

Psychotherapy Guidebook

BREATHING THERAPY

Magda Proskauer

Breathing Therapy

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Breathing Therapy

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DEFINITION

Breathing Therapy uses the breathing function, at times combined with small movements, as a tool for the achievement of greater awareness. One learns to experiment with one's breath in order to become conscious of hindering influences, so that the realization of certain obstacles can introduce the desired change. The breathing function proves valuable for allowing subliminal feelings and sense perceptions to come to the surface because of its intimate connection with the emotions as well as with the two kinds of nervous systems: the voluntary consciously directed one and the autonomous or vegetative one, which works without the mind. Normally, we breathe automatically from the moment of birth, but we can also take a breath or hold it for a certain time. In this respect respiration differs from other autonomous functions, such as digestion. The stomach and intestines cannot be contracted by will. The breath thus forms a bridge between the conscious and unconscious systems. By watching it one can observe a normally unconscious function at work, one can learn to exclude interferences, and thus help self-regulating processes to set in, such as yawning before becoming overtired, sighing before feeling overly restricted.

HISTORY

Movement has fascinated me from early childhood, and through calasthenics, athletics, and sports, I learned the sense of joy and release that any genuine movement can bring about. In my case the release from too rigid a pattern of behavior and social adaptation. At the age of twelve the Mensendieck system of gymnastics was my first introduction to the new direction movement and dance were to take. This led me to a degree in physiotherapy from Munich University Medical School, hospital work in Germany, Yugoslavia, New York Presbyterian Medical Center, and private practice. During these years I had ample opportunity to explore the traditional ways of treatment with the application of breathing exercises to asthma, polio, cerebral paralysis, and related diseases. Already during my early studies the growing development of psychoanalysis had shed new light on the psychosomatic character of many disturbances. Orthodox therapy was confronted with challenging questions and new schools of thought arose.

Practical work with some of these schools shaped my technique to a considerable degree. The strongest influence on my work was the analytical psychology of C. G. Jung.

TECHNIQUE

Instead of correcting faulty habits we take the individual breathing

pattern, disturbed as it may be, as the point of departure. One concentrates on the act of breathing, observing its inner movement until the breath left to itself finds its way back to its genuine rhythm. One learns to experiment with one's own nature and harmoniously train the body for its own purpose. We try, for instance, to locate the place where we can feel the movement of the breath within. Or lying on one's back with the knees bent we focus on the phase of exhalation by slowly and gently expelling the air while we allow the abdominal wall to sink toward the back. We then wait until after a slight pause, and the inhalation occurs by itself, as if a balloon were blown up within the abdominal cave. This is diaphragmatic breath. Or 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. We may choose to experiment with a small movement of a joint, like the hip, by slightly bending it with the incoming breath and releasing it with the outgoing breath as if the breath were opening up a tight joint. After a few repetitions one is asked to compare the other hip to find the possible difference. Or one experiments with the weight of one's body or its parts by trying to give it over to gravity while exhaling, which leads to release of tensions and the experience of one's inner weight.

APPLICATIONS

Just as we behave, move, and act according to our specific makeup and

express ourselves uniquely through gestures, so does our breathing pattern express our inner situation. The usual arhythmic breath goes with our normal diffusion of attention and changes with emotional states: agitated in anger, stopping in fear, choking with sadness, sighing with relief, etc. Normally, when at rest and at peace, one breathes more with the diaphragm. Complete chest breathing occurs only at times of maximum stress or maximum effort. To express it simply: where the abdominal breath is disturbed, the inner life is disturbed; one is driven, unreceptive, and may live too intentionally.

On the other hand, those who cannot open their chest cage are often anxious, inhibited, self-conscious, with a sense of inferiority. With neurotics we frequently find a reversed breathing pattern. During inhalation the abdomen gets pulled in tightly and there is almost no exhalation. The bottle is filled with consumed air. In our work with the breath we allow these faulty patterns to reverse themselves.