Fried, 1993:304) Carola Speads says, "The quality of our breathing determines the quality of our lives: Health, moods, energy, creativity C all depend on the oxygen supply provided by our breathing," and she warns us, that the pressures of our modern-day life have created an almost literally breath-less culture. (Speads, 1995:36)

If breathing is so important for health, how should we breath? Is there a correct way to breathe? Can we learn to avoid being part of the "literally breathless culture"?

This is how breathing works:

The mechanism of breathing involves the body from the shoulders and collar bone down to the bottom of the pelvis. Total breathing in should begin at the abdomen and in a flowing way come all the way up to the collar bone. Breathing out reverses this wave. Breathing in (inspiration) begins with the diaphragm, a large dome-shaped muscle under the lower ribs that divides the lungs and rib cage (thoracic cavity) from the abdominal cavity. As the diaphragm contracts, it pushes down on the abdominal viscera (stomach, liver, intestines), pushing them outward as far as the abdominal muscles will allow. At the same time, the contraction of the diaphragm forces the ribs upward and outward. They expand from side to side, front to back, up and down, and each rib turns upward like a Venetian blind. The movement of the ribs and diaphragm expands the two elastic lungs. When the lungs are expanded, a vacuum is created in the lungs and the air from outside rushes in. (Schutz, *Here comes Everybody*:194, in Dychtwald:140)

It is generally agreed that abdominal breathing is the correct way to breathe.

In healthy breathing the stomach muscles are relaxed, allowing the breath to swell the abdomen with each breath. In upside-down breathing, the stomach muscles are tight and the breath inflates the chest....If the abdominal muscles are too tight, the diaphragm (the main muscle involved in breathing) cannot move through its full range of motion. (Hendricks:39)

Some competent people, however, think there is no correct way to breathe:

Because of the diversity of influences on our breathing, it is obvious that there cannot be one best way of breathing. I emphasize this because as soon as people become aware of the inadequacy of their breathing habits, they invariably ask, "Now, what is the best way of breathing?" or "How shall I breathe?" There is no one best way of breathing that is the right way or the best way to be aimed at for all times. We breathe in many ways, and many ways of breathing may be appropriate. Breathing is right not when it functions all the time in one particular "ideal" manner, but when it works in a way that lets it freely adjust, changing its quality according to our needs of the moment, so that it will adequately support us as we face the diverse challenge of our lives. ... There is just no right way of breathing. (Speads, 1986:42)

Dychtwald has pointed out that it is not only the diaphragm that is important, but that "the ability to take a full, deep breath is dependant on the flexible and healthy psychosomatic interfunctioning of the belly, diaphragm, and lungs." (Dychtwald, 1977, p.140)

We cannot, however, just get people to change their breathing. Robert Fried warns

Persons with seemingly functional breathing disorders may be referred to nonmedical psychotherapists for treatment. You are cautioned that these conditions may not be functional. Hyperventilation, for instance, may compensate serious metabolic disorders of the acid-base balance possibly caused by heart disease, diabetes, or kidney failure. Alternately, there may be blood disorders, lung disease, lesions, or other disorders of brain regulation centers. Consequently, you should not undertake to treat anyone until a medical examination has determined that behavioral alteration of breathing is not contraindicated.

Organic breathing disorders should be treated only with the approval of a competent medical specialist. (Fried, 1993:xvii)

This means that in illnesses like diabetes, heart and kidney disease, wrong breathing may be a survival mechanism and hyperventilation may be a means to health! (Fried, 1990:17)

Breath in different systems of medicine

In Western medicine, the accent is on breathing retraining through biofeedback done by physiotherapists. (Timmons and Ley; Fried) They have, however, appropriated non-Western methods such as yoga and meditation. (Fried, 1993: 303f) These methods have had a great deal of success with problems as diverse as menopausal hot flushes (Fried, 1993:300) and agoraphobia. (Fried, 1993:219) They have leaked into respectability as has the need for psychotherapy. (Fried, 1993: 279) Fried favours breathing retraining done with professional respiratory physio-therapists, (Fried: 1993: 231) in co-ordination with clinical or counselling psychologists. From what Fried says, however, it is clear that the breathing therapist should know how to use the breath psychotherapeutically and particularly how to deal with emotions. Dinah Bradley, too, recognises the need for "talking" therapy in her six-part method for the treatment of hyperventilation. This method includes breathing retraining, exercise, total body relaxation, talk (both learning to measure one's breath when one speaks and talking therapy are included), esteem, rest and sleep. (Bradley, 1991:47)

Please note that none of the various contemporary forms of Breathwork such as Rebirthing (Leonard & Laut; Manné, 1994, 1997 i & ii; Minett; Orr & Ray), Conscious Breathing Techniques (Hendricks; Manné, 1997 ii), Vivation (Leonard and Laut gave their method this name), Holotropic Breathwork (Grof, Taylor), and so forth, have yet been offered a place in what is recommended, despite their proven success. I know that some of the claims for success in the early days of Breathwork were grandiose, unconvincing and unsubstantiated, but Kylea Taylor, for example, who is highly trained in conventional therapy and C as her outstanding books show C who is not at all predisposed to grandiosity, attests that there is anecdotal evidence for healing with regard to symptoms such as back pain, hip pain, hyperthyroidism, irritable bowel syndrome, menstrual cramps, obesity, Raynaud=s disease, urethral stricture, and asthma (Taylor, 1994:20)

Many participants have experienced a decrease or complete remission of asthmatic symptoms after they participated in a series of breathwork sessions. Breathwork is a useful adjunct to therapy if emotion is the main factor in the asthma. (Taylor, 1994:11; see also p. 21)

I myself can offer case history information for a long remission (cure?) from cancer in which Breathwork played a significant role. (Manné, 1997:154f)

It is unfortunate that contemporary forms of Breathwork do not receive more recognition especially as there is quite enough anecdotal evidence for the healing that takes place during Breathwork to convince qualified people to undertake appropriate research projects (This seems now to be happening. See International Breathwork Foundation Newsletter,

3/97/1) One reason for this may be the absence of sensible literature. We need more sensible and intelligent books like those by Kylea Taylor about Holotropic Breathing, and Gunnel Minett about Rebirthing, as well as more books with case histories and techniques (I hope my own book Soul Therapy goes some way to fulfilling this need) that will demonstrate with which problems Breathwork can succeed.

With regard to the new medical systems of healing, many of those now adopted into conventional medicine as it expands its field and goes back to its origin, when it was a healing art, are conscious of the importance of breathing. This is certainly true for Osteopathy (Grossinger, Modalities:190, especially the practitioner's breath cue-ing the patient's breath) Cranial Osteopathy, Polarity Therapy, (Grossinger, Modalities:299) and all of the diverse methods that make up the rapidly growing field of Somatics. (For information about Somatics, see Grossinger, Johnson, and the journal Somatics)

Further, there are many originally non-Western medical or healing systems that use the breath. I have called these "originally non-Western" because it is since their adoption and adaptation by Western practitioners that we know about them, and, frequently, also that their own practitioners have become more conscious of their importance. Among these techniques are Ayurveda (prana), Tibetan, Chi Gung (Grossinger, Origins:308-366), Chi Yi (Zi). One could say that these are systems of breathing for health.

IV. Breath is a Language of Psychotherapy

Breath is a language of psychotherapy. Appropriate therapy is the route from illness to health. If breath is "the fulcrum for the balancing act which we call health," as Fried has proposed, this is not limited to physical health, but includes mental health and well-being as well. Breath is the fulcrum for the balancing act which we call psychological health! As Kylea Taylor says,

The breath is our key to reconnecting with aspects of life from which we have become split off. We may have unresolved issues from the past that are affecting everyday life. These issues can keep our emotional or physical energy from flowing naturally and may even appear as physical illness or unwanted recurring behavior patterns. If this energy continues to be stuck, our ability to respond fully to life decreases.

When the breath energizes the psyche for healing, it does so in much the same way as our bodies enlist forces when we are injured. We do not have to think about or direct the healing. The body just goes to work spontaneously, sending more white cells to the injured area, repairing tissue, and bringing wholeness and healing to the body again. The psyche also has this ability. When the body and mind enter a state of nonordinary consciousness through controlled breathing, our inner wisdom uses the opportunity to work toward physical, mental, emotional, and spiritual healing, and even developmental change. (Taylor, 1994:3-4)

It is no wonder then that Breathwork is a very special form of psychotherapy. Whereas in many schools of psychotherapy the client is required to work within the model and advance according to the theories to which the practitioner is committed C in other words,

to perform C this structure cannot be imposed in breathwork. As Kylea Taylor has so wisely observed, "There is no way to program the content of a breathwork session. Even if we could, it would be counterproductive to do so." (Taylor, 1994:93) This is what gives Breathwork its authenticity and profundity.

Breath is a language of emotion

Breathwork is effective in bringing up deeply affecting and traumatic experiences. In psychoanalytic terms, breath is the language of defence: it is the language in which we defend ourselves against our feelings and emotions. It is also the language in which we release them. We hold our breath or breath shallowly to prevent emotions and feelings from overwhelming us, and we breath more deeply and/or faster to release long-held emotional material, and to integrate it. (Taylor, 1994:29; Janov, 1990:119; See also Campoli, p.36, Rosenberg, 1985:106)

In psychoanalytical terms, breath is the language of repression:

...breathing is one automatic way tears are kept down. Shallow breathing doesn't dip into the body where feelings are stored. It aids repression. (Janov, 1990:335)

Breath is the language in which we repress and hold down our emotions, and the language in which we release them. It is the language of catharsis.

In psychoanalytic terms again, breath is the language of resistance. This is how Hendricks describes the connection between breathing and resistance, and the efficacy of using Breathwork to get past resistance:

Breathing can be one of the fastest ways to get past resistance. The reason is that resistance exists on the borderline between the unconscious and the conscious. So does breathing. It is the one system in your body that you can control with your conscious mind or that you can forget about completely, leaving it to be run by your unconscious. (Hendricks:29)

As Taylor says, undoubtedly making an understatement,

If we participate in several breathwork sessions...it is likely that some unresolved traumatic stress will surface. (Taylor, 1994:93)

Body language is a dialect of breath language

I once heard a lecture in which a doctor was describing an experiment he had done with patients with severe lung disease. He reported that he had had to stop the experiment because his patients were getting worse. I looked at the speaker. He was a little man C little in every sense of the term: small in stature, small in mind, small and tight in his body-holding, cold, unfriendly, closed off against new ideas, tight-chested C and I thought, "What else could possibly happen? How could anyone get better from any ailment with a therapist (from any discipline) like that?" and in particular, "How could

someone who cannot breath help lung-disease sufferers?" What was quite obvious was that the man's breath did not flow! (See also Timmons, 1994 ii:269)

There's no cheating in breathwork or bodywork. How we breathe is the indicator of our psychological health and well-being or the absence of it, and it communicates itself to our clients and patients. Transference and countertransference happens also through the nature and rhythms of the breath! Neurolinguistic Programming would call this matching. Here's an example from one of Hendrick's case histories to illustrate this point,

George was in a great deal of physical and emotional pain. Many times during the session I noticed that I was holding my breath, probably in a misguided attempt to help him hurt less. Each time I noticed I was holding my breath, he seemed to be holding his, too. When I remembered to breathe, so would he. (Hendricks:37)

If we want our clients' breath to be free, we must model this through our own free breath.

Fried, who practices Rational-Emotive Therapy and biofeedback, mistrusts the body,

The body has no wisdom. .. it often limits us to repeat what we did in the past. While this may in some cases be helpful, it hardly qualifies as wisdom. The future may be different from the past, but the body seldom modifies its instincts even when they doom it to extinction. Due to conditioning, it responds blindly to the future or to its anticipation. (Fried, 1993:28)

However, he also says,

One cardinal rule in behavioral medicine is that unless it is interfered with, your body knows exactly what it is doing and always does the best thing to do under the circumstances. Consequently, if you have a disorder, you may reasonably assume that the disorder itself is the body's best adjustment to the circumstances. (Fried, 1990:59)

People who use the breath psychotherapeutically have understood that the body collaborates in the healing process. I will discuss their work below. Meanwhile, here is a case history that shows the strong relationship between Breathwork and body language. It is the report of a man doing breathwork on his own:

As I breathed, I felt like the energy was getting stuck in my hands and arms. I couldn't figure out how to let it go. This happened for several sessions in a row. This may sound strange, but I finally asked my arms what they needed in order to let go. A few seconds later, I had the urge to reach out with my arms, even though I was sitting alone in my bedroom. Suddenly I was flooded with tears, and I had the realization of how much I hold back from reaching out to people. Immediately the tension melted and never returned in subsequent sessions. (Case history from Hendricks:28)

Breath language is a language of communication with the body. We can intentionally breathe into various parts of our body, bringing them energy and healing, and we can exhale from various parts of our body, releasing tensions in them with our out-breath.

Relationships are a dialect of breath language

The way our bodies are, or have become constructed, influences and creates our breathing style. Our breathing style is also our relationship style. Try this exercise: Take a deep breath and then exhale as deeply and as fully as you can. At the end of your exhalation, stop, and then take time to experience your body posture and your psycho-emotional attitude. You have now become what Dychtwald calls a chest-contractive person. He describes chest-contractive people in this way:

(They) have narrow, fragile chests. The pectoral muscles are often underdeveloped, permitting a minimal flow of feeling and energy through this region....The chest-contractive person will look and feel as if he is always exhaling. Muscle tension is chronically held and is usually associated with the blockage of proper energy flow upward from the belly and the diaphragm.

Through the exercise, you have become a chest-contracted person. Let's do it again. Take a deep breath and then exhale as deeply and as fully as you can. At the end of your exhalation, stop, and then take time to experience your body posture and your psycho-emotional attitude. This is what Dychtwald says about your relationship potential in this position:

In all likelihood, your body has assumed a kind of sunken, collapsed posture, and your feelings probably range from ones of general emotional weakness to more specific constellations of insecurity and depression.

This is how chest-contracted people relate to themselves and others, and to energy, health and well-being,

Psycho-emotionally, this person will have difficulty building and sustaining an energetic charge in this passionate, life-assertive body region. His actions will be more passive than aggressive, his feelings will be prone to depression, his actions will tend to be more motivated by a chronic sense of fear and inferiority than by a sense of confidence and self-motivation.

This person will tend to suffer from a great many chest-centered dis-eases such as asthma, bronchitis, and chest colds and pains. By approaching the world with a deflated chest and correspondingly insufficient air and energy, this individual will have difficulty "taking it on the chest" and moving comfortably through the world of self-assertive action. Because he continually experiences only a small portion of his own self-generated feelings of love and connectedness to all things, he will need to be charged and inspired by the life energies of other people. As a result, this person might tend to assume the interpersonal role of "taker" more frequently than "giver." The combination of chronically held fear and self-protection, with the habitual experience of too little air and life energy, might force him into regular moods of anguish and despair. (Dychtwald:153-4)

Now let's do another exercise: Take a deep breath and this time overfill your chest, and, before you exhale, hold this breath for a while. While holding this extended inhalation, experience your bodily feeling and the corresponding psycho-emotional attitude. You have now become a chest-expansive person. Dychtwald describes chest-expansive people in this way,

They ... tend to have a large, over-developed chest. This sort of psychosomatic structure encourages an overcharge of energy and excitation into this region to the detriment of some other bodymind area, usually the pelvis or legs.

He says of himself, when he takes up this posture,

When I (do this), I feel as though I am pumping up my aggressiveness. This "overblown" attitude is accompanied by my losing contact with the more tender aspects of myself. When I blow up my chest I feel tough, strong, and powerful. I also notice that when I hold my inhalation in this fashion, my belly tightens and my diaphragm rigidifies, thereby blocking off my contact with my gut and the feelings that live there. When I am chest expansive, the general attitude I am presenting to the world is one that says, "I'm O.K., I can take care of myself, you don't bother me." In fact, it seems to be as hard for the chest-expansive person to receive energy from other people as it is for the chest-contractive person to give it. I think that this is because before you can receive energy from other people, you first have to let down enough of your "front" to let it in, something the chest-expansive person often has difficulty with. (Dychtwald:156f.)

Having had both experiences, it is interesting to hear how Dychtwald describes the relationship between body, breathing and loving:

Neither chest contraction nor chest expansion defines the healthiest of all chest attitudes. Rather, it is the balance between these two exaggerations that describes the most vital and loving of all possibilities. Just as a breath is made up of an inhalation as well as an exhalation, and loving relationships are built on the ability to give as well as receive, true human creativity lies in the ability to experience the world anew each instant, to have each breath begin fresh, and to express freely and openly each passion of the bodymind. In the unrestricted individual, the balance of soft and hard, in and out, giving and receiving, expansion and contraction, defines the power and beauty of the thoracic region of the bodymind. (Dychtwald:160)

Nose-breathing and Mouth-breathing are different dialects of breath language

Nose and mouth breathing are different dialects of breath language. They lead to qualitatively different experiences. The nostril which is predominant at any one time also has an influence on one's state of consciousness.

Minett explains the difference between nose and mouth breathing:

In most cases, breathing through the nose results in a more intellectual or spiritually-

oriented insight into the experiences which emerge, while breathing through the mouth is more likely to lead to purely physical experiences. Nose-breathing is often said to have a more healing effect than mouth-breathing. It seems to be easier for the psyche to integrate and accept experiences that are linked with an intellectual or intuitive insight, than experiences on a purely physical level. (Minett, p.. 31)

Each nostril speaks a different dialect of breath-language.

During the day and night we alternate with regard to which nostril is doing the breathing. There are reasons for this which have to do with natural 90-minute ultradian rhythms (rhythms which happen more than once a day) in cerebral hemisphere dominance which are contralaterally associated with similar alternations in the nasal breathing cycle. Breathing through the left nostril stimulates right brain functions, and vice versa. Research shows that regularity of the nasal cycle is correlated with mental health and well-being. (Rossi, 1993:178-185)

In his practice of Breathwork, Hendricks encourages alternative nostril breathing whose efficacy he explains in this way,

The phrase right-hemisphere has come to symbolize feeling, emotion, imagery, and intuition, while left-hemisphere has come to refer to logic, mathematics, words, and linear thinking.

The left side of the nose is connected to the right side of the brain , and vice versa. Breathing alternately through each nostril causes a shift from one hemisphere of the brain to the other....My sense is that shifting hemispheres is what gives the practice its power. Switching from one brain hemisphere to another a number of times, while breathing slowly and deeply, seems to bring about a balance. My personal experience has shown me that it improves mood, refreshes the body, and sharpens the mind. (Hendricks:69)

Psychotherapists understanding breath language

Breathwork in psychotherapy has a long history. (Abbondio, 1994; Manné, 1994) What I want to show here are some methods and case histories which show how various practitioners have understood that breath is a language.

1. Breathwork influenced by Psychoanalysis

Winnicott, a Freudian analyst, set up an experiment which allows him to observe the behaviour of an infant reaching for a spatula (his special case). He speculates as follows about breathing:

In my special case, given to illustrate the application of the technique, control includes that of the bronchial tubes. It would be interesting to discuss the relative importance of the control of the bronchus as an organ (the displacement of control, say, of the bladder) and control of expiration of the breath that would have been expelled if not controlled. The breathing out might have been felt by the baby to be dangerous if linked to a dangerous

idea C for instance, an idea of reaching in to take. To the infant, so closely in touch with his mother's body and the contents of the breast, which he actually takes, the idea of reaching in to the breast is by no means remote, and fear of reaching in to the inside of the mother's body could easily be associated in the baby's mind with not breathing. (Winnicott, 1941 in 1992: 63)

Breathing, then, in this understanding, is the language of "in" and "out" C I hasten to say, one of the many languages of "in" and "out" in Freudian psychoanalysis, among them the "language" of eating and the "language" of excreting. Winnicott relates "in" and "out" to the goodness and badness of things taken in and given out, love impulses and destructive impulses, inner and outer reality, and fear, among other things. He has the concept of a dangerous breath and a dangerous breathing organ.

Winnicott is also interesting with regard to his understanding of the first breath of the newborn baby:

I have found that the memory trace of restriction of chest expansion during traumatic birth process can be very strong, and an important thing about this is the contrast between reactive chest activity and the chest activity of true anger. During the birth process, in reaction to the construction of the maternal tissues, the infant has to make what would be (if there were any air available) an inspiratory movement. After birth, if all goes well, the cry establishes the expression of liveliness by expiration. This is an example in physical terms of the difference between reacting and simply going on "being." When there is a delay and exceptional difficulty the changeover to normal crying is not definite enough and the individual is always left with some confusion about anger and its expression. Reactive anger detracts from ego establishment. Yet in the form of the cry anger can be ego-syntonic from very early, an expulsive function with clear aim, to live one's own way and not reactively. (Winnicott, 1941, in 1992: 188)

So Winnicott is saying that breath is the language of healthy normal self-assertion.

Winnicott recognises that breathing disorders can be the language of birth trauma. All contemporary breath-based methods confirm this. (See e.g. Orr & Ray, Leonard & Laut, Minett, Grof, Manné. There is also evidence from cranio-sacral osteopathy. See Weil, 1995, p.31, "If the first breath of life is not perfectly full, the cranial rhythms are restricted from the start.")

It is worth noting that Winnicott wonders if the mystical practice of doing without breathing is related to birth trauma. (Winnicott, 1941, in 1992:188)

2. Reichian Therapy

Reich, the dissident Freudian, had a great understanding of the vocabulary of Breath language:

Reich watched the flow of energy in the body. He worked with the breathing pattern to release chronic contraction in the tissue, which arrests the pulsation found naturally in life.

Breathing, like the heartbeat, establishes the body's rhythm and flow. (Conger, 1988, p.45)

As is usual with everything in this world, the domain of therapy included, not all of the people who worked with Reich were completely satisfied with the experience. This is Hendricks critique of Reich's breathwork:

Reich's breathwork emphasized deep, rapid breathing through the open mouth. After a while, if this is done with care and/or with skillful help, it will result in an emotional catharsis or deeply pleasurable streaming sensations in the body. However, it can be an unpredictable and dangerous process. Reich and his followers, many of whom were skillful practitioners, precipitated psychiatric crises in many clients because of the profound anxiety released by too much deep, rapid breathing. For this reason I gravitated away from Reichian-style breathing toward gentler practices that I found more effective and completely safe. (Hendricks:182)

Boadella explains,

In Reich's work the therapist seeks to deepen breathing beyond the level of the repression. In doing so he has to be sensitive to the natural rhythms of the breath cycle and to the thresholds of anxiety in the client. Inexperienced therapists trying to provoke a patient to deeper breathing can easily induce a hyperventilation crisis and not recognize it as such. Skill is required in this work since a patient with chronically reduced breathing may easily go into hyperventilation as a response to the therapeutic situation. The crisis is avoided either by careful pacing of the rate of respiratory changes or by the patient becoming more expressive, either muscularly, emotionally or both....Reich warned that changing the patterns of a person's breathing was tantamount to emotional surgery and should only be attempted by those experienced in his methods. (Boadella, 1994, p.241)

Here is an example of a client who was completely satisfied with the way Reich worked:

I was extremely impressed by the way Reich worked with my body. He would have me breathe and then keep pointing out the way I avoided letting the breath expire naturally. Sometimes, he would press certain parts of my body, particularly my chest. A few times this was followed by very deep sobbing, crying in a way I could not remember ever having cried before. He would encourage me in an emphatic way. "Don't be ashamed of it. I have heard it by the millions. That sorrow is the best thing in you,"(Myron Sharif, in Conger, 1988, p.21)

Reichian psychotherapy was further developed by Alexander Lowen as Bioenergetics.

3. Breathwork influenced by Analytical Psychology

Jungian analysts also were interested in Breathwork. (McNeely, 1987, referring to Whitmont and Kaufman in Corsini, 1973. I have not been able to check this reference.) "Magda Proskauer...was trained as a physical therapist...in European schools of movement, including Laban and Mensendieck. She became interested in breathing, which, she claimed, is a movement more than it is anything else. She came to New York in the

1940s and in practice there, found that breathing therapy could help not only patients with respiratory disorders but also those in pain or with postural or emotional problems." (Timmons, 1994 i:12) Proskauer had a Jungian analysis and this influenced her work.

Instead of correcting faulty habits one takes as the point of departure the individual breathing pattern, disturbed as it may be. One concentrates on the act of breathing, observing its inner movement until the breath, left to itself, can find the way back to its own rhythm. (Proskauer, 1968, 255f)

One learns to visualize an inner body space, while simultaneously concentrating on one's exhalation, as if the breath were sent into that particular space. This might change blood pressure and lead to a sense of lightness....One is asked to concentrate on scanning [her footnote: focusing one's energy on] a certain area of one's body and to combine this with one's inhalation. Gradually the two tasks will connect, as if one were breathing with that particular area, or being breathed by it. (Proskauer, 1968:258.

This is one of her case histories which illustrates trust and mistrust being expressed through breath language

A young dancer,...an overly intellectual woman who relied exclusively on her reasoning capacity. When I asked her to exhale gently, then wait and observe how the next breath came in, she became extremely anxious. She realized through this experience that she could not trust anything to happen on its own accord, not even respiration. Only what she controlled could occur. After an initial sense of confusion, this insight brought her great relief. It led her to the roots of her fears, which she felt went back to her childhood, in which no father was present to counteract an overburdened, domineering mother who knew no natural tenderness. She saw how far she had parted from Mother Nature and was glad to find this new channel through which she hoped to regain the lost contact with herself. (Proskauer, 1968:258)

4. Rebirthing

Rebirthing is a particular form of Breathwork. It is very comprehensive, dealing with the whole range of human experience, from conception and birth trauma through to ageing; from the emotional, through the sexual to the spiritual.

This is how Minett describes it:

Of all the modern breathing techniques available today, Rebirthing is the only one that focuses entirely on breath as the tool for cleansing, revitalizing and purifying the body. In many schools of modern psychotherapy, breath is used as a tool to get in touch with subconscious thoughts and feelings. They are then dealt with through some form of mental and emotional catharsis. In Rebirthing, however, the focus is entirely on the breath. Maintaining a relaxed, open pattern of breathing is the key to our inner selves. The underlying assumption is that every thought and emotion is also a form of energy and can be expressed as such C through the breath. This makes the technique specially relevant,

because an absolutely essential aspect of healing the body and mind involves changing the way we breathe. (Minett:20)

Minett takes the position that Rebirthing is not a psychotherapy:

Rebirthing is not in itself a psychotherapy, but like other breathing methods it is used as a psychotherapeutic tool. Rebirthing acts as a cleansing process for the body and psyche causing everything which blocks the body's natural flow to emerge. This emergence makes it possible for the obstructions to be integrated and dissolved. Because of this, it is not only important for the individual's therapist to be competent enough to guide breathing, but he or she also needs to be able to create an environment of trust and confidence, and to be qualified to handle the level of psychological problems that can emerge during this process. (Minett:91)

While Rebirthing is not 'in itself' a complete psychotherapy, or only a psychotherapy, the original Rebirthing books contain many case histories that are clearly psychotherapeutic. Here is one, chosen at random:

In a split second I saw with total clarity and perfect understanding why every single relationship I had had with a woman inevitably ended in incompleteness. Dissatisfaction. Separation. I saw in that moment that not one love relationship I had ever had even had a prayer of being whole, complete or lasting. I was too busy working out my revenge. This made me very sad and I cried. Cried for all the broken hearts and unfulfilled hopes and aspirations. Cried for all the subtle cruelties and perpetrations. My sadness was a sadness of remorse. (Orr & Ray:136)

In just this one paragraph which describes a short period of a long and powerful session are all the elements of good psychotherapy: the realisation of a pattern, analysis or awareness leading to comprehension, and catharsis or the expression of emotion.

I consider the psychotherapeutic contribution of Rebirthing so important that I will quote another case history, this one from Minett herself:

In the course of a breathing session I was guided by my therapist into mentally reliving my childhood. I returned to the time before my birth and experienced myself as a foetus, linked with my mother through the umbilical cord. At the same time I felt waves of anger and frustration crashing like tidal waves through the umbilical cord into my stomach, each one very painful.

My initial reaction was to recede into a state resembling sleep. When the therapist asked me about my experiences, I could only repeat: "I don't know, I don't want to know, I don't want to feel." Despite this avoidance, she continued to insist on an answer. Still my only reaction was that of clinging to unconsciousness of the occurrence. When we later discussed this experience, I realised suddenly how often I handle unpleasant situations by making my mind insensitive and distant. (Minett, 1994:110)

This personal case history, so courageously shared, shows classical elements in effective psychotherapy: regression to an early experience and reconnecting with feelings that had been repressed on that occasion, and a healing understanding of its influence on present behaviour patterns. As I have said, the breath is the royal expressway to the unconscious.

I have shown elsewhere the relationship between Rebirthing and other psychotherapies. (Manné, 1994, 1995)

5. Conscious Breathing Techniques

Rebirthing has led to the development of a variety of Conscious Breathing Techniques. These are not a unified method, but have been developed individually by various practitioners among them Gay Hendricks and myself. Some of these may have originated uninfluenced by Rebirthing.

Here are some examples of Gay Hendrick's work (others have appeared previously in the text). The first is a case history showing a client used Breathwork to deal with resistance:

[The client reports:] "During breathing one day I found myself getting bored. I felt sleepy and thought, 'This stuff is really stupid.' suddenly I realized that the feelings and thoughts were just resistance. I remembered what someone told me once, that resistance is a sign that breakthrough is about to happen. So I kept on breathing, and I became aware of a tense place deep in my stomach. I breathed into it for just a few breaths, and the tension burst free like an exploding sun. I was filled with light. I had the realization that I had lived my whole life like a robot, never thinking of what I wanted or needed. Doing this had put a ball of tension in my stomach that had been there for years."

[Hendricks comments:]Through working with her breath, she (the client) had learned to let go of this ball of tension. (Hendricks:29)

Breath is a way to communicate with unpleasant emotions. Here is a case history that shows how Gay Hendricks worked with a client with stage fright that sometimes became asthma:

His habit was to hold his breath when his feelings arose, in a misguided attempt to make them go away. By doing this he actually prolonged the unpleasant sensation of the feelings....My client discovered something remarkable: When he let himself breathe through the feelings, he was often free of them within seconds. But when he held his breath, the feelings would sometimes linger for hours.

The unpleasant quality of emotions come from not letting them through, from holding on to them by not participating with them. By directly participating with feelings, largely through breathing with them, you can rid yourself of much unnecessary negativity. (Hendricks:14)

This is how Hendricks works with feelings:

I would ask my clients to listen to their bodies, to notice where and what they were feeling. Then I would ask them to breathe into the place where they felt those feelings. This never failed to produce results. They would come to deeper resolutions during the sessions than I had seen before. But more important, they left the sessions with a natural tool that they could carry with them into everyday life. (Hendricks:183)

Hendricks uses a great variety of techniques. Here he uses his breath to understand his pain:

...my righteous anger was a way of masking the pain I felt. I took a few deep breaths into the pain. It subsided and turned into sadness. I took a few more breaths into the sadness and a question formed in my mind. Why was criticism always such a big issue for me? Why was sadness just a few breaths under the surface of it?

Then I realized that all this was really about my father....The realization was helpful to me, but what really moved me was how quickly I got in touch with it by using my breathing as a searchlight. It was totally effortless. I just breathed a few times and wondered; the answer was right there, as if it had been waiting to be breathed on. (Hendricks:183)

It is important for Hendricks that

One should always deal with feelings and correct the breathing before attempting to solve any problem on the cognitive level. (Hendricks:184)

In other words, a person who is hyperventilating, or gasping or any other form of uncomfortable breathing, is not in an appropriate state to solve a problem.

In my own use of Conscious Breathing Techniques I have developed a six-fold structure. (Manné, 1995; 1997 ii) My first step is to teach awareness work with the breath or analytical breathwork. Without awareness, no-one knows what they are feeling and thinking and so any form of personal or spiritual development or psychotherapy is impossible. When clients are aware of what is happening in their mind and body, I introduce independent breathwork. Here clients have their attention on their breathing with their body providing the rhythm. They tell me what is happening and we work with that. Nothing is forced or exaggerated. There is no attempt to make the breath larger or smaller, faster or slower or to change or control it in any way. The body is trusted to regulate the breathing and guide the process. Through these first two steps a basis of self-knowledge is built up. Painful experiences are recalled and integrated. Clients learn how to work with and to contain their own process. All of the experiences traditionally connected with Rebirthing, including the famous reliving of the birth trauma come up through this way of working, if they are ready to be integrated.

My third step is to introduce conscious connected breathing. Connected breathing is more likely to lead to trance states although it will not necessarily do so. It will certainly lead to strong experiences. I introduce it when the client is grounded, has a solid foundation of integrated self-knowledge, good self-awareness and good self-esteem. Only then is the client ready to integrate stronger experiences and to do advanced work.

My fourth stage is working the Breath. What I mean here is any form and any rhythm of consciously connected breathing intentionally undertaken and worked strongly in the same way as a physical exercise. I discuss with the client what our goals are for the session, and related to that I propose a rhythm of breathing and perhaps a part of the body in which to focus the breath. The client and I have an agreement that if what has been proposed does not take place, we will not try force it, but rather we will surrender to whatever the breath brings up. At this stage I am doing classical Rebirthing including offering the client the choice to do augmented or super breathing. (Manné, 1997 i) Working the Breath induces intense emotional experiences, regressions and higher states of consciousness. When it has been well-prepared for, it is a way of playing with the breath and having adventures with it.

My fifth stage is advanced energy work with the breath. This uses the breath purposefully to clear from the energy-field unproductive thoughts, habits and attitudes, unnecessary influences, old relationship problems and tendencies towards relationship problems, and energy left over from past life problems and experiences. The sixth stage is advanced awareness work with the breath. This is meditation. A client who has reached this stage no longer needs accompaniment.

In the first stages, I am teaching clients to become sensitive to their own breath language. There is more interaction between me and the client during these stages. For example, if a clients sigh, or hold their breath when I ask them a question, or start breathing rapidly all of a sudden, I will immediately ask them, "What's happening." All clients are passionately interested in the way learning breath language advances their personal development.

V. BREATH IS THE LANGUAGE OF SEX

Here is a formal physiological explanation of the relationship between breathing and sex:

Orgasm might be the result of hyperventilation tetany....some of the sensations women experienced with orgasm (faintness, numbness, dizziness, floating) [have been attributed] to excited overbreathing....the normal heavy breathing that is necessary to achieve orgasm may lead to panic attacks. Clinicians caring for asthmatic patients confirm that overbreathing during intercourse can bring on asthmatic and then panic attacks....Research in the respiratory aspects of sexual physiology could benefit many clients. (Timmons, 1994.ii:273)

Don't let this take the fun out of your sex-life!

Breathwork C whether accompanied or not C can lead to orgasmic experiences. Here are some more evocative explanations:

The prime way of building sexual excitation a way that is often overlooked C is by breathing. Many people hold their breath during sexual excitement, despite the fact that it is a time when increased breathing occurs naturally. This natural phenomenon must then be taught and repatterned since it is inhibited by fears locked into the body and made unconscious.

Breathing is the major way to develop excitement in the body sessions, and in doing this one learns the development of internal excitement, independent of outside stimulation. (Rosenberg, 1985:232f)

After practicing breathwork for a few months, one person reported a particularly deep session: "I felt like I was plugged into a universal light socket. My body felt illuminated from within. I felt orgasmic rushes every time I took a deep breath." (Hendricks:28)

Breath is important in tantra, Kundalini yoga, (Silburn) and various Chinese techniques which bridge sexuality and spirituality. (Chang, 1977) These spiritual practices require great discipline in order for the required control over energy and orgasm to develop. The sexual act is linked to the quest for Enlightenment in which detachment is fundamental. It is not dedicated simply to increasing the frequency and intensity of orgasm, as is too often the modern interpretation to the great frustration of modern practitioners who have turned sex into a spiritually materialistic practice in which, as with all materialism, bigger and better is continually being sought, and satisfaction is unattainable.

VI. BREATH IS THE LANGUAGE OF SPIRIT

Breath is the language of spirit. The symbolism of breath as the life principle is universal. (Dictionary of Symbols: souffle)

The ancient Greeks used the word diaphragm to indicate the mind, as well as for breathing. ... In most religions, chants and spoken prayers (intense exhalations) for the "unordained" and special breathing training for the priests, were and still are the rule. All over the world in fairy tales, legends, in secret societies breathing plays a significant role. (Speads, 1995:39)

Inspiration and expiration symbolise the production and reabsorption of the universe, (See Cranmer, 1994:120; Weil, 1995:204) what India calls kalpa and pralaya, yang and yin. (Dictionary of Symbols: respiration; souffle)

Breath is the language of spiritual disciplines such as meditation and yoga. Two famous suttas in the Buddhist tradition are devoted to breathing exercises. These are the Anapanasati Sutta (MN, Sutta 118) and the Satipatthana Suttas (DN, Sutta 22) in the Pali Canon).

The Buddha is speaking,

"There is one dhamma, Monks, which when developed and practised frequently is very fruitful and deserves great praise. What is that one dhamma? It is mindfulness of breathing. And how, Monks, is mindfulness of breathing developed? How does it become very fruitful and deserving of great praise when practised frequently?

This is how. A monk goes into the forest or to the foot of a tree or to an uninhabited place and sits with his legs crossed, and with his body erect he generates mindfulness and being mindful he breathes in and being mindful he breathes out.

As he breathes in a long breath he recognizes that he is breathing in a long breath; as he breathes out a long breath, he recognises he is breathing out a long breath. As he breathes in a short breath, he recognises he is breathing in a short breath; as he breathes out a short breath, he recognises he is breathing out a short breath.

He trains himself to breathe in experiencing his whole body and to breathe out experiencing his whole body. He trains himself to breathe in calming bodily activity and to breathe out calming bodily activity.

He trains himself to breathe in experiencing joy and to breathe out experiencing joy; to breathe in experiencing happiness and to breathe out experiencing happiness.

He trains himself to breathe in experiencing mental activity and to breathe out experiencing mental activity; to breathe in calming mental activity and to breathe out calming mental activity; to breathe in experiencing mind and to breathe out experiencing mind.

He trains himself to breathe in pleasing the mind and to breathe out pleasing the mind; to breathe in concentrating the mind and to breathe out concentrating the mind; to breathe in releasing the mind and to breathe out releasing the mind.

He trains himself to breathe in observing impermanence and to breathe out observing impermanence; to breathe in observing freedom from passion and to breathe out experiencing freedom from passion; to breathe in observing cessation; to breathe in observing renunciation; to breathe out observing renunciation. (Majjima Nikaya III, pp. 82f. See the inspiring commentary on this sutta by contemporary monk and teacher Tich Nhat Hanh (1996). See also Manné, 1999 i.)

The sutta shows that our breath is our way into altered states of consciousness. Contemporary teachers too have observed that the breath is our way into the spiritual. Elsa Middendorf says,

If a person finds his way based on the experience of his breathing, he finds his own power and creativity. (Ilse Middendorf, 1995 i:69)

Breath is a connecting force. It creates a bodily equilibrium and balance and helps us to make inner and outer impressions interchangeable. It connects the human being with the outside world and the outside world with his inner world. Breathing is an original unceasing movement and therefore actual life. The ineffable has given nature various autonomous laws which have still to come to fruition. Experiencing the breath means to start to live in a new way. Breathing became my "guide rope" that enables me to lead the body and with it the spiritual and mental into a new "opening" to life where meaning is, to achieve a wider consciousness and greater expansion in the inner and outer spaces. (Ilse Middendorf, 1995 ii:77)

It is because the breath is the way into the spiritual that many forms of breathwork lead to similar spiritual experiences, for example, unity, forgiveness, and love:

I have seen many people have spontaneous experiences of love, forgiveness, and joy while doing breathwork. These feelings are all the more important because they have emerged from the body rather than from the mind. For example, many people have reported that, while they had previously understood the concept of forgiveness, it was only during breathwork that they actually experienced it internally.

I have also seen people breathe themselves to a sense of unity with themselves, others, and the universe itself. Deep spiritual experiences like these have great healing potential because they put the person in touch with a power greater than their normal ego consciousness.

The highest potential of breathwork is in unifying mind, body, and spirit. (Hendricks:30)

Breath is the language of trance states. Often in shamanic practice it is combined with dance and drumming. Felicitas Goodman, who induces trances using a rattle and postures from ancient figures and cave art, uses breath to prepare the concentration necessary for trance.

At the outset of the session, everyone was to take fifty relaxed, normal breaths, in and out, in and out. Only during inhalation could one feel the air passing over the septum; it was not perceivable when exhaling. This alternation was what the participants were supposed to observe. It was a natural, soothing rhythm... (Felicitas Goodman, 1990:44. See also Minett:153.)

Breath is the language of our commitment to life in this world:

Breathing and the circulation of air that it implies is the perfect metaphor of the obligation to live in the world, the obligation for exchange, sharing, giving, and also the common and shared dependence on the Law. As we must all be born and die, we must all breath, and in doing so, we must all share a common substance with others; whatever may be our desire for independence, autonomy, individuality (personalization), sometimes to break with (separate ourselves from) the world, we are all subject to the law and to the communion of breathing. (Lesourne, 1996:100)

Breath is the language of Energy

Breath is the language of energy, as Fried has so poetically said. This must be so, as it is through breathing that we receive the basic energy of life.

I have already given many examples how Conscious Breathing makes energy available for therapy. This is how conscious breathing works in a Rebirthing session to bring about an energy cycle:

In order to achieve a successful Rebirthing session it's necessary to trigger a phenomenon known as "the energy cycle." The energy cycle will begin to operate when a pattern of intense, relaxed and connected breathing has been attained. This pattern should be effortless, despite being far more powerful and intense than normal breathing. All parts of the breathing apparatus are, at best, utilized and the entire body is energized. When the relaxation of the body, in combination with the increased breathing, has led to a sufficient opening of the body, the whole system will be directly affected by the breath. The breathing and relaxation will reach and penetrate every part of the body. The body starts to breathe energy as well as air. This means that the body is starting to release inner, stored energy, while at the same time it is activated by the new energy brought in by the intensified breathing. This is a state referred to as "inner breathing" in the yoga tradition....When this state is reached, the energy sweeps through the body and "flushes out" all the previously stored energy. This energy as been stored in the form of organic chemicals or hormones which, when released, provoke memories. The energy cycle is the actual healing part of the Rebirthing process. (Minett:30)

Conscious Breathing also enhances our ability to gain access to and to use energy simply for pleasure.

Conscious breathing activities also increase our ability to handle more energy. Many of us have our positive-energy thermostat set very low, so that we do not allow ourselves as much pleasure as we could. Conscious breathing actually retrains your nervous system to tolerate a higher charge of energy... (Hendricks:27-28)

Breath is the language of love

If breath is the language of spirit, it must also be the language of love. Here is one of Hendrick's case history that demonstrates the release of love energy through breathwork:

As I was doing the breathing activity, I began to feel a new energy flowing through my body. This energy brought with it a sense of love. Once I felt this natural love flowing through me, a thought popped into my mind—"I'm willing to do whatever I need to do to feel this love in my life all the time." (Hendricks:27)

Case histories like this are frequent in the breathwork literature.

Breath is the language of prayer

Each breath contains two blessings: life in the inspiration and the expulsion of the air in the expiration. Thank God, therefore, twice for each breath. (Gulistan de Saadi de Chiraz, dans Dictionnaire des Symbols)

Breath and Spirit: the task of the therapist/accompanist

Because breath is the language of spirit, Breathwork requires particular qualities and skills in its practitioners.

Breathwork induces altered states of consciousness, and clients in altered states require a particular form of accompaniment. Kylea Taylor has considered this profoundly in her important book *The Ethics of Caring: Honoring the Web of Life in Our Professional Healing Relationships*. Among the problems she has identified are those related to the intensity of the work, the depth of transference and unacknowledged counter-transference, the greater suggestibility of the client particularly as regards retrieval of memories, among other factors. Taylor is aware of the interface between altered states of consciousness and states labeled psychotic:

The difference between psychosis and a nonordinary state of consciousness is sometimes difficult to discern from the outside. The dramatic symptoms may be similar or different in each state. The client's awareness of the process and his cooperation with it may be a key indicator that the client is in a transformative rather than a pathological process. Generally psychosis is a defensive pattern functioning to keep awareness and pain at bay. Nonordinary states...are openings for change and growth. Those experiencing nonordinary states are usually aware of the process they are undergoing and in some sense welcome the awareness and change that is happening. (Taylor, 1995:32)

Unless the therapist has understood the problems of working with altered states of consciousness, there will be problems for the client. The client may be misled into misunderstanding the experiences that come up, including their relationship with ordinary consensus reality. Further, unless the therapist has made considerable progress with her/his own process of personal and spiritual development, s/he will be unable to support the client in these states.

VII. DIALECTS OF BREATH LANGUAGE

Breath language has many dialects, among them, relationships, sex and prayer, as I have said above. Sport is another and there are others that may surprise you.

Laughter is a Dialect of Breath Language

The International Journal of Humour Research published a study which demonstrated that laughter boosted the cardiovascular, respiratory, muscular, hormonal, central nervous or immune system C not the least by drawing more oxygen into the lungs. *The Therapist*, Vol. 4, No 2 - 1997.

Laughter is good for health and well-being. There is a famous case of a person, who was also a doctor, and who was diagnosed as terminally ill with cancer. He took videos of Marx brothers and other humorous films home and spent hours watching them. The result was that he laughed himself to health again. This case is medically attested. As this is the section on laughter, I do not feel obliged to search out in the library for the references where I read about this. In any case, it is regularly cited and some people teach laughter therapy.

Singing is a dialect of Breath Language

The deep and complete breathing necessary for singing contributes to the good feeling people have afterwards. Through the tendency to match one's own breathing rhythm with that of the singer the audience gets "breathed" by the rhythm and the phrases of the singer's breath.

Music can be used in meditation as a means of guiding and deepening the breath:

Music for meditation .. creates an atmosphere conducive to stillness and inner contemplation. It is quieter and slower [that music for trance]; melodic phrase may last as long as the inspiration phase of breathing. Its purpose is to slow and deepen breathing, altering perception of time by focusing us on the present moment. (Fried, 1990 : 286)

Speaking is a Dialect of Breath Language

Our ease with our breath affects our ease with ourselves, and so with our ability to speak. As Daphne J. Pearce has said so succinctly, '>Speech is the culmination of two essential human functions: breathing and communication.' (1994:12). As our breath is connected with our emotions, our breathing is a reflection of our emotional well-being. The larynx, which is the physical apparatus of speech, can be affected by dust and fumes, and emotions. Pearce explains, 'From the infant's screams, to the quavering of senescence, the voice reflects feeling and well being; it betrays fears and doubts, and proclaims intentions.' Problems with breathing may result in stuttering or other speech disorders.

We can use, misuse or abuse our voices and our breath. We use our voice to project an image and to elicit a response, so our voice is a tool to control ourselves and the environment. The voice and the breath, can be abused through smoking and alcohol. (Pearce, p.185)

In this dialect of breath-language, pauses are important.

If one wishes to carry breathing all the way to completion, it is necessary to be able to carry through the four phases of breathing: inhalation, pause, exhalation, pause. These pauses and the conscious feeling of them are of the greatest importance. The pause, or rest, after exhalation must not be lifeless. It should never be a matter of holding the breath. On the contrary, it should most closely resemble the pause we experience in music which is the vital preparation for what is to follow. It is wonderful to see how inhalation emerges from this living pause. There is an opening of the cells: the air enters easily and silently and we feel fresh and toned up.

What happens, though, if we do not wait until the lungs have opened up? And when do we wait for it? Immediately after exhalation, we often take in air arbitrarily and try to pump the lungs full of air before they ask us for it. This is utterly inappropriate. We soon feel how the course of air in the lungs falters, and there occurs a thick feeling around the breast bone, the air is dammed up in the large bronchi and there is pressure and closure in the

small ones. The air does not and cannot enter the lungs freely because the small lung vesicles have not yet opened. And it is these that must be supplied with oxygen while breathing. Access to them, the smallest bronchia, is provided by vessels more delicate than hair, so naturally the attempt to press the dammed-up air into them must fail. In addition, it often occurs that the air vesicles, at the time when the air is prematurely pumped in, have not yet emptied themselves of the old supply of air. They now do that, and the air stream trying to work upward and outward from inside collides with the air being pumped in from the outside so that there occurs a kind of piling up, and the result is a pressed, constricted feeling. But if we wait for the opening of the smallest vesicles we thereby permit a pause to occur completely. Then, as soon as the vesicles become empty, they suck in air automatically. The air then easily penetrates the smallest, hair-fine vessels. Nowhere does congestion occur, and nowhere is there a sensation of thickness or of lack of air. We do not need to bring into action any special activity for inhalation. (Elsa Gindler, 1986-7, p.11f)

In the dialect of breath language called speaking, not only the utterance of language-words is important, but the fluency of the utterance, including the nature of its pauses. Pauses depend both on physiological aspects of speech motor activity and cognitive processes. Surprisingly, pauses also occur during the in-breath: "Physiologically inevitable pauses regularly occur during the inspiration phase of respiration, since phonatory activity is intricately connected with respiratory activity." (Zellner, 1994) These pauses relate to the speaker's health. As Zellner says, >weak respiration, low muscle tone, and slow articulatory rate is associated with a greater number of pauses than a rapid articulatory rate and good respiratory capacity."

If we interfere with the length of the breathing pause, shortening it even slightly, we find ourselves feeling "rushed" and "pressured," that well-known state that interferes so often with our sense of well-being and is such a generally acknowledged burden in our daily lives. We have all experienced how strained this kind of breathing leaves our. We pay dearly for it in inefficiency, weariness, and irritability. (Speads, 1995:47)

One variety of the breathing pause is the suspension of the breath that can happen in meditation. Fields defines this phenomenon as APeriods of breathing apparently suspended between 15 and 30 seconds. Further,

Investigators who have reported such respiratory suspension periods equate it with the meditative state of "pure consciousness." Badawi et al. (1984) characterized it as having unique features differentiating it from other states of consciousness. It is important to note that these features occur during typical EEG configurations different from any found in biofeedback, relaxation, and hypnosis. (Field, 1993 : 275; Badawi, K., Wallace, R. K., Orme-Johnson, D., & Ronzere, A. M. (1984), >Electrophysiological characteristics of respiratory suspension periods occurring during the practice of the transcendental meditation program.= Psychosomatic Medicine 46: 267-276.)

Kylea Taylor has compared the breathing pauses that happen in Holotropic and other Breathwork when the breathing stops or seems to disappear with breathing pauses from yoga. (Taylor, 1991, pp.5,7; 1994:81)

Smoking Is a Dialect of Breath Language

Smoking is a dialect of breath language. The dialect of smoking speaks about dependence, traumatism and autodestruction, anxiety, sharing, sex, and shamanism.

Smoking is a dependence issue. On birth, the foetus' dependence on mother is exchanged for the new-born's dependence on air. Dependence on breathing is painless, but the smoker makes it painful. Nicotine dependency is light and disappears within 24-48 hours. So nicotine dependency is the voluntary submission to an object with the purpose of escaping the involuntary submission to life. Smoking speaks about painful dependence.

The dialect of smoking speaks about traumatism, autodestruction and the feeling of anxiety. The smoker repeats the first traumatic breath with every inhalation. Each time he feels aggressed by life, or "penetrated," he attacks and penetrates himself with air which he has polluted, to show he has no fear of being traumatised: that he remains in control. Anxiety affects breathing. A good slow deep breath eases anxiety and permits a person to make contact again with his life-force. The smoker eases or prevents his attacks of anxiety through smoking. When he feels unease or tension, he creates "artificial respiration." He knows he will not die because, through his cigarette, he knows that he breathes C as long as his cigarette burns.

Smoking is about sharing, and aggression. Air is communal, and to breathe is share this communal element. The smoker, however, subverts this communion. He demonstrates his power of the air by marking it, as if marking a territory, so that all others breathing it know that it was his first. Smokers poison and pollute the air for their neighbours. They are like babies who have not been successfully potty trained, leaving their "bad smells" and "bad objects" for others to see. They project the role of parent onto society, waiting for their "badness" to be received and transformed into goodness by the good mother who admires their kaka and makes it good and clean for them. They express their hatred by polluting the air. Air that smells of old cigarette smoke makes an atmosphere charged with tension and aggressivity. The smoker keeps what is good in breathing: the warmth, the fire, the burning, the smell, life; and puts out for the others the smoke and the grey ashes, the colour of the earth that evokes death and corpses.

Through smoking, the smoker separates himself from the world, protecting himself, marking his limits and his territory, fighting suffering with auto-erotic activity. But by preventing himself from feeling his suffering he does not learn to bear it.

Smoking speaks about sex. Smokers are giving themselves a symbolic penis, to compensate for a hidden, inadequate or missing penis. Smoking is a sexual act: inhaling causes the smoke to penetrate the mouth of the smoker; exhaling causes it to penetrate the communal air shared by all others. Smokers want to add to the neutral breathing, smell and taste: to make it good. They make a food of the air, something they can swallow, bringing air into an erogenous zone, the mouth through which enters the goodness given by the mother. Smokers try to get pleasure out of the neutral act of breathing, as if inhaling the >mother-universe,= devouring it, absorbing it like a food and not surrendering it, allowing

it simply to be there, supporting, containing, protecting.

Can only negative things, then, be said about smoking? No. Smoking is about fire. Smoking, like suffering, speaks about shamanism. Smokers want more of what air brings: more activity, more life. They want combustion in the form of fire, exchange, transformation; faster heart beat, more rapid neurone activity, quicker processes. More dependence, more pain, more pleasure, more everything. Hence many creative people smoke (Freud, Picasso) as if seeking inspiration, ... and to activate their inner fire. (The ideas about smoking in this section are largely inspired by Odile Lesourne's most interesting article, 'Variations sur l'air, le souffle et le fumeur.')

And Farting?

Everyone farts, but as far as I am aware, although the biological reasons for farting are known, there are no serious studies regarding the when's and because of farting. Surprisingly, the psychology of farting remains unexplored. I have heard people call farting "Le deuxième souffle" – "the second breath." Is farting, I wonder, a dialect of breath language too?

BIBLIOGRAPHY

Abbondio, Irène (1994), *Traumatisme de la naissance et souffle dans la psychologie occidentale : manuel de référence à l'usage des Thérapeutes du Souffle*. Irène Abbondio, Cité Derrière 4, CH - 1005 Lausanne.

Boadella, David (1994), 'Styles of Breathing in Reichian Therapy,' in Timmons & Ley, 1994, pp. 233-241.

Bradley, Dinah, (1991), *Hyperventilation Syndrome: a Handbook for Bad Breathers*. London: Kyle Cathie, 1994.

Chang, Jolan (1977), *The Tao of Love and Sex: The Ancient Chinese Way to Ecstasy*. London: Wildwood House.

Chevalier, Jean & Gheerbrant, Alain (1982), *Dictionnaire des Symboles*. Paris: Robert Lafont / Jupiter.

Campoli, Collette (1996), 'Les mots du souffle.' In Sapir (ed), 1996.

Conger, John P. (1988), *Jung & Reich: The Body as Shadow*. Berkeley, California: North Atlantic Books.

Corsini, Raymond, ed. (1973), *Current Psychotherapies*. Itasca, Illinois: F.E. Peacock Publishing Co.

Cranmer, David (1994), 'Core energetics,' in Jones, 1994.

Dychtwald, Ken (1977), *Bodymind: a Synthesis of Eastern and Western Ways to Self-awareness, Health and Personal Growth*. London: Wildwood House.

Eliade, Mircea (1969), *Yoga, Immortality and Freedom*. New York: Bollingen Series LVI.

Fried, Robert (1990), *Breath Connection: how to reduce psychological and stress-related problems with easy to do breathing exercises*. New York: Plenum.

(1993, with Joseph Grimaldi), *The Psychology and Physiology of Breathing: in Behavioural Medicine, Clinical Psychology, and Psychiatry*. New York: Plenum Press.

Gindler, Else (1986-7), 'Coming to our Senses.' In Johnson, 1995.

Goodman, Felicitas D. (1990), *Where the Spirits Ride the Wind*. Bloomington & Indianapolis: Indiana University Press.

Grof, Stanislav (1997), 'Holotropic Breathwork and the Hyperventilation Syndrome,' in *The Inner Door*, Volume 9, Issue 2.

Groddeck, Georg (1951), *The Unknown Self*. Plymouth: Vision Press.

Grossinger, Richard (1995), *Planet Medicine: Vol. 1, Origins*. Berkeley, California: North Atlantic.

(1995), *Planet Medicine: Vol 2, Modalities*. Berkeley, California: North Atlantic.

Hendricks, Gay (1995), *Conscious Breathing: Breathwork for Health, Stress Release, and Personal Mastery*. New York: Bantam Books.

Janov, Arthur (1990), *The New Primal Scream: Primal Therapy Twenty Years On*. London: Abacus.

The Inner Door, a Publication of the Association for Holotropic Breathwork International, ed. Kylea Taylor. P.O. Box 7169, Santa Cruz, CA 95061-7169.

Johnson, Bob Hanlon, ed. (1995), *Bone, Breath & Gesture: Practices of Embodiment*. Berkeley, California: North Atlantic Books.

Jones, David, ed. (1994), *Innovative Therapy: A Handbook*. Buckingham: Open University Press.

Kellner, E., ed. (1994), *Fundamentals of speech synthesis and recognition*. Chichester: John Wiley.

Leonard, Jim and Phil Laut (1983), *Rebirthing : the science of enjoying all of your life*, California : Trinity Publications, 1983.

Lesourne, Odile (1996), 'Variations sur l'air, le souffle, et le fumeur.' In Sapir (ed), 1996.

Ley, Ronald (1994), 'Breathing and the Psychology of Emotion, Cognition, and Behavior,' in Timmons and Ley, 1994, pp. 81-95.

Manné, Joy (1994), 'Rebirthing, an orphan or a member of the family of psychotherapies?' *International Journal of Prenatal and Perinatal Psychology and Medicine*, Vol.6 (1994), No. 4, 503-517.

(1995), 'Rebirthing, is it marvellous or terrible?' *The Therapist: Journal of the European Therapy Studies Institute*, Spring 1995.

(1997 i), 'The Language of Breath: The Use Of Conscious Breathing Techniques In Psychotherapy,' paper presented at the International Society for the advancement of Respiratory Psychophysiology (ISARP) conference, 1995, in Rapp, Hilde, ed., (1997) *Experiences of Difference*. British Institute of Integrative Psychotherapy (BIIP): New Controversial Discussions Series. London: BIIP (21 Priory Terrace, GB- London NW6 4LG).

(1997 ii) *Soul Therapy*. North Atlantic Books, Berkeley, California.

(1999 i) 'Only One Breath: Buddhist Breathwork and the Nature of Consciousness,' in *The Healing Breath: a Journal of Breathwork Practice, Psychology and Spirituality*, Volume 1, No. 1, pp. 22-46. www.i-breathe.com/thb11/index.htm.

(1999 ii) 'Dialogue on Hyperventilation between Kylea Taylor and Joy Manné, in *The Healing Breath: a Journal of Breathwork Practice, Psychology and Spirituality*, Volume 1, No. 2, pp. 11-30. www.i-breathe.com/thb12/index.htm.

McNeely, Deldon Anne (1987), *Touching: Body Therapy and Depth Psychology*. Toronto: Inner City Books.

Middendorf, Ilse (1995 i), 'Interview with Ilse Middendorf' by Elizabeth Beringer, in Johnson, 1995.

(1995 ii), Preface to *The Perceptible Breath*, in Johnson, 1995.

Minett, Gunnel (1994), *Breath & Spirit: Rebirthing as a Healing Technique*. London: Aquarian/Thorsons.

Mithoefer, Michael (1997), 'The Physiology of Hyperventilation,' in *The Inner Door*, Volume 9, Issue 2.

Nierenberg, Gerard I. & Calero, Henry H. (1980), *How to Read a Person like a Book*. Wellinborough, Northamptonshire: A. Thomas.

Orr, Leonard et Sondra Ray, *Rebirthing : in the New Age*. Berkeley California : Celestial Arts. Revised Ed. 1983.

Pearce, Daphne J. (1994), 'Breathing and vocal Dysfunction,' in Timmons & Ley, 1994.

Proskauer, Magda (1968), 'Breathing Therapy,' in Timmons and Ley, 1994, pp.253-259.

Rapp, Hilde, ed., (1997) *Experiences of Difference*. British Institute of Integrative Psychotherapy (BIIP): New Controversial Discussions Series. London: BIIP (21 Priory Terrace, GB- London NW6 4LG).

Rossi, Ernest L. (1993) *The Psychobiology of Mind-Body Healing: New Concepts of Therapeutic Hypnosis*. Revised Edition. New York: W. W. Norton & Co.

Rosenberg, Jack (1985), *Body, Self, & Soul: Sustaining Integration*. Atlanta, Georgia: Humanics New Age.

Sapir, M. ed. (1996), *L=air et le souffle*. Champ Psychosomatique No.6. Ed. La Pensee Sauvage.

Schutz, William (1971), *Here Comes Everybody*. New York: Harper & Row.

Sharaf, Myron (1983), *Fury on Earth: A Biography of Wilhelm Reich*. New York: St. Martin=s Press.

Silburn, Lilian (1983), *La Kundalin§: ou l=Energie des Profondeurs*. Paris: Les Deux Océans.

Somatics, 1516 Grant Avenue, Suite 212, Novato, California 94945, USA.

Speads, Carola (1986), *Ways to Better Breathing*. Great Neck, NY: Morrow. In Johnson, 1995.

Taylor, Kylea (1991), '>Yogic Sleep and Meditation States During Holotropic Breathwork,=' in *The Inner Door*, Volume 3, Issue 1, July 1991, pp. 5 & 7.

(1994), *The Breathwork Experience: Exploration and Healing in Nonordinary States of consciousness*. Santa Cruz, California: Hanford Mead.

(1995), *The Ethics of Caring: Honoring the Web of Life in Our Professional Healing Relationships*. Santa Cruz, California: Hanford Mead, 1995.

(1999) 'Dialogue on Hyperventilation between Kylea Taylor and Joy Manné, in *The*

Healing Breath: a Journal of Breathwork Practice, Psychology and Spirituality, Volume 1, No. 2, pp. 11-30. www.i-breathe.com/thb12/index.htm.

Thich Nhat Hahn (1996), *Breathe! You are Alive: Sutra on the Full Awareness of Breathing*. Berkeley, California: Parallax Press.

Timmons, Beverly H. (1994.i), 'Introduction,' in Timmons & Ley, 1994, pp. 1-13.

(1994.ii), 'Breathing-related Issues in Therapy,' in Timmons & Ley, 1994, pp. 261-292.

Timmons, Beverly H. & Ley, Ronald, eds. (1994), *Behavioral and Psychological Approaches to Breathing Disorders*. New York: Plenum Press.

Tristani, J.-L (1973), *Le stade du Respire*. Paris: Ed. Minuit.

Weil, Andrew, M.D. (1995), *Spontaneous Healing: How to Discover and Enhance Your Body's Natural Ability to Maintain and Heal Itself*. New York: Alfred A Knopf.

Whitmont, Edward C. and Kaufman, Yoram (1973 'Analytical Psychology,' in Corsini, 1973.

Winnicott, D.W. (1941), 'The Observation of Infants in a Set Situation,' in Winnicott, 1992.

(1992), D. W. Winnicott: through Paediatrics to Psychoanalysis. *Collected Papers*. London: Karnak.

Zellner, Brigitte (1994), 'Pauses and the temporal structure of speech,' in Kellner, 1994, pp. 41-62..

Zi, Nancy (1994), *The Art of Breathing: A Course of Six Simple Lessons To Improve Performance and Well-being*. Glendale, California: Vivi Co.

GLOSSARY

dyspnea – "can't catch my breath. I feel like I am choking." (Fried, 1990 : 83)

hyperpnea - increased respiration rate

hypocapnia - end-tidal carbon dioxide decreases

hypoxia - decrease in tissue oxygen

Tachypnea - increased respiration rate

[Return to Contents](#)