

# An Embodied Psychotherapy CPD Training

CPD weekends in Devon with Michael Soth  
For counsellors and psychotherapists from across all the approaches

## Working with the Breath in Psychotherapy

May 25th - 26th 2019

Course Fee: £230

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

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

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



### Diverse traditions, contradictory principles, a multitude of techniques

One problem with the recent fashion of drawing body-oriented traditions into psychotherapy and appropriating them, is that the differences and contradictions between these traditions get ignored. We then end up with a smorgasbord of techniques which are all presumed to work towards a common goal, but are actually profoundly contradictory, and end up pulling the process into different directions. The client's bodymind then feels uncontained, confused, not sure whether it is coming or going.

All the different traditions, of course, each have their wisdoms and gifts, but we cannot arbitrarily mix and match them, even if it is for the valid purpose of supposedly including the body.

## **What are some of the key tensions and contradictions between the different orientations and principles?**

### **Centering versus expression (charge/discharge)**

Generally speaking, the Eastern traditions including yoga, meditation and the martial arts focus on belly breathing, and mindful centeredness in the 'hara' (the centre of the body, just below the navel) and are therefore oriented towards a calming, steadying effect. They were never designed to deal with the degree of disembodiment, traumatised dissociation, repressed feelings, neurosis of the modern psyche and its fragmentation and relational vicissitudes. But they are profoundly useful and necessary.



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

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

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

When we recognise somebody's restricted, flawed, incomplete, supposedly 'pathological' way of breathing, different approaches have different aims and corrective techniques, and all of these have their valid purpose, and can be used at different times.



But in the context of psychotherapy, what are we trying to do? Are we trying to educate the client to change their way of breathing towards a 'healthier' breathing pattern? There may be good arguments for that. Or are we trying to understand how this breathing is part of their characterological bodymind condition? In which case there is a rationale for attending mindfully to the 'unhealthy' breathing pattern without trying to change it.

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

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

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



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

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

Calm, controlled breathing can be a very good idea when somebody is in an overwhelmed, traumatised state. It can also be a symptom of freezing and dissociation. It may exacerbate a depressed condition. At the other end of the scale, many people are scared of 'hyperventilation' which can indeed be a symptom of an entrenched habit of hyper-arousal, constantly leading to emotional overwhelm. On the other hand, it can be argued that most of the population systematically and chronically under-breathe – they are hypo-ventilating. So an experiment in deliberately breathing more deeply might be needed in order to balance this, or to just get an experience of the edge of their comfort zone or 'window of tolerance'.

## Sustained mindfulness of breath can constellate fears of regression

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



In our culture - dominated as it is by metaphors of development which emphasise progress, growth and ascent – any hint of regression constellates primitive and for many people catastrophic fears. The client's ego scans vitality affects and the energetic weather in the body for signs that threaten regression, and anticipates, counterbalances and manages – in some sort of approximation of self-regulation – regressive tendencies as they arise. In order to do that, the ego needs to monitor the breath as the main regulator of intensity and charge in the system, usually automatically and outside awareness. Bringing awareness to the breath can reveal the presence of this monitoring and control process in action. It is only when the smooth operation of this pre-conscious mechanism is attended to, that the underlying body-mind split – in whatever idiosyncratic way it manifests in the client's system – becomes more apparent. This split or battle between mind and body, reflection versus spontaneity tends to be experienced as an either-or, all-or-nothing battle around control. Within the split, surrender to the somatic processes and letting go into the body is equated with loss of control and regression (which mythologically corresponds to a descent into the underworld). Inbreath and outbreath are intimately linked to these movements of consciousness and the habitual conflicts which are structured into the client's bodymind system.

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

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

Many guidelines and systems advocating supposedly 'correct breathing', whether it is belly or chest or diaphragm, in- or outbreath, energetic or calming, fail to take into account individual psychology. Frequently, they advocate a 'one-size-fits-all' notion of healthy breathing which the client is then expected to consciously, deliberately make a disciplined effort to approximate. But will this transform the life-long roots of the breathing pattern and engender a sustained satisfying spontaneous breath? Traditionally, the profound potential of breath work in terms of spontaneous and regressive experience was - generally speaking - achieved by focussing on the client's intra-psychic and bodymind dynamic. This focus on the client's internal experience - their body awareness including sensations, internal movements and impulses, their emotions and stream-of-consciousness - can move into the foreground at the expense of attention to the relational dynamic between client and therapist.

Traditionally, body-oriented therapists working with the breath paid no attention at all to transference dynamics. This is ironic, as our theory tells us that during states of regression early experience tends to come to the fore to the point that it then outweighs or overwhelms ego consciousness, thus intensifying transference projections, often reaching back into pre-verbal and primitive states. The consequent conclusion from the theory is that when we invite regressive experience, we should be more alert than ever to unconscious processes.

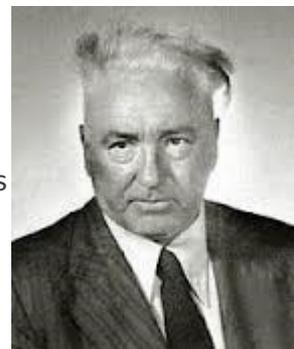
Therefore, providing a relational container for regressive states, primarily by the therapist recognising and attending to transference pressures and countertransference reactions and responses whilst engaged in the breath work, is one of the key integrations which are generally lacking and which we want to develop. Traditional concepts and models of transference and countertransference tend to not be very helpful in the immediacy of breath work because of their implicit paradigm bias towards the mind and mental representations, privileging reflection over spontaneity.

However, following in Reich's footsteps, we can consider transference and countertransference not just as having somatic aspects or being reflected in right-brain-to-right-brain interactions, but engage in them as intersubjective bodymind processes. In this perspective, psychology and biology become inseparable polarities - differentiated, but mutually related: body, emotion, psyche and mind as fractal parts of a dynamic, integral whole in relationship.

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

In the highly charged, potentially regressive context of lying down on the mattress, spontaneous and reflective, somatic and mental, habitual and emergent processes become tangibly constellated, and open into a way of working that can range across all the bodymind levels of subjective experience.

This places high demands on the therapist's own capacity to be present between such intimate and existential extremes as wholeness and fragmentation, integration and conflict, authority and woundedness and a unified sense of self versus multiplicity. This course aims to deepen, widen and enhance therapists' perception, understanding and creativity in these areas of intersubjective intensity and vicissitudes.



## An integrative, broad-spectrum approach to the breath

These are just some brief examples to illustrate that this whole area is a minefield. It is a minefield that we cannot afford to ignore or sidestep, but we want to approach it with an understanding of the contradictions, tensions and the opposing as well as complementary principles, theories and practices.

## Content of the Course

This course aims to work towards a comprehensive understanding and practice of breath work, which draws from the diverse traditions, trying to integrate them on the basis of a holistic bodymind psychological understanding. Specifically, it will include mindfulness, meditative and yoga breathing, Grof's holotropic breathing, rebirthing, vegeto therapy, and an integrative relational form of breathwork developed at the Chiron Centre focussing on bodymind and relational 'charge' with and without touch, with and without focus on the breath, with various stances from allowing (biodynamic 'impinging from within') to challenge (bioenergetic or vegetotherapy).

## Format of the Course

As all of these techniques depend upon the moment-to-moment engagement with the body's spontaneous processes, an important part of the learning will be live sessions which participants will have with each other, in pairs or triads, or in the middle of the group.

For the duration of the course, we will together build the relational container necessary for such work to become possible in an authentic way. This course will probably be offered only once and is unlikely to be repeated in this form in the future.

## About the Tutor:



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

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

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

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

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

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

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