

THE EMOTIONAL FUNCTIONING OF THE BREATH AND ITS APPLICATIONS IN THERAPY

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Introduction

Although breathing is or should be a very normal process, its functioning is often distorted, becoming the cause or effect of many serious disorders. Although we know that our breathing patterns sometimes cause problems, in general we know very little about breathing. By measuring degrees of breathing normality and pathology through tests, pneumonologists have a firm basis for their diagnoses. But, as psychotherapists, we know that people can live without a very obvious pathological symptom and still present a distortion in their breathing that affects their well-being. However, more often than not, we lack the parameters necessary to work on this problem.

The intent of this paper is to clarify the problem and to suggest some ways in which therapists and patients might work with breathing for a better understanding of the human condition and potential

1. Uses of Respiration in Ancient Religions and Traditions

Our breathing varies according to our emotional and mental states and vice versa. Variations can produce changes in our physiology, inner states, thoughts, etc. This knowledge has been part of many ancient systems as well as modern ones: Chinese Chi-Kung, Hindu Hatha Yoga, and others that do not employ breathing so obviously, such as Christian Baptism. The original Essenes sank people in baptismal water until they actually showed signs of asphyxia; it was a way of rebirthing which symbolized their entrance into religious life. Baptism was not a superficial procedure. Its intention was to produce a strong experience to awaken perinatal memories. Of all the birth memories, the feeling of asphyxia is the strongest because the lungs are not yet working and there is hypoxia. Almost every child experiences this, although the process is transitory and less traumatic when the umbilical cord is not cut

immediately. So every time a person is in a situation of asphyxia, the memories of birth come to him.

Christians were not alone in using respiratory techniques to induce a perinatal state. The recitation and chanting of mantras in a precise way is another respirators technique. Some mantras have such complicated rhythmic patterns that they are easier learned as songs. Some vovic practices use counting to regulate the breathing.

All of these traditional methods are practiced today. Unfortunately, few people fully understand the effects of these practices on energetic functioning—how they are helpful, who benefit and who is harmed by them.

A. A Medical Experiment

In the 1920s, medical schools were using respiratory methods to cure hypertension and psychosomatic problems. In that same decade a very interesting article was published in a medical magazine about an experiment to verify whether cyanic acid (a component in the formula of a newly released cough syrup) was innocuous in the amount necessary for cough control. Cyanic acid is a component of cyanur, a cellular poison that is quickly lethal because it stops cellular breathing. The cough syrup had too little cyanic acid to produce such effects, but just enough to provoke an increase of respiratory intensity and frequency, which was the reason it was in the formula. Scientists hotly debated whether it really was innocuous, and tested it on hospitalized psychiatric patients (who, during this period in history, were the only available test population) Among the test group were a few catatonics. (Catatonia is a very serious disorder with a very bad prognosis, even today. The drugs that are presently prescribed for it have negative side effects very difficult to counteract.) What happened to those catatonic patients who received the cough syrup was most unexpected. Most of these patients had neither spoke nor communicated with anyone for years. After receiving the syrup, they did—but once the drug wore off, they returned to their usual state.

B Psychotherapy Schools

1 Wilhelm Reich

The first doctor to use controlled breathing in a systematic way was Wilhelm Reich. He found that most of his patients had very insufficient breathing, that they either held their breath in or had trouble exhaling. He also noticed that their chests were rigid and tight, and when he helped them to breathe out, they would start expressing emotions. Reich later discovered a particular kind of breathing that elicited the manifestation of certain involuntary movements—a spontaneous wave or the "orgastic reflex"—in those with few rigid blocks in the body whose "muscular armor" was flexible. They were endowed with "orgastic potency," which he believed to be sexual health, for their movements were spontaneous during orgasm. This reflex is not the orgasm itself, but a natural movement occurring during this breathing which is identical to the orgasmic breathing of a sexually healthy person.

Other people, such as neurotics (symptomatic or not) or people with character problems, were not spontaneously capable of this kind of breathing, and even when they imitated it, had no orgastic reflex. After working on disarming, unblocking resistances, expressing repressed emotions and then integrating them, patients began modifying their relationships with other people, changing their attitudes towards life, and finding that their body shape altered. They would eventually begin to release their fear and accept pleasurable feelings, breathe more fully, and experience orgastic reflex.

Because of this work, Reich is the father of what is called "orgonomic breathing." By teaching patients to breathe organomically, he enabled them to be fully orgastic in their lives. Once the orgastic potency was established, neurotic functioning ceased. This was Reich's belief, and it is the foundation of Orgonomy and all subsequent body therapies.

Wilhelm Reich was born March 24, 1897, in the part of Galicia that lay between Germany and Austria, the birthplace of Nazism and one of the most rigid places on earth. The society of his time was very rigorous, severe and strict. Today, families are quite different: children are more often subject to a lack of attention and care than over-control. In addition, ours is a society of indulgence, so control mechanisms are hardly internalized.

Reich's patients needed the method he created for them. Although he later treated schizophrenics whose chests were soft (unlike

his regular neurotics), his method remained basically the same. But his theories and ideas gave birth to many systems of therapy.

2. Arthur Janov

The first and perhaps the most famous of these systems was Primal Therapy, created by Arthur Janov, a true pioneer in the psychotherapy field. Like Reich, he was sent to jail and his books were banned in the United States.

The first breathing method employed in Primal Therapy was hyperventilation—a deep, intensive breathing which was done during sessions. Its result was the "primals" (an outpouring of emotions; people facing their hell) which Janov considered more therapeutically desirable than heaven (In fact, he would even give the mystical experiencers neuroleptics.) The quieter therapists, like psychoanalysts, were impressed by adult patients calling out for their mothers in their first sessions (whereas it would take them years of analytical work to get their patients even to recognize their need of a mother). The emotional outbursts during this work were called "primal abreactions."

However, as the work continued, Janov began to notice that the conflicts he thought were cured in his patients were not. People had to return after a time for a new dose of catharsis, and some character problems remained untouched. When several of his patients committed suicide and Janov had to face trials, he decided to include other techniques in his method. The subsequent development of Primal Therapy will not be discussed here, but suffice it to say that hyperventilation, as a method, was later inherited by Rebirthing.

3. Rebirthing

Rebirthing was first known in the United States through Leonard Orr, but other schools were created later. Rebirthing was so named because the technique took patients right to the birth experience, and focused on reliving it. Rebirthing employs a very simple technique: profuse mouth breathing, including filling the chest.

The hyperventilation method was then modified into circular breathing and christened "breath therapy." because it was no longer exclusively centered around the birth experience. The method of breathing was called "circular" because there are no holdings; the breath goes in a continual circle of air-in, air-out.

There was no explanation by the "breath therapy" creators as to why this method should work. They simply repeated what Janov had

borrowed from Reich: The more you breathe, the more you inhale, the more energy enters your organism. That process forces the latent blocks to manifest until they break down, producing a release of repressed emotions. The methods were violent and later gave way to softer ones.

Rebirthing still uses hyperventilation, where the effort is made on the intake of air, leaving the outbreath as natural as possible. It is non-stop, continuous breathing which provokes many sensations in the body. Some sensations are caused by the change in the basic acid, producing tetany. Sometimes breathing can become difficult and patients need to be encouraged to continue. After awhile sensual or ecstatic experiences will arise. On other occasions a patient's energy system might collapse, and the therapist must make him stand up and open his eyes. The patient has reacted with something called in Orgonomy "anorgonotic defenses." Usually in such a case it is impossible to continue unless the obstacle is explored and there is an opening, an explosion. In yet another type of situation, the patient believes he is communicating with the dead, or with angels, or with great spiritual teachers who tell him things like "you mustn't eat sugar." For example, one group of people actually believed they could reach immortality with this practice. They thought death was an idea that we accept conventionally, and therefore the concept could be changed. So we can see that a lot of strange ideas come up in those who work with this type of breathing. Yet, these methods are very helpful if we use them carefully and conscientiously.

There is a tendency for each breath school to ignore and exclude its predecessors. For example, Rebirthing ignores Primal Therapy; Primal Therapy never mentioned Reich's work; and later Stanislav Groff created Flototropic Therapy, forgetting about its antecedents.

4. Stanislav Groff's Transpersonal and Holistic Therapy

Groff began in Prague, using LSD. Since this was illegal in the United States, he had to find another way to keep his research going, so he created Transpersonal Therapy. The methods to induce transpersonal states were similar to those of hyperventilation. During Transpersonal Therapy breathing, the therapist alleviated the tensions that appeared in the patient's body: the patient would go through painful episodes, problems and inner obstacles until he arrived at pleasurable, sometimes mystical experiences.

It is this writer's opinion that regardless of whether transpersonal experiences are authentically religious or totally delirious, they are not

necessarily good for a specific individual—a house with a broken roof allows some light to shine in, but that doesn't mean it's a fine home. After all, many schizophrenic people have mystical experiences. If breathing methods are used ignorantly—with no foreknowledge of their appropriateness to the individual patient—they are risky. Many other experiences can help a person to open up. Transpersonal experiences can be equally dangerous unless they come as the result of a health\ integration. There is a sufi master who said, "Great experiences are there to destroy small men." Unless one is totally grown, an experience can be crushing; experiences must come in accordance with what one can handle. For example, how much money can we handle? One hears of the boxing champion who suddenly makes millions, and it ruins him. One must receive only as much energy as one can tolerate at a time. In general, we function with a certain amount of energy at a certain level of experience. We all want to experience ecstasy, the extraordinary. We would like to have a transpersonal understanding of phenomena, but we can see what this does to the life of people who can't process it. What matters is the person as a totality, as the fruit of a development, not the experiences he can occasionally induce artificially. A transpersonal experience is but a perception of a kind of reality. There is nothing wrong with that in itself, but the consequences of such experiences have to be taken into careful consideration.

Risky transpersonal peak experiences can also become a way of life. Reich talked about the mystical and the mechanical betrayals of life. Life happens when matter and energy pulsate together. When matter takes over energy, the life of the individual is governed by material things; his life is mechanical. The mystical betrayal of life happens when energy takes over matter in a human being; his energy behaves as though there were no body. In Orgonomy, this is called an "ocular block," because it is a way a person avoids conflicts, avoids fixing the real problems in his worldly everyday life—his wife, his children, his job, depression, fear, etc.

Yet the original goal of breathing work was to have more life, to open the blocks, to face conflicts, and then finally to reach transpersonal states. It all started with Reich, when he sought to free the orgasmic potency by working with the breath.

5. David Boadella

David Boadella discusses breath therapy in his book *Life Streams*, and he also explains the medical reasons why he disapproves of

hyperventilation. In conversation, he explained that hyperventilation is an equation between the degree of respiration and the level of expression. There are two ways to control the balance. One is by controlling the breathing using, for instance, biofeedback methods (which he disapproves of). Another way to control balance is by increasing expression through kicking, beating, yelling, screaming, but then it is no longer hyperventilation.

6. Biofeedback

Biofeedback was designed by a group of physicians who are against the use of hyperventilation. They use completely different breathing methods and argue that as we hyperventilate, the ratio of oxygen and carbon dioxide changes. The balance of acidity and alkalinity in the blood is modified towards the latter, producing a vasoconstriction that is felt as cold hands and feet. Consequently, there is less irrigation of oxygen to the brain, causing the psychological and energetic changes of transpersonal states (which mountain climbers also report), and there is stress in the cardiac muscle which is very dangerous for some people.

Biofeedback's respiratory methods are directed towards the control of the breath. The aim is to increase the oxygen in the organism, to warm up hands and feet, reversing the symptomatology of the Hyperventilation Syndrome. It is done in a sitting position, and the breathing is mainly abdominal, not thoracic, through the nose. Therapists encourage a slow, full inhalation and a slow, complete exhalation. Breathing exercises are preceded by a short relaxation session, releasing all the muscles in the body, starting from the face. Patients then roll the head around the shoulders, raise the shoulders and relax, stretch the arms, and, most importantly, the diaphragm must relax. Patients then imagine that there is a tight belt around the belly, and they try to open it. They push the stomach, but not with a lot of air. The throat is open and they relax. They do this several times. Then they breathe in slowly and easily, and exhale all the remaining air with the abdominal muscles. They induce a comfortable, pleasant sensation throughout the body; the feeling is that of calmness and relaxation. There can be sweating, and hands and feet can be warm; this is an indication that the exercise has been done properly.

All in all, hyperventilation used conscientiously has been helpful, or the system would not have survived. Most participants in workshops on the method reported a real sense of well-being and relief, especially if they had had unsatisfying prior therapy. However.

hyperventilation, like every therapy, benefits some, is fruitless for others, and to some is harmful.

Biofeedback methods were designed mainly to help psychosomatic patients, or those with tension problems: headaches, different kinds digestive dystonia, hypertension, irregular cardiac rhythm with no organic root and Raynaud disease (peripheric vasocontraction). Biofeedback is used for a whole range of anxiety disorders, sexual problems, etc. The patients who improve with Bio-feedback are very different from those hard, rigid, controlled patients seeking more feeling who can best benefit from hyperventilation. Good Biofeedback candidates cannot take any more pressure. The whole idea of feeling more is terrifying to them. Their leaning is to tranquilizers and hypnotics rather than to stimulants.

There is a syndrome in medicine called the "Hyperventilation Syndrome." the symptoms of which include aspects of the pathologies just mentioned occurring together with some kind of hyperventilation. For instance, the Hyperventilation Syndrome includes tetany and rigidity, and anxious people are, in general, rigid, with a lot of muscular tension. The Hyperventilation Syndrome produces precar-dialogies and chest pain, which is a symptom anxious people very often report. Headaches and migraines are part of the syndrome, and those who have headaches and migraines usually hyperventilate. So, we can conclude, hyperventilation is the respiratory factor of most of these disorders, and these disorders include some form of hyperventilation. Anxious people breathe heavily and quickly. Obviously then, their therapeutic strategy' must address this. Those therapists who primarily treat such symptoms criticize hyperventilation, deny its achievements and state that one shouldn't hyperventilate for more than two consecutive minutes. Studies have shown that there are some chemicals in the brain and in the circulation that are related to hyperventilation, and that tiramine (made out of triptophane) and serotonin affect phenomena such as allergies, digestive problems, migraines, anxiety and hypertension. Research has found that some people are very' sensitive to foods rich in tiramin (old cheese, red wine, beans, liver) and to foods that are related to the exchange of serotonin (milk, bananas and wheat)which can cause headache or allergies. So their therapists attacked both ends of the problems with relaxation techniques, visualization combined with breathing, and a diet limited in substances related to tiramine, triptophane or an increased level of serotin. And they have had great

results with the right kind of patients—those who have been fruitlessly breathing in therapy for years.

These are the respiratory techniques used in the different psychotherapies. We have mentioned those methods more effective for rigid, armored, over-controlled people and those for the anxious, unbalanced cases. The methods do vary according to the different needs, and as therapists, we must know them, because the work to be done is not the same in all cases.

2. Function and Significance of Respiration

We said before that breathing reflects very accurately what is happening not only in our physiological state, but in our life. Each mental state and each emotional state has a specific breathing pattern. Breathing is the central function of our organism, the very first thing about us that reacts in any situation. If we bump a finger, we first inhale, then we pull back the finger.

Every physiological state has a respiratory pattern: anger, crying, sleeping, for example, all stimulate their own unique breathing patterns, and each way that we breathe affects us emotionally.

Breathing is not a personal phenomenon, it is an exchange: a constant going from the separation to the unity: from sharing a common space (the atmosphere) to coming to a personal organ (the lungs). This constant alternation between inside and outside is a pulsation, and breathing is the central, major pulsation pattern in the center of the body

There are three large cavities in the body: the cranium, the thorax and the abdominal-pelvic cavity. The cranium and the pelvis are the two extremes, and relate to the outside, the periphery. The cranium is the entering door, the pelvis is the exit door. The thorax is centrally located, not peripherally.

Center and periphery are the two functioning patterns of our energy, which is movement. Let's use the example of the light phenomenon to explain these characteristics. In basic physics the light can be understood as either a wave or a particle, the photon, depending on the experiment employed. But it is both. A wave is a pulsation, and a particle is a flow, a movement. So there is a flow' of photons and a pulsation of light, the luminous wave. In the human organism both aspects are completely united. We have something called flow and something called energetic pulsation. The flow goes from the entering door to the exit door. That is its pathway, from periphery to periphery.

head to pelvis. The center is mainly a wave, a pulsation—that is breathing.

But breathing is not only a phenomenon in the lungs. All our cells breathe, as well. And people who can see the energy around the body say this field pulsates some 15 times a minute, like the number of average respirations per minute. That energetic pulsation manifests in the whole body. It has several cycles, one over the other. Some slow cycles can be easily felt with the hands, and this possibility of feeling has allowed the development of Craniosacral Therapy. Practitioners of this therapy believe that what they touch is the pulsation of the cephalo-spinal fluid. (Even though this liquid pulsates enough to make the bones of the cranium move, it is so subtle that it is hard to believe it can be touched. Therefore I believe what these practitioners are feeling is the pulsation of energy throughout the whole body)

Pulsation is a wave, but it is not linear. The heartbeat, for instance, expands in every direction, and pulsation and flow are united. The pulsation of the heart establishes the flow of blood. In order to understand flow and what flows, we have to understand that humans are beings of three worlds: we walk on the ground, we eat solid food, have a material body and step on what's beneath us; we breathe air, breathe out words, and live in an atmosphere that is at our same level; finally, we also have light above us. from the moon, sun, stars, and beyond. So what flows is the energy that comes from above us and becomes solid as it enters our system. It inputs as electronic and sensory information, and outputs as solid creations. In our organism there are three systems related to these three worlds. Their origins are the three embryological strata: endoderm, mesoderm and ectoderm. Ectoderm is related to the encephalocranial cavity, with the processing of perception; mesoderm to the abdominal and pelvic area and the processing of matter and creation; and endoderm is in charge of the energetic metabolism and is related to the atmosphere, the air and breathing. It constitutes the digestive system and the inner part of the lungs. Thus, endoderm is our inside, our identity, the "I" we touch in our chest when we point to ourselves.

A. Inhalation and Exhalation: Two Places of Retention

The pulsation of the breath has a rhythm. This rhythm has four phases: contraction, expansion, and a stop at both ends.

From the energetic point of view, inhalation is a contraction. It attracts the air, the world, that which is around us. In the inhalation it all goes from the periphery to the center. There is a contraction, the energy

from outside comes inside, we receive, we are energetically charged Upon receiving something from somebody, we inhale. As we are born, the first thing we do is to inhale When we receive a creative inspiration, we inhale. Whatever we inhale becomes our nourishment, we need it. we get attached to it by inhalation And as the amoeba contracts when it receives a sudden painful stimulus, when we receive sudden threatening emotions we contract by first inhaling: seeing an accident, hearing bad news, a scary surprise makes us want to retreat from the world by inhaling. In sleep, according to the Eastern traditions, the energy leaves the senses and the periphery of the body and goes to the central channel. That's why in sleep the inhalation is longer than the exhalation.

Taking air in requires muscular effort; letting it out is a relaxation. Exhalation is, then, the opposite of inhalation in all of its functions, as it has to do with letting go, with giving. Energetically, it is an expansion: the energy charge goes out from the center to the periphery. Fear of the outside world makes it difficult to exhale, because exhaling means merging ourselves with the universe—as in the dying process, when exhaling is the last thing we do.

Exhaling means going to the periphery, acting in the world, creating something outside, reaching out to another being. The genital function is mainly related to the capacity to fully exhale, to relax in the letting go of the air In the same way that becoming attached had to do with inhalation, exhalation is related to aggression, with expression in all of its manifestations—be it anger, pleasure or love.

There is also a pause in full retention with the air inside and an 'empty' pause with the air out. In the first case, the place of the retention or respiratory rest enforces the energetic function of separation, individuation, of the self. This retention helps the process of building an ego. It is a mechanism to hold, to control the emotions and sensations, and to mark limits or borders with the outside world.

The empty pause with the air out, on the other hand, is the moment when convulsive reflexes like orgasm begin to happen. The breath stops after the exhalation during Reich's orgonomic breathing. There is a gap when the spontaneous orgasmic reflexes start manifesting. This the moment when the gag reflex also appears and the place where involuntary movements begin That's why, when we have patients with orgasmic anxiety, we remind them to stop at the end of a long and relaxing exhalation, for that's what they've not been doing until now as a protection against their fear of orgasm. Because remaining without air, completely relaxed in empty retention, leads to the dissolution of the

limits This exercise is very important for those who are very locked in themselves all the time

B. Abdominal and Thoracic Breathing

Because the abdomen has no ribs, abdominal breathing requires little muscular effort. It is easy to expel air, and a large volume of air can enter.

Thoracic breathing requires employment of the accessory muscles to overcome the bone structure, so this kind of breathing demands more effort and allows a smaller amount of air to get in. It is not the most natural way to breathe. This accessory type of respiration is to be used in emergency situations, when an extra volume of air is needed.

It is also necessary to check the rhythm and depth of a patient's respiration, because the volume of air in the system determines the amount of energy at its disposal. One of the ways described by Reich to stop an emotion from emerging is by shallow breathing. An emotion requires energy: to be angry, to be afraid, to do physical activity and the metabolic processes all require a lot of air. The alive life needs air, which is energy.

Our body is divided at the waist into upper and lower, the thorax and the abdomen. When we breathe from the waist upward, the tender feelings of the heart are easily accepted, while the sensual, erotic feelings are numbed or go unexpressed. The energy does not flow down to the pelvis with much intensity. When the breathing is only abdominal the feelings in the pelvis are alive. There might not be sexual problems, but then affective loving becomes difficult.

We'll now see the applications of these notions to describe pathologies and particular defense mechanisms (respiratory resistances), and we'll see how to deal with each problem in order to make the system healthier.

C The Breathing in Different Pathologies: Techniques to Apply

Psychopathology is divided, in general, into neurosis, psychosis, psychosomatic illnesses and borderline pathologies. But for the purpose of this work it is more useful to categorize the disorders according to their breathing patterns and their fixation in one of the four phases of the respiratory pulsation.

The pathologies of overstressed inhalation include anxiety in all of its forms: very tense hysterics, depression with an anxious component,

and the rigid compulsive anal characters who hold their emotions and sensations retaining their inhalation. Inhalation helps the process of separation and individuation, and that is their way of living. The phallic characters fill their chests (their pride, their ego) as do the type A psychosomatic personalities described by physicians as the population most prone to cardiac problems as a result of too much energetic pressure on their chests

Reich's aim in therapy was to loosen these characters, to make them more expressive, more giving. Orgonomic breathing is indicated in these cases. Such characters try to avoid abdominal breathing; they are afraid of the feelings that it provokes. So we work organically, not allowing them to emphasize the inhalation as is their habit. Thoracic breathing creates cardiac arrhythmias. Abdominal breathing makes them disappear

A regular breath, with a normal volume of air is sufficient for the diaphragm during abdominal breathing. Anxious people avoid a full inhalation, thereby avoiding open manifestation of anxiety. In general, whenever we treat a person who lacks control systems and armor, we must ensure that the person has intensive training and then uses it systematically. One can make specific adaptations, like stressing the inhalation inside, or inhalation and exhalation, according to the case, as this is a general breathing technique frequently used for psychosomatic problems that come from anxiety. For instance, if a person who is prone to violence cannot manage anxiety under normal circumstances, and he is then thrust into a party situation with a lot of people, he is going to be worried. He knows his control systems are not very good, so he has good reason to be anxious. In such a case, we offer tools to create control mechanisms, thereby helping to diminish the real and concrete reasons to be worried. This is also appropriate for people who use chemical substances because they don't know any other way to control what is happening to them and their emotions (those who drink alcohol to overcome fear, for example). With other control methods at their disposal, such people might not need to drink. This breathing is also effective for migraines; it reduces the frequency of the crises, especially when done concurrently with the right diet. For patients with essential epilepsy, the frequency of their seizures can be diminished with this breathing. In organomy, we try to increase the convulsive threshold, but it is complicated.

Whatever a patient is feeling, his therapist can feel it too. Events are not individual phenomena. If one is in tune with a patient, one will

feel and even breathe like him—in rhythm and style—and know what the patient is feeling. Any deep contact will synchronize the breathing. There are exercises for that. i.e.. hugging or touching one another's abdomen while lying down side by side.

There is an interesting exercise for couples. One person rests his/her back against a wall, while the other person sits with his/her back against the first person; the first person holds the second person and, feeling each other's abdomen, both members of the couple synchronize breathing, and deep contact is made. As the couple increases the intensity of their breathing, the inhalation becomes stronger and stronger. (There are more techniques to increase the strength of the exhalation, such as pressing with the fingers and tickling the torso, then to increase the strength of the inhalation.) This exercise increases the contact in couples who have felt sexually or physically apart. When they practice it regularly, the separation will dissolve and the two people will energetically synchronize, as long as there is no underlying heavy emotional problem. For sexual problems such as early ejaculation, slow, intense breathing is very helpful. It will increase contact during the sexual relationship, and if the partners breathe alternately and slowly, letting the exhalation of one enter the inhalation of the other, a cycle will be created. This exercise is best tried when a couple is relaxed.

Psychosomatic and asthmatic patients in particular characteristic^ feel insecure, harboring a constant fear of being unprotected which stems from an early period of life when they were indeed incapable of protecting themselves. Normal inhalation requires a muscular effort, while normal exhalation is just a letting out of air in relaxation. Asthmatics have a tendency to push out their air. so we work with them, encouraging softer exhalation.

The breathing of the paranoid personality is also characterized resistance. Paranoia has two main emotions: anger and fear. Anger is an expansion against a resistance, and fear, a contraction against a resistance. Therefore, paranoids need to start breathing smoothly, without resistance or harshness.

In some disorders the inhalation is weak, the volume of air is low. as in the case of the oral repressed characters, or persons who lacked caring and nourishment in early childhood. They are not interested in food or are unable to receive anything, and they are out of touch with their own needs and desires. They breathe very' superficially; the inhalation is shallow; their metabolism is slow; their quality of life is poor. This sort of patient needs to be helped to breathe more fully and

strongly Circular breathing is very useful in these cases. Because it doesn't stop at either of the normal rests, the separations between the person and his world are not respected, so there is relaxation. This work does not allow any distraction; it is an intense breathing. One caveat: this breathing method should not be used on a patient with epilepsy and/or heart disease.

Although the over-expressive characters have more energy with which to function, their inhalation is also weak and debilitated. They have learned to express themselves all the time about everything. They cannot hold anything inside. They need to let it all out, so their main defense is acting-out, over-acting. Such cases include hysterics, oral unsatisfied characters and impulsive personalities. In these personalities the exhalation is sustained beyond what is normal. By making them hold in air, emotions they have been avoiding will have to become conscious, and this is where the real therapeutic process will start. This brings us to a general rule: Respiratory exercises create balance, and when a person finally sees what he has been hiding or trying to deny, then the work begins.

In the masochist, air is held in the abdomen and the pressure is on the belly. Emotions are swallowed (kept in the belly) instead of expressed openly. In this pathology there is usually a paralysis in contraction in the diaphragm, and therefore the pressure on the abdomen is very strong. When the diaphragm is thus contracted, it becomes flat, and there is more pressure on the abdomen. Masochistic behavior shows a detention in the opening of that person to the world, and this becomes evident during ergonomic breathing. Circular breathing is also indicated here.

The schizoid characters are always stuck in an empty retention after exhaling. So too are some borderline personalities and those with anorgonotic problems. In all these cases it is best to practice breathing, then holding the air lightly in for awhile before exhaling. The air is held with the lower portion of the lungs, in the abdominal area. In martial arts as well as in some yogic systems of India and Tibet, this sort of holding is called "kumbaka," feeling the navel and keeping a remaining portion of air there all the time. This holding will help the schizoid and some borderlines keep things in control, impulsiveness, and generate borders and limits, thus counteracting and balancing the emotional and energetic tendency to function on emptiness following exhalation.

3. What Cures?

When the energy that keeps a problem alive is discharged by realizing the problem is unreal, unsubstantial, that problem is solved. For example, if someone is angry' with a waiter but recognizes that he is really angry with his mother, the anger with the waiter will vanish.

A problem is maintained in two ways: when it is considered true and when one tries to ignore or repress it. To believe the waiter has done something wrong to me is to accept it as true, to solidify it. Thus, the anger is constantly fed with fresh energy. No matter how much one tries to alleviate his feelings by kicking and yelling and beating a cushion, he will still believe that harm has been done. But to forget the incident, to repress it, is not the solution either. Repression is an energetic act that, from the underground, feeds energy' to the forgotten memory. To ignore a fact is a process that takes a lot of energy, and even in the unconscious, the problem persists.

The only way to cure a problem is to have a balance: to neither avoid nor accept it. Otherwise, the problem is perpetual. Any style, theory or orientation of therapy solves "nonexistent" problems, whether neurotic or psychotic.

In the case of Rebirthing, for instance, the breathing will force an emotion to surface. If the emotion is discharged many times and the person continues with the exercise, there will be a moment when the breathing will remain as an inner center, and all the memories will pass through awareness. They will be clearly seen, and, without ignoring or avoiding them, taken as impersonal.

This method is probably weak, however, because there are three systems in our body: 1) the pulsation, centered around breathing; 2) the muscular system; and 3) the nervous system.

The mechanism of avoidance of emotions can use the habitual respiratory patterns, or the muscular armor, as Reich called the rigid patterns of movements and detentions. Or it can use perception and interpretation—the belief system—like nervous armor. A thorough, deep therapy should work on all three levels. For example, if a patient is breathing in a session and he starts to vibrate, that vibration indicates the muscular mechanism involved. Not everybody vibrates in the same part of the body, and each place has its own meaning. In general, it is a place

where the tensions of emotions are usually stored in that person. The vibration is a good sign that the tensions are submitting, so not only do we allow vibration, we encourage it. Or, the patient starts to become stiff in a certain area. This means that the energy flow is not reaching this area. A muscular contraction is always a stop in the flow of energy. Most probably the stiff place is where the patient habitually holds his emotions.

Emotions are the movement of energy in a body, and the session should progress smoothly, without the need to contract any muscle. Not only orgonomic breathing, but techniques contributed by other schools, (i.e., circular breathing) are very helpful to disarmoring therapy, where the aim is to open to the possibility of creativity, orgasm, etc.

But there are some patients who have a deficit or lack of armor. This means that they have not developed the control mechanisms necessary to their lives. Control means an internal division: a part of us exerts an effort against another part. The capacity to restrain oneself, to hold unpleasant emotions or refrain from acting, is as necessary and healthy as letting go freely, openly. For example, many hysteric characters are unable to tolerate sensations, emotions, or sexual feelings. There are some people who, even at 60 years of age, need sexual discharge everyday, and they have no capacity to control their needs.

Control is a necessary capacity, whether it requires a little effort or is spontaneous: we may need to go to the bathroom, but we have the capacity to wait. Pathologies where there is a lack of armor or self-control are, in general, more serious than the usual neurosis of repression. The impulsive structures, for example, the borderline characters, are usually difficult to treat. Schizophrenics have little muscular armor; that is why their main defense mechanism is dissociation. In such a case, the therapist helps to develop some muscular armor. Building muscles, weight lifting, in such cases is tremendously helpful, because it is grounding. Schizophrenics don't need any more ideas. Even psychoanalysis in the late 1950s discovered that this kind of pathology needs ego building to solidify and firm the borders. In Orgonomy we do that by building the body and, more recently, the treatment has included respiratory techniques. The discharge of emotions is not what we aspire to in this case as the discharge in itself has no lasting effect. What has to be done is to bring awareness to whatever is actually going on, to remain consciously alert. This is not harmful. What can be harmful is to separate the emotion from the perception. When there is contact, there is no harm possible.

Emotional Functioning of the Breath

There are people who over-express their emotions. They can go to therapy with unconscious problems, and discharge and express, and still never feel any better. Sometimes they even get worse. In cases where the problem is the lack of armor, discharging and expressing has proved to be the wrong therapy. We have to try the opposite strategy. Over-expressers need to learn to manage their usual angers and fears.

In Reich's time, when rigidity was common, things were different. Today we must widen our spectrum of understanding, adding methods that are more efficient for our present-day patients, who are anxious, restless people, with panic disorders, heart problems and impulse disorders.

The goal is to attain maximum freedom and maximum potential for control. We will be whole only if we can have both functionings at their best. Artists are those who have maximum training *and* maximum spontaneous creativity, two opposite qualities, working in balance. Therapy is oriented in that direction. Therapy strives to maximize both the control and the creativity in each of us.

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