

BOOK SECTION

HENGITYS ITSESÄÄTELYN JA VUOROVAIKUTUKSEN TUKENA

[Breathing as a support of self-regulation
and interaction]

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B. Lillrank. Tampere: Mediapinta Oy, 2010

Breathing forms a bridge between mind and body. Breathing is so self-evident, that we may notice it only when we hold back breathing or over-breathe. The authors of this book introduce imbalanced breathing as an important cause of different somatic symptoms and as a mirror of preconscious and unconscious affects and anxiety. The book describes how imbalanced breathing patterns develop as the result of early interaction, in addition to physical factors, and how they find expression in present interactions and various personality patterns. The many illustrative case descriptions as well as vignettes from other life areas make the theories and practices described in the book come alive.

Based on these conceptions, the book presents a treatment method they have named psychophysical breathing therapy. The authors represent various professions and different orientations of psychotherapy. They are all highly experienced with patients in different health-care settings, and have enjoyed a long collaboration with each other.

Minna Martin started as a physiotherapist, and later became a psychologist and psychotherapist in cognitive-analytic and psychophysical psychotherapy working in the Student Health Care Services in Turku. She applied and further developed the theories and methods of the psychophysical breathing therapy in collaboration with Maila Seppä.

Maila Seppä is a breathing and movement therapist

who had been working in a psychodynamically-oriented mental hospital for 10 years. At that time, she had already noticed that by using psychophysical methods, it was possible to vitalize mind and body and to come into contact with a person who was difficult to reach with words. Maila Seppä developed physical breathing therapy which is based on her understanding on the links between affects, interaction and breathing, mind and body.

According to Seppä, the basis of her breathing therapy lies in her early childhood experiences, in her mother's cradlesongs comforting her in the middle of the horrors of war. There is a long tradition in breathing therapy in Germany and Maila Seppä made contacts with German professionals.

In addition to individual patients, more than 700 patients have attended her Breathing School, a psychophysical short-term breathing therapy group. More than 200 health-care providers have taken part in the training program designed by Maila Seppä, subsequently in collaboration with Minna Martin to teach psychophysical breathing therapy and group leadership. Following this, Maila Seppä has been working in private practice. She is now retired but still continues to teach breathing therapy.

Päivi Lehtinen, a psychologist and a psychodynamic and family psychotherapist has been working at the Outpatient Clinic of Psychiatry in Turku University Central Hospital, collaborating with many medical specialties within a consultation-liaison model. She has also studied physiology at medical school and has developed a treatment model for patients with symptoms related to imbalanced breathing.

She tells us that she consulted several medical specialists on breathing. She started with a pulmonologist, then a physiatrist investigating the muscles involved in breathing. The physiatrist sent her back to the pulmonologist. Next, she met a psychiatrist with questions

about the rôle of muscle tension in affect regulation. The psychiatrist sent her back to the physiatrist. She found it was impossible to find anyone with a comprehensive understanding of breathing, its different functions and influences on the body and mind.

Benita Lillrank is a medical doctor, specialized in occupational health and a psychotherapist using the problem-solving psychotherapy approach. She contributed especially to the chapters on anatomy, physiology and health.

Tiina Törö is a relaxation therapist and Bachelor of Culture and Arts. The pictures, poems and the visual appearance of the book are her special contribution.

In addition to these 5 main authors, there are 10 other contributors. The 'visiting' writers of the book describe how they have applied the theories and principles of psychophysical breathing therapy in various patient groups (mothers fearing delivery, people with work stress, etc.). In the applications section, Benita Lillrank describes how she can use this knowledge in her everyday medical clinic for the benefit of the patients and also for her own well-being.

The book contains the following 7 chapters: introduction, psychophysical regulation of breathing, imbalanced breathing in health problems, interaction and breathing, psychophysical breathing therapy and its applications, breathing exercises and mental breathing (mental mobility).

The term "imbalanced breathing" is used instead of the traditional term hyperventilation (syndrome) because it is a wider concept. The authors describe difficulties in breathing or breathing-related somatic symptoms which are not the cause of somatic diseases. The term imbalanced breathing is used because breathing is, in addition to gas exchange, inter-connected via breath movements of the whole body, muscles, joints, bones, internal organs, etc. Characteristic of imbalanced breathing is breathing with the upper chest auxiliary breath muscles instead of mainly with the diaphragm, also at physical rest. A presentation is given of how imbalanced breathing has as an influence on the physiology of the body and even the structure of the body, if imbalanced breathing is long-lasting. Characteristic bodily symptoms may give information to the health-care provider including the psychotherapist, of imbalanced breathing and will help them to find causes of these symptoms which are real but often considered as fake. The next step in psychotherapy or psychoanalysis is to explore what psychological causes give rise to imbalanced breathing.

The authors draw attention to the knowledge of how somatic diseases may affect breathing through somatic

mechanisms. However, in the context of somatic illness, unbearable worries and affects, shame, helplessness and fears, that the patient is unable to put into words, may also influence breathing. Among other conditions, psychophysical breath therapy has been helpful in asthma, in balance disturbances, in different pain conditions and in post-operational rehabilitation.

The authors describe how they have used breathing as a therapy and means of coping as such, in the context of soothing interactions in various health-care settings and in other situations dealing with intolerable anxiety, accompanying breathing difficulties and other breath-related bodily symptoms. A slogan which has arisen in the Breathing School is "if you can't do anything else, you can always breathe". A useful piece of advice is also to focus attention on breathing out and not to try to breath in forcefully.

Special attention in the book is given to the format of the Breathing School, a psychophysical short-term breathing therapy group. Helping the patients to learn to observe feelings and thoughts associated with changes of breathing, thus to promote self-reflectiveness, is introduced as a focal element of psychophysical breathing therapy.

The psychophysical breathing therapist concentrates at the beginning on helping the patient to observe how he or she breathes, perceives and feels breathing in various parts of the body and in the mind. At the initial assessment phase, the patient's breathing is described to him or her in an accepting way. The therapist conveys to the patient that his or her breathing is at the moment good for him or her. Only following the calming-down period, as much as possible for each patient individually, may retraining exercises start. The authors emphasize that everyone has to internalize the exercises in his or her own way and pace. The question is not about the technique but about the way of being. There is no one correct or wrong way, no one good or bad way of breathing, no controlling of breathing. The exercises are planned to make breathing easier, thus serving better the needs of the body. At the same time, the techniques are designed to promote psychological growth. The sensations, images and affects arising in the exercises are verbalized and the associations to these may be explored. The authors emphasize that imbalanced breathing can seldom be cured only by breathing exercises. A change in mind-set is needed. The exercises are strongly based on the thinking and theories of D.W. Winnicott. The group works according to the principles of psychodynamic short-term group therapy.

Many of the patients of the psychotherapists and

psychoanalysts who have breathing problems or symptoms known to be related to imbalanced breathing might benefit from a consultation with a psychophysical breathing therapist. Psychoanalysts have seldom written about the rôle of breathing in the regulation of affects, although they certainly do pay attention to changes in breathing within the context of affects. Joyce McDougall's vignette illustrates this point of view (1989, p.123).

One day, as he continued complaining that life is meaningless, I told him that everything he had recounted thus far made me keenly aware of the existence of a sad and embittered little boy within him who had buried the lively part of himself with his dead father and who doubted, therefore, whether his existence could be meaningful to others. He seemed to take it for granted that his wife, his mother and his analyst were indifferent to the survival of this unhappy child. After a stunned silence Tim replied "This idea – that somehow I don't exist for other people – affects me so deeply, I am almost unable to breath". He sounded as though he were on the verge of tears and remained silent, breathing heavily, until the end of the session. I eagerly awaited the next analytic hour. After his usual mute 10 minutes, Tim began, "I am tired of this analysis and your eternal silence. Nothing ever happens since you never say a word. I should have gone to a Kleinian!" All trace of the previous session had vanished! Later, I was able to understand that at the very moment Tim began to have trouble breathing, he was already expelling from his mind and body the memory of my words along with their psychological and physical repercussions – that is, their affective impact."

It is surely everyone's experience how one may be so frightened and on guard that one tries to breathe as little as possible or one is so overwhelmed with conscious or unconscious affects that one hyperventilates. Everyday speech and literature is full of descriptions or metaphors related to breathing or breathing space. It is common knowledge that breathing modes are also intertwined with personality and interpersonal interaction. The authors report these findings resulting from long experience with patients.

The last chapter of the book is written by Minna Martin, Maila Seppä and Matti Keinänen, a psychiatrist, psychodynamic psychotherapist and senior lecturer in psychiatry and clinical psychology, respectively. Here, they adapt and elaborate on Matti Keinänen's conceptualizations of mental breathing published in his book (2007), towards the ideas presented in the

book now being reviewed here. Matthis (2007) has reviewed the book. According to Matti Keinänen, mental breathing or mental mobility consists of the individual's ability to move within modes of experiencing of the (i) undifferentiated physiological and affective experiences, (ii) mental image experiences, (iii) symbolic experience, and (iv) reflectiveness. One of the main ideas is crystallized in Matti Keinänen's slogan "the ability to synchronize the rhythm of our breathing lies in our inheritance, but the ability of mental breathing is achieved in our early interaction". Furthermore, the authors describe how imbalanced breathing may appear as disturbances in different levels of experiencing. At the end, they describe how it is possible, with the methods of psychophysical breathing therapy, to influence problems on these different levels of experiencing, and thus to relieve bodily and mental suffering. Very illustrative and summarizing are the four graphs on the final pages of the book.

Äärelä's (2008) article explores the mind-body connection. Among other things, Äärelä mentions how one tenses the muscles in order to suppress one's feelings or affects, for example, by controlling one's breathing. He has also had contacts with the psychophysical breathing therapists.

The book has been written very concisely (180 pp) and there are over 80 references, including articles and books from very different research and health-care areas, from psychoanalysis to physiology. It can be seen that more references have been used but unfortunately they are not included in the reference list. The book really gives an all-inclusive, psychosomatic picture on breathing and fills a gap which has existed until now. It is very helpful and thought-provoking, opens new perspectives for our understanding on an important basic level and gives a comprehensive description of human psychological and physical development. I especially appreciate the way it has been written and how it illustrates the relationship between patient and therapist: the therapist follows the patient, not forcing him or her to adopt any mechanical advice but helping him or her find his or her own solutions and means of self-regulation. The authors also underline that breathing therapy as such can only be one method among others to help the patient. Vignettes illustrate how breathing therapy has helped patients to understand the body-mind relationship and enable him or her to start psychotherapy.

According to the authors the book is structured as basic or complementary material, especially for various professionals in health-care including psychotherapists. They also recommend it for persons working

with human relationships as well as for physical educators, singing teachers and for everyone interested. Psychoanalysts could also surely find this book interesting and I hope the book will be translated into English.

REFERENCES

- Äärelä, E. (2008). Bodily symptoms and a psychoanalytic model of affect. *Scand. Psychoanal. Rev.*, 31: 29-37.
- Matthis, I.(2007). Book Review of: *Psychosemiosis as a key to body-mind continuum. The reinforcement of symbolization – reflectiveness in psychotherapy*, by Matti Keinänen. *Scand. Psychoanal. Rev.*, 30: 56-57.
- McDougall, J. (1989). *Theatres of the body*. London: Free Association Books.

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