

DUBLIN BUSINESS SCHOOL

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BREATHING AWARENESS IN THE THERAPEUTIC RELATIONSHIP

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ABSTRACT

The aim of this research is to examine therapists' awareness of their breathing in the therapeutic relationship and to explore features associated with this awareness. The study comprises four participants who have an awareness of breathing in their therapeutic practice. These participants are chosen for convenient and purposive reasons. The study uses a qualitative approach with semi-structured interviews that consist of eight questions with three sub-sections to explore the issues further. The interviews are carried out separately and vary in length from twenty-five to sixty minutes. The findings reveal there is an awareness of breathing in the therapeutic relationship. There is a somatic awareness which leads the participants to be focused, grounded, and fully present in the therapeutic relationship. This awareness helps the participants to connect to their gut instincts which heightens awareness in the relationship and helps the clients to connect to what is coming up for them. The research reveals that breathing awareness is helpful to the therapist, the client, and the therapeutic relationship.

CHAPTER 1

INTRODUCTION

The author became aware of breathing and its significance through the authors experience in attending a regular Feldenkrais class. The new awareness led the author to realise it is a huge personal resource and it is a resource in the therapeutic relationship. The author became curious to know if therapists use their awareness of their breathing in their practice.

The importance of breathing has been acknowledged throughout the history of mankind. In the East the care of the breathing was an integral part of the religions of the Tibetans, Indians, Chinese and Japanese (as cited in Johnson, 1995). Breathing is a central connection between the body and the mind. Breathing is multifaceted and has many important features that are often taken for granted or forgotten. Speads suggests that the pressures of modern day life have created an almost breath-less culture (as cited in Johnson, 1995).

The use of breathing techniques can help focus awareness, this brings greater awareness to bodily impulses and experiences and an increased internal awareness. The use of breathing techniques can foster relaxation and a reduction in tension, while at the same time allowing the mind and body time to slow down (Wilkinson et al., 2002). The author found the research on breathing was tied into many topics such as Tai Chi, Feldenkrais, yoga, mindfulness based therapies and meditation, body orientated therapies, and body orientated psychotherapy.

According to Speads (as cited in Johnson, 1995) the quality of our breathing determines the quality of our lives; our health, moods, energy and creativity.

The following thesis will examine the extent to which breathing is used to help awareness in the therapeutic relationship and to explore what this awareness reveals. The thesis will outline the positive and negative aspects of breathing and then explore the use of breathing

awareness with four participants from a centre in Dublin. The interview findings will be presented followed by a discussion and conclusion.

CHAPTER 2

LITERATURE REVIEW

The breath has many important and universal features. The breath is the interface between the internal and the external (Siegel, 2009). It is the boundary between the involuntary and the voluntary, the automatic and the effortful (Ibid, p. 149). Breathing connects the human being with the outside world and the outside world with one's inside world (Johnson, 1995). The breath is the stuff of life, the vital flow that gives us vitality. The breath is rhythmic and rhythm is important in the way the nervous system functions (Staunton 2002). Breathing is an original unceasing movement, the in-breath is always followed by the out-breath (Siegel, 2009, & Johnson, 1995). The author will look at how breathing is related to; stress and muscular rigidity, body psychotherapy, Chinese medicine, mindfulness, the therapeutic relationship, countertransference, body and emotions.

2.1 Variations in breathing

There is no one right way of breathing. Breathing is right when it works in a way that lets it freely adjust, changing its quality according to our needs, so that it will adequately support us as we face the various challenges of our life (Johnson, 1995). Breathing is the means by which the body eliminates waste gases and it replenishes the body with fresh gases. The blood system is the carrier to and from the lungs, where the exchange of gases takes place. The well-being of our entire body depends on and is influenced by our breathing (Johnson, 1995). There are many interdependencies between breathing and the organs of the body therefore the quality of our breathing has an effect on the state of bodily and emotional well-being (Ibid).

Breathing is directly related to the regulation of energy and arousal (Ogden, Minton & Pain, 2006). We breathe faster and stronger with exertion and slower and deeper during relaxation.

Slower breathing decreases arousal and calms the body. If we are threatened, we hold our breath (Ibid). Autonomic arousal consistently produces changes in breathing. There are two breathing patterns that can be problematic and have a tendency to be observed in traumatised people; hyperventilation (overbreathing) and hypoventilation (underbreathing) (Ibid).

Hyperventilation is seen in anxiety and panic and these individuals often breathe fast and shallow. Breath holding suppresses breathing which suppresses feelings. For some clients it can give them the illusion of protecting themselves (Hunter, 1993). Under threat one may hold one's breath in order to stop movement (Ogden, Minton & Pain, 2006). Breath holding is often a defensive mechanism. It may be a replication of early temper tantrums and it may reflect the early struggle with parents (Ibid). Breath holding can be difficult to notice and if the therapist is not aware of the importance of breathing patterns, it may be missed (Ibid).

The interpretation of breath holding allows for exploration of different types of rigid behaviour ranging from verbal to physical rigidity (Ibid, p. 169).

Individuals confronted with stress or anxiety are inclined to restrict their breathing, therefore they do not use the lungs to their peak potential (Wilkinson et al., 2002). With stress and anxiety, these individuals tend to breathe fast and shallow. Natural healthy breathing increases energy and relaxes the body and mind and this allows the respiratory system to function at peak efficiency (Ibid). The use of breathing techniques can foster relaxation and the reduction in tension, while at the same time allowing the mind and body time to slow down, energise and develop tranquillity (Ibid, p. 2). This allows for a more active engagement in the therapeutic process (Ibid).

Elsa Gindler was one of the most outstanding teachers of physical re-education (Gymnastik) in Germany. This is a type of body work that began around 1900. Breathing was a central part of her method (Johnson, 1995). Carola Speads was a student of Gindler's and Speads suggests, the quality of our breathing determines the quality of our lives; our health, moods,

energy and creativity (as cited in Johnson, 1995, p. 36). Our breathing determines whether we are at our best or whether we are at a disadvantage (Ibid, p. 37)

2.2 Stress and muscular rigidity

Stress can alienate us from our body awareness. Thomas Hanna suggests, (1988, p. 56) the withdrawal response is a muscular reaction to negative stress. A feature of this reaction is the depression of breathing. The withdrawal response is also referred to as the “startle response”, it is a primitive reflex of survival (Ibid, p. 50). This reflex is a “rapid motor act” built into the circuitry of humans and animals and is designed to help us survive by rapidly withdrawing from life threatening events (Ibid, p. 50). It is a neuromuscular response to stress, anxiety, and worry and is a protective response to events that threaten us (Ibid). This “rapid motor act” causes the abdominal muscle to contract, thereby depressing the ribcage which affects one’s breathing. The contraction of the abdomen pulls the ribcage downwards to the groin. Hanna suggests, the constant repetition of this response becomes “learned” at an unconscious level, as it ingrains itself into the central nervous system (1988, p. 53). The response has an effect on one’s breathing pattern, thereby decreasing one’s body awareness (Ibid). Constant repetition of stressful stimuli causes decreased sensing and movement of these muscles and can result in alienation of our bodies. Wilhelm Reich calls this muscular rigidity ‘armouring’ and Thomas Hanna calls it ‘sensory-motor amnesia’ (Totton, 2003).

2.3 Body psychotherapy

According to body psychotherapists, the body can hold memories that do not exist in the conscious mind (Totton, 2003, & Staunton, 2002). Wilhelm Reich is considered the founder of body psychotherapy. He asserts that ‘*every muscular rigidity contains the history and meaning of its origin*’ (as cited in Totton, 2003. p. 90). He describes many examples where the finding of muscular impulse is accompanied by feeling and memory of the early life

experience that created the original muscular block (Ibid). Many of these early experiences occurred before language. Reich believes that undischarged feeling is held in muscular tension (Ibid). Habitually inhibiting our impulses of emotional expression for example, holding back crying or anger sets up muscular armouring. Reich believes that armouring begins by holding our breath so as not to feel and the armouring spreads out from there (Ibid, p. 72). Reich was the first of Freud's group to observe neuroses in the structure of the body in addition to the mind (as cited in Greene, 2001). Reich noticed how breathing patterns and body postures reveal as much information as dreams and fantasies (Totton, 2003, p. 582).

Breathing is an important aspect of body psychotherapy and many psychotherapists work with the breath. Wilhelm Reich points out that the fundamental way we stop ourselves feeling is to stop ourselves breathing (as cited in Totton, 2003). Full free breathing involves surrender; it is deeply connected to the therapeutic relationship. Trying to stay aware both internally and externally is a great way to explore therapeutic issues which highlights countertransference (Ibid, p. 100).

2.4 Body and mind in Chinese medicine

Chinese medicine is a unique philosophical, theoretical and traditional practice that continues to prevail. Chinese medicine was established over 2000 years ago. It emphasises total well-being by facilitating the self-healing of the individual through rebalancing the intrapersonal and interpersonal systems (Ng et al., 2008, p. 64). According to Chinese medicine, the basis for good health is to develop harmony within the body and the mind, and between the self and the environment (Ibid). In a harmonised state, energy flows smoothly in a dynamic equilibrium (Ibid). There is a Chinese belief that life energy (qi) flows through the meridians of our bodies (Ibid, p. 71). Breathing can be used as a means to facilitate the flow of qi. It can restore stability of the body and the mind when we are mindful of our breathing.

Mindful breathing can help us be in touch with our emotions (Ibid). Breathing changes with our mood and vice versa. Breathing can be used to harmonize our mood as it helps regulate the flow of qi and vitalize it. According to Ng et al., in deep breathing one enters a state of total concentration and consciousness (Ibid). Ng et al., teach their clients breathing meditation techniques. Clients report that breathing helps them to refresh their minds and become more grounded (Ibid, p. 72). Ng and her colleagues provide an Eastern body-mind-spirit approach and the primary goal is to facilitate a harmonious dynamic equilibrium within oneself. Ng et al., feel they connect with clients very quickly with this body-mind-spirit approach (Ibid).

2.5 Mindfulness

The Buddhist practice of mindfulness is used as a means to help clients and to facilitate counsellor effectiveness in the therapeutic relationship (Rothaupt & Morgan, 2007). The concept and practice of mindfulness is borrowed from Buddhist teachings. There are two key components to mindfulness. First is a focused attention on the present moment and a heightened sense of awareness (Kabat-Zinn, 1990). Second, mindful awareness involves a non-judgemental acceptance of thoughts, feelings and perceptions (Kabat-Zinn, 1994). Breath work has been a traditional focus of mindfulness practices for centuries (Kabat-Zinn, 1990). Rothaupt and Morgan carried out semi-structured interviews on six counsellors and counsellor educators to elicit information about their mindfulness practice in their personal lives and their professional lives (2007). A mindfulness practice indicated by most of the individuals in the study was the use of breathing to focus awareness (Ibid). This body awareness provides bodily cues which offer important information about their current state (Ibid). The participants used mindfulness with their clients, students and supervisees and a number of the participants expressed that mindful openness indirectly invites clients to engage in their own healing journeys (Ibid).

Awareness of our breathing, especially slow deep breathing supports a more mindful experience including experience of the body. Breathing is seen as a central connection between the body and the mind (Mehling et al., 2011). Mehling et al., (2011) carried out focus groups on practitioners and their clients of; yoga, Tai Chi, Body orientated psychotherapy, Body awareness therapy, Feldenkrais and Mindfulness based therapies/meditation. The role of breathing was thematic among these various practices (Ibid).

2.6 Breathing and the therapeutic relationship

According to Hunter, there are a number of reasons to observe breathing in the therapeutic relationship (1993). It gives the therapist non-verbal material for interpretation and it allows the client an opportunity for self-understanding, beyond verbal discussions. By displaying interest in breathing, the therapist is showing awareness in the body and the somatic experience. It encourages awareness and somatic interest in the body and an awareness in the therapeutic relationship. Breathing draws attention to the language of the body that was encoded before verbal language was acquired. Awareness of breathing can help draw attention to stress and the impact it may be having on the body. This may help with the resolution of stress and tension. Breathing is part of the non-verbal communication of both the therapist and the client (Ibid).

Patrick Dougherty is a clinical psychologist who was not satisfied with his clinical work. Over thirty years he studied and practiced many theories in order to help his clients. The most helpful approach he found was learning to breathe. He had been taking a Chinese qigong class for a number of years from which he learned to implement a mind/body approach to his work (2010). Dougherty teaches his clients breathing early in the therapy and he finds it easier to work with them (Ibid). Research states that the one variable that leads to

successful therapy, regardless of theoretical approach is the relationship between the client and therapist (Ibid). Dougherty believes that the more we connect with our clients, the more they sense genuineness, the more likely there will be a positive outcome to therapy (Ibid). Lum suggests that therapists cannot be fully congruent and cannot effectively connect with clients unless they are consistently aware of and accepting of their own internal processes (as cited in Rothaupt & Morgan, 2007). Rogers spoke of this need for self-awareness “I have found that the more that I can be genuine in the relationship, the more helpful it will be. This means that I need to be aware of my own feelings” (1961, p. 33).

Greene suggests that direct attention to breathing can ground clients in the ‘here and now,’ often enabling them to tolerate the release of disturbing levels of affect (Ibid, p. 571). Greene states she stays in touch with her own changes in breathing, posture and body tensions and that she is in touch with whatever sensations and/or images that arise spontaneously in her (Ibid, p. 576). By staying in touch with these somatic sensations, she is able to distinguish between what is her own somatic sensation and what is being induced in her by the client (Ibid). Greene recommends developing a subjective awareness of somatic cues, such as subtle postural and breathing changes which enable the therapist to “recognise the presence of a repressed affect operating underneath the verbal exchange” (Ibid, p. 577).

Like verbal language “breathing may convey an unconscious or conscious message that is interpretable (Hunter, 1993, p. 161). The therapist’s awareness of one’s own breathing can help the client gain awareness of his/her own breathing; both can explore new and old meanings that are encoded in breathing (Ibid). Interpretation of breathing can enhance a client’s self-awareness and self-knowledge (Ibid). Behaviour symbolized by breathing may go back to the earliest somatic, dyadic interaction and may go with one throughout life and reappear with every new relationship (Hunter, 1993).

Hunter suggests that awareness of one's breathing, provides a means to help clients to understand their inner and outer lives (1993). Awareness of one's breathing brings greater awareness to bodily impulses and experiences. It facilitates a fundamental change in how we experience our bodies (Ibid). Reich suggests we need to recognise the greater wisdom of our somatic aspect over our mental aspect. Reich believes our body experience is our main potential source of security, self-confidence and wisdom (as cited in Totton, 2003, p. 20).

2.7 Breathing and countertransference

Better contact and awareness of the breath supports one's courage to relate which is very important in the therapeutic relationship. Through the therapist's awareness of one's breathing, the therapist can help the client become aware of their feelings (Ibid).

Countertransference is the feelings, thoughts, attitudes and fantasy reactions the therapist has to the client (Jacobs, 2004). Countertransference can be a very valuable tool in understanding the client's issues. These bodily reactions may include headaches, stomach aches, shortness of breath, boredom, and fatigue. The therapist may have a desire to hold, shake, or cradle the client. Some clients unintentionally provoke frustration and unconscious hostility in the therapist. If the therapist is not present and the therapist is uncomfortable, restless, or drowsy, this can signal a collapse in self-reflection, not being fully present which may lead to a disconnection with the client. The client may find it difficult to be present, to reflect, and to feel connected with the therapist. Countertransference has the potential to further therapeutic progress or to hinder it (Wallin, 2007, p. 170).

It is important for the therapist to be aware of their own reactions to the client. These bodily reactions can be communicated and can enhance and deepen the therapeutic relationship.

Countertransference reactions are often a blend of two aspects; the reactions to the client and the therapist own issues. The self-awareness of the therapist and reflecting with the client can

help differentiate what is the clients and what is the therapists. According to Lewis Aron “... much of what we pick up from our patients, we may first feel in our bodies and perhaps most immediately in our breathing” (as cited in Wallin, 2007, p. 296). If the therapist has a subjective awareness of somatic cues, such as changes in breathing or posture of the client, this enables the therapist “to recognise the presence of a repressed affect operating under the verbal exchange” (Greene, 2001, p. 577). Many therapists from different theoretical backgrounds believe that awareness of the relationship is crucial to the therapy (Ibid). Awareness of our bodies through our breathing can enhance and help the therapist be more present in the therapeutic relationship.

2.8 The body and emotions

Lowen stated “to breathe little is to feel little” (as cited in Hunter, 1993, p. 163). Lowen made an important contribution to psychotherapy and the practice of deep breathing to assist the client to connect to one’s feelings and body (Ibid). Diaphragmatic breathing activates the parasympathetic nervous system which relaxes the body giving the client an opportunity to observe their feelings, get in touch with the sensations in their body, and encourage the client to have more of an internal awareness (Greenberg, 2005). Body awareness involves an attentional focus on and an awareness of internal body sensations (Mehling et al., 2011).

Greene (2001) suggests that therapists that work with movement and body techniques are based on the assumption that the body has a long memory. The body part of the psyche is shaped from the start by its experiences of life, particularly the experiences that are emotionally charged (Ibid, p. 568). These experiences get caught in the muscles and the organs and become split off portions of ourselves. These split off portions cannot always be accessed by verbal methods, especially early trauma that is pre-verbal (Ibid).

According to Wallin, (2007) emotions are connected to the body and emotions are often expressed through the body. Schore (2003) and Greenberg (2005) suggest that regulation of emotions is essential to the development of the self. The emotional and relational non-verbal experience is frequently where one finds the greatest leverage for therapeutic change (Wallin, 2007, p. 115). Dimen observes that “if you breathe, you feel” (Ibid, 2007, p. 296). The use of deep breathing helps us to connect to our feelings and our body.

2.9 Conclusion

Breathing is multifaceted and connected to many things. Our breathing reacts to any impact on us. One holds one’s breath when shocked, one restrains one-self under stress, and our breathing is stimulated by joy (Johnson, 1995). Breathing has a central role in many awareness therapies, such as Yoga, Tai Chi, Feldenkrais, mindfulness, body orientated psychotherapy to name but a few. The awareness of breathing has a positive impact on the therapist, the client and the therapeutic relationship. The author will explore the extent to which therapists are aware of their breathing in the therapeutic relationship.

CHAPTER 3

METHODOLOGY

3.1 Introduction

This chapter outlines the methodology used by the researcher in order to carry out this study. The aim of the study was to explore the theme of therapists' awareness of their breathing in the therapeutic relationship and to see what this awareness revealed. It explains the design and procedure adopted in this piece of research. It highlights the ethical considerations the researcher was bound by during the study.

3.2 Design of Study

Qualitative methods of research were used in this study. In using a qualitative approach, it is hoped to show a richness of data and capture an in-depth account of the participant's experience (May, 1993). Coolican (2004) described qualitative research as concerned with people and their perceptions and experience of the world. The data was collected through the use of semi-structured interviews. A semi-structured interview is directed by questions, but the interviewer is free to explore beyond the answer and clarify when necessary (Dallos & Vetere, 2005). One to one interviews were carried out separately which varied in length from twenty-five to sixty minutes.

There were eight questions that guided the interview process with three sub-sections to explore the issues further (Appendix A). The questions focused on; awareness of breathing, the use of breathing to focus awareness, awareness of bodily sensations, awareness of non-verbal communication, awareness of breathing in a difficult situation, the benefits of this awareness, the use of breathing techniques in the therapeutic relationship, and is this

awareness helpful in the relationship. All questions were put to the participants with the occasional additional question in order to obtain more elaboration on a point being discussed or to link back to an earlier response. The participants gave their own interpretation of what these questions meant.

The interviews were recorded for reliability. This allowed the researcher to be aware and to concentrate on the process of the interview, to focus attention on the participant, engage in eye contact and non-verbal communication. The recording device was placed on a table in front of the participant. All the participants agreed to the interviews being recorded and they were informed the researcher was the only person listening to the material. The interviews were transcribed onto a computer to allow for a more detailed analysis of the data and to increase researcher awareness of the data. After the data was analysed and the themes identified, the findings were integrated and the essence of the experience was reported.

3.3 Participants

A number of pre-accredited and accredited psychotherapists were contacted via e-mail through the centre where the researcher works. A brief outline of the study was included in the e-mail. One participant volunteered at this stage. A second e-mail was sent out and three more volunteered. Co-incidentally there was a meeting in the centre the same week and I met with the participants. The meetings are held twice a year and the topic was not related in any way to the study. Even though I worked in the same centre I did not know three of the participants. The fourth participant I was acquainted with through the centre. The nature of the study was explained again on the night of the meeting and participant willingness was obtained. The researcher set up appointments with two of the participants on the night and set up appointments with the others via e-mail. A date, time, and location were arranged for the interviews to be carried out.

The interviews were carried out over a ten day period. Three of the interviews were carried out at the centre where the researcher works. This was felt to be convenient for the participants. The fourth interview was carried out in the participant's home. This was agreed with the participant as the recording device failed to work at the start of the interview which was being carried out at the centre. The interview was re-arranged for another time. It was explained that all information was confidential and the information was only for the purpose of the study.

The four participants that volunteered had an awareness of the research topic. The sample of participants can be described as convenient and purposive. Convenience sampling involves the study of who is available (Dallos & Vetere, 2005). The sample was convenient as the participants worked in the same centre as the researcher and they were easy to access.

Initially attempts had been made to contact two others from different centres but this failed. Purposive sampling is carried out where the choice of participant is made on the basis of those who are representative for the research topic (Coolican, 2004).

The four participants comprised two men and two women. This was a balanced sample of male and female participants. This is known as stratified sampling (Dallos & Vetere, 2005). The participants were qualified psychotherapists. Qualified psychotherapists were chosen as the researcher hoped they may be more aware of their breathing in the therapeutic relationship. It was felt that students may only be developing that awareness. Two were accredited psychotherapists for many years and two were pre-accredited psychotherapists. One participant has training in psychosynthesis, two others were psychotherapists with additional relational gestalt training and another was a clinical psychologist with psychotherapy.

3.4 Thematic analysis

Thematic analysis was used to examine and analyse the transcribed interviews. Thematic analysis is a qualitative method used in psychological research. It is a useful way to code the key concepts that emerge in the study (Braun & Clarke, 2006). The object of the coding phase is to make sense of the data. The researcher listened to the recorded material, then transcribed all the interviews, identified the themes and then commenced organising the information into themes. The main questions asked by the researcher also helped to formulate the themes.

3.5 Minimising Bias

The researcher needs to be aware of the bias in the one to one interview. The researcher has a responsibility to remain neutral at all times and avoid expressing personal opinions, in order to maintain the validity of the results.

3.6 Ethical considerations

The participants were informed about the purpose of the study via e-mail and they were verbally informed again at the centre. They were given an opportunity to ask any questions after the initial meeting at the centre. Verbal consent was obtained at the beginning of the interview. Confidentiality surrounding names and information was assured. Research participants have the right to remain anonymous and the participants were informed that their identities would not be revealed in the research results (Coolican, 2004). Pseudonyms were used in place of real names such as P1, P2, P3, and P4.

The participants were informed of their right to withdraw from the study at any time. They were informed that the recording of the interviews and transcriptions of the interviews would be destroyed once the analysis was completed. Every effort has been made to ensure confidentiality of sensitive data in this study.

CHAPTER 4

INTERVIEW FINDINGS

4.1 Introduction

One of the main objectives of this study was to examine the participants' awareness of their breathing in the therapeutic relationship and to observe what this awareness revealed. The four participants who volunteered had an awareness of their breathing before the author interviewed them. P 1 is an accredited psychotherapist with a qualification in psychosynthesis. P 2 is a pre-accredited psychotherapist and a clinical psychologist. P 3 is a qualified psychotherapist currently doing a relational Gestalt course. P 4 is a pre-accredited psychotherapist who has completed a relational Gestalt course.

4.2 The participants' awareness

Throughout the interviews there was a recurring theme, that awareness of breathing led to a feeling of being grounded, fully present, connected, paying attention, and/or being focused in the therapeutic relationship. P 1 stated, *“if the client begins to bombard me, I will focus on my breathing.”* P 1 later stated *“I feel it keeps an awareness on the connection.”* P 2 mentioned *“I focus on my breathing to see if I am getting caught up, or am I staying grounded in myself and not getting distracted. When my breathing goes into my upper chest (points to this area) that is my cue that I am getting caught up, I go back to my abdominal breathing.”* This participant uses their breathing *“to bring myself back and remind myself to breathe slowly so that I am fully present.”* P 3 felt that by connecting to the breath *“it helps ground me, it helps me to focus on what is happening with me, and what is happening between me and the client.”* P 3 also mentioned that if they deepen their breath *“I become more aware of what is going on for me.”* P 4 is aware that when they focus on their breathing *“it helps me to ground myself and my awareness helps me pay attention.”*

The participants explained how they grounded themselves. P 2 stated that before the client arrives “*I’m grounding myself and getting into abdominal breathing.*” This participant uses it as a cue in the relationship “*as soon as my breathing goes into my chest, I know that I am getting caught up in the clients stuff.*” P 4 spends a few minutes before the client comes in “*focusing on myself and how I am.*” This participant stated “*I will note the change in myself when the client comes into the room. I will also notice when a client leaves. If there are short gaps between clients I notice how I am.*”

4.3 Somatic awareness

The participants talked about a general somatic awareness which included the awareness of breathing. Somatic means a self-aware, self-sensing, internalised perception of oneself (Hanna, 1988, p. 21). P 1 had an awareness of sitting in the chair “*I am aware of my feet, my back, my posture and my breathing*” and with this awareness P 1 stated “*I will take it more slowly.*” P 1 also mentioned “*I don’t like to find my body posture or tension getting involved in the session.*” P 4 has a similar experience “*I am aware of my body in the chair, how I am breathing, in particular at the start of a session. I feel it is a general awareness, how grounded I feel, how I move.*” P 4 stated “*I spend a lot of time being aware.*” This somatic awareness helps the participants to be grounded and connected in the therapeutic relationship. P 2 felt that “*breathing was the key to body awareness.*” This participant suggested that “*the awareness of breathing brings body awareness with it for me automatically.*” P 3 felt this body awareness helps “*when I deepen my breath right into my tummy, it helps me become more relaxed in myself and I become more aware of what is going on for me.*” P 4 is aware that they hold tension in their neck and shoulders “*as I focus on my breathing it allows me to release the tension.*” According to Hanna, it is important to let go of the tension so that it does not become habituated (1988). P 4 felt this awareness allows “*me to hold stuff and not collapse. I am aware of how I am and I quickly notice if that is changing.*”

4.4 Awareness in the therapeutic relationship

The participants felt the awareness of breathing was helpful. They felt it heightened awareness in the relationship and made the relationship more real. P 4 mentioned “*the awareness brings more realness. It helps the clients to be themselves.*” P 3 also stated the same thing “*it brings realness and more genuineness to the situation.*” P 3 said “*you can miss things when you are not so aware.*” Rogers believed the more genuineness in the therapeutic relationship, the more helpful it will be (1961). P 4 said if something very emotional comes up “*I can respond to it in a relational way without breaking down. I might feel my eyes welling up but I am aware of where I am physically and somatically, I am still in my own skin and I am still grounded.*” P 4 suggested it was important to be aware all of the time as “*clients say important things when they are leaving.*”

The participants felt this awareness provided a calm and safe environment. P 3 suggested you are holding a calm space “*it is important for me to stay calm.*” P 1 mentioned a calm focused therapist “*draws out the reflectiveness of the client.*” P 1 also felt that their calmness “*invites the client to reciprocate and become aware of their anxiety.*” One of the participants felt that the awareness of their breathing provided a safe environment for the client. P 1 mentioned “*it provides a safe environment and it makes me less in their face. I am relaxed, I am calm and I am receptive.*” P 3 stated some of the clients say “*it is a lovely calm space.*”

The participants used breathing techniques in the therapeutic relationship, or gave feedback on breathing, or used breathing to ground clients. P 1 used breathing techniques if a client was upset, “*I would do some breathing with them before they left.*” P 2 said they might comment on a clients’ breathing and “*bring it into the session.*” P 2 also suggested that “*it brings us into our bodies and helps connect to feelings that come up.*” P 3 stated “*I did breathing exercises regularly with a client in the past.*” Everything in the clients life was very

busy and *“it was hard to get a connection with her.”* P 3 elaborated further on this experience, *“the client was able to connect to what was going on in her body and she would leave in a much more aware space. She went on and did a meditation course.”* P 4 used breathing techniques in particular with clients with anxiety, panic, or trauma. P 4 felt *“it can help them to notice what is happening in their body through their breathing. I find it supports me and it builds the clients’ confidence around their own resources.”*

4.5 Body awareness

The awareness of breathing revealed an awareness of the body which relates to what is going on in the therapeutic relationship. P 2 said they would be aware of holding their breath and *“this might be around emotions that are coming up.”* P 2 gave an example recently of feeling *“am I going to get through this.”* The participant uses their abdominal breathing and *“it brings me back into my body.”* P 2 explained they would be watching the clients’ breathing *“if it changes pace, or is shallow, or it is getting caught up in a way that might tell me something is going on stronger than they are expressing.”* P 3 felt the awareness *“can be about something that is coming up and it can be about what is going on between us.”* P 3 elaborated on the sensations that would come up *“a butterfly sensation, or tightness, or anxiety or even a little dance.”* P 3 felt that *“you are intuitively sensing what is going on at a deeper level and it can deepen the connection between myself and the client.”* P 4 suggested *“I might get a hunch about something and bring it into the relationship.”*

P 4 said that if a client is overwhelming me *“I will say what is happening for me.”* P 4 also suggested they are always looking for signals in the client *“the way they sit, the way they hold themselves.”* This participant would invite the client to notice if they felt it was significant. P 4 gave an example of a client who always sits with her legs crossed at the knees and at the ankles *“I invite her to notice and I enquire how it is to breathe in this posture and I invite her*

to experiment with the posture. Twice in five months she has noticed some affect when she lets herself go.” P 2 stated the awareness “helps keep the client grounded.” P 3 felt that if you bring the awareness to the body in the therapeutic relationship the client “begins to connect to it a little more” and “sometimes it can help name stuff and it opens up an area of exploration.” P 3 gave an example of seeing a client for about a year and a half “I got this really strong sense of excitement in my tummy, I brought it into the session and it helped the client name what was going on for her. It was the first time in a long time that the client felt excited and felt that she had a future.” P 3 gave another example of a client who talked non-stop “I was constantly bringing myself back to my breath, I feel it helped her to slow it all down, the client realised that she was doing that to keep from connecting. It was a huge awareness for the client. For the first few months there were times I did get caught up, but I learned to keep myself grounded.”

4.6 Non-verbal awareness

Some of the participants felt that the awareness of breathing is part of the non-verbal communication. P 3 expressed non-verbal empathy through *“the eyes, the expression on the face.”* P 3 suggested one might pick up on the clients’ body language much quicker *“the clients’ facial expression, their eyes, or a foot dancing on the floor.”* This participant gave an example of a client coughing *“it went on for a number of sessions, I brought it in, the client realised that every time she touched on a particular traumatic subject she started coughing.”* P 4 mentioned *“I feel a lot of what is going on in the session is non-verbal.”* P 4 suggested that by being aware of their breath *“it makes everything in the present moment”* and the therapist picks up quickly *“on the clients body language.”*

4.7 Self-care

The therapist has a responsibility to exercise care of themselves, therefore self-care is very important in the therapeutic relationship. P 3 suggested that the awareness of breathing “*helps my mental health.*” This participant also felt “*you are more aware of what is yours and what is theirs and it helps not to get blown away by what is happening.*” P 4 also stated “*the benefits to me are my health, it probably helps me not to hold stuff.*” This participant does a lot of self-care activities “*I practice Tai Chi, mindfulness meditation and I cycle.*” P 2 also did “*Tai Chi, yoga, and breathing awareness generally.*” The participants had a lot of somatic and breathing awareness which is an important part of self-care.

4.8 Conclusion

A number of themes became apparent in this study. The awareness of breathing in the therapeutic relationship revealed the participants to be grounded, connected, focused and fully present in the relationship. The participants spent a few minutes grounding themselves before the client arrived. The participants had a general somatic awareness of themselves in the relationship. This awareness helped the participants to connect to their bodies and their gut instincts which helped to connect and explore therapeutic issues. The participants awareness provided a calm environment for the client and the therapist. The awareness revealed the non-verbal communication, which helped the client to connect to their own body. The awareness was supportive for the therapist and the client, thus beneficial to the therapeutic relationship.

CHAPTER 5

DISCUSSION

This chapter will review the interview findings from the study and evaluate what has emerged in relation to the research. The limitations of the study will be addressed with suggested recommendations for the future. Breathing is right when it works in a way that lets it freely adjust and change its quality according to our needs.

5.1 Awareness in the therapeutic relationship

The participants in this study were aware of their breathing in the therapeutic relationship. All of the participants described their awareness as staying connected, focused, grounded, and fully present in the relationship. Two of the participants described taking time to focus their awareness before the client came into the room. One of the participants was aware when the client left the room and would check in with themselves to see how they felt.

Two of the participants talked about their awareness of their somatic sense of themselves in the chair; their feet on the floor and their back against the chair. Breathing was part of their somatic sense. Another participant described “*the awareness of breathing brings body awareness with it for me automatically.*” Even though this participant did not use the word somatic, this was another way of describing it. Psychotherapy places considerable demands on the therapist. Hanna (1988) suggested that stress can have an effect on one’s breathing, thus decreasing one’s body awareness. Repetition of stressful stimuli causes decreased sensing and movement of these muscles and can result in alienation of our bodies. Somatic and breathing awareness is very important in the therapeutic relationship. Reich believed we

need to recognise the greater wisdom of our somatic aspect over our mental aspect (as cited in Totton, 2003, p. 20).

If the participants were being overwhelmed (bombarded as one participant called it) or getting caught up in the session, they used their breathing to stay grounded and connected and to stay focused on what was happening. One participant suggested by focusing on the breathing, they were more relaxed and they became more aware of what was going on. One of the participants said “*you can miss things when you are not so aware.*” According to Hunter, the awareness of breathing can draw attention to stress and the impact it may be having on the body, therefore the participants awareness of their breathing can help with the resolution of stress and tension (1993). Wilkinson et al., suggested that natural healthy breathing relaxed the body and mind, by allowing the body and mind time to slow down (2002).

The focus on breathing in the therapeutic relationship helped heighten awareness in the relationship. Wallin (2007) suggested, the use of deep breathing helps us to connect to our feelings. One participant described this awareness “*it brings your attention to gut stuff and it gives me a sense of what is happening between myself and the client.*” Another participant mentioned “*if I was holding my breath, this might be around emotions that are coming up for the client.*” Hanna suggested everything we experience in our lives is a bodily experience (1988, p. 32).

The awareness of breathing brings more realness to the therapeutic relationship. One of the participants said that “*awareness brings more realness, it helps the client to be themselves.*” Another participant said something very similar “*it brings realness and more genuineness to the situation.*” This fits with the core conditions of congruence and genuineness. Rogers believed the feelings the therapist was experiencing were available to the therapist and the

therapist lived these varied feelings (1961, p. 61). The therapist was genuine and without front or façade (Ibid). The heightened awareness in the therapeutic relationship can help the client connect to feelings that come up in the relationship.

Breathing techniques were used in the therapeutic environment in a variety of situations. If a client was upset one of the participants did some breathing with them to ground the client before they left. Another participant said it can help the client connect to what is happening in their body. A third participant said the same thing “*it can help them to notice what is happening in their body through their breathing.*” This participant found the breathing techniques supported them and it builds the clients confidence around their own resources. According to Wilkinson et al., the use of breathing techniques can foster relaxation and the reduction of tension, at the same time, this allows the mind and body time to slow down (2002). This allows for a more active engagement in the therapeutic relationship.

Breath work has been a traditional focus of mindfulness practice for centuries. A mindfulness practice was the use of breathing to focus awareness on the present moment (Kabat-Zinn, 1990). Awareness of one’s breathing, especially slow deep breathing supports a more mindful experience and an experience of the body. This has been clearly expressed by the participants in their experiences.

The participants felt the awareness of breathing provided a calm environment for the client and the participants. The calm environment invited the client to become aware of how they were themselves. One of the participants suggested that it was important for them to stay calm as they were holding a calm space. Another participant suggested this environment draws out the reflectiveness of the client. This participant suggested “*I am relaxed, I am calm, I am receptive and it makes me less in their face.*” The well-being of our entire body depends on and is influenced by our breathing (Johnson, 1995).

5.2 Body awareness and countertransference

The awareness of our bodies through our breathing can help the therapist be more present in the therapeutic relationship. Countertransference is the feelings, thoughts, attitudes, and fantasy reactions the therapist has to the client (Jacobs, 2004). These bodily reactions can be communicated and can enhance and deepen the therapeutic relationship. One of the participants described this, *“it can be about something that is coming up and it can be about what is going on between us.”* This participant described some sensations they might experience tightness, anxiety, a little dance, or butterfly sensation. The same participant suggested if you bring the awareness to the body, the client connected to it a little more and *“it can help name stuff and it opens up an area of exploration.”* The participant gave an example of using the sensation they felt in the therapeutic relationship. It helped the client name what was going on for her. This participant talked about a client who was overwhelming them and how they used their breathing awareness to ground themselves in the sessions. The client realised she was talking non-stop to keep from connecting and this was a huge awareness for the client. Another participant said *“I might get a hunch about something.”* Countertransference has the potential to further the therapeutic process (Wallin, 2007). Trying to stay aware both internally and externally is a great way to explore therapeutic issues that can highlight countertransference (Totton, 2003).

5.3 Non-verbal awareness in the therapeutic relationship

The participants described the awareness of breathing as part of the non-verbal awareness in the therapeutic relationship. One of the participants expressed non-verbal empathy through their eyes and the expression on their face. This reassured the client that they are being heard which was very important in the relationship. Another participant suggested the awareness of breathing brings things into the ‘here and now’ and the therapist picks up quickly on the

clients body language. This participant suggested a lot of what is going on in the session is non-verbal. One of the participants observed the clients' facial expression, the eyes, and the feet. This participant described a client with a cough. It went on for a number of sessions and it occurred when the client touched on a traumatic subject.

The therapist was observing the clients body language to see if it matches what the client was expressing. One of the participants described watching the clients' breathing to see if it was changing or getting caught in a way that might suggest that something was going on stronger than they are expressing. One of the participants described inviting a client to notice how they were twisting their legs. The participant was encouraging the client to notice and to be aware. This gives the client an opportunity for self-understanding (Hunter, 1993).

5.4 Self-care

The author did not ask any questions about self-care, but it evolved as a theme in the interview findings. One of the participants suggested that the awareness of breathing helps their mental health and it helps "*not to be blown away by what is happening.*" Another participant suggested that "*the benefits to me are my health.*" This participant does a lot of self-care activities; Tai Chi, mindfulness meditation, and they cycle a few miles to and from work. Another participant did Tai Chi, yoga and they described being aware of their breathing generally. All of the participants had a somatic awareness which is part of self-care.

5.5 Strengths and limitations

The study is limited by its small sample size. There were only four participants in this study and a larger sample size would be required to test the robustness of the results found.

Convenience and purposive sampling was used and the author cannot say with confidence that the individuals were representative of the population. The author was, in a position to get

a deeper insight into the therapists' use of breathing in the therapeutic relationship. It would be interesting to know if breathing awareness was used by all psychotherapists. The author would like to propose that a breathing awareness meditation or mindful meditation be introduced to the Bachelor of Arts for Counselling and Psychotherapy in year three of the programme. This is when the student commences their client work and there is an anxiety and stress about performing in the therapeutic relationship. This breathing awareness would help the student remain grounded and focused. This would provide a greater somatic awareness, which connects to the client and enhances the therapeutic relationship.

5.6 Conclusion

The awareness of breathing in the therapeutic relationship revealed a few themes. There was a general somatic awareness for the participants. It helped the participants to stay grounded, focused, connected, and fully present in the therapeutic relationship. According to Hunter, the awareness of breathing increases awareness and somatic interest in the body and an awareness in the therapeutic relationship (1993). In situations where the participant was overwhelmed, the awareness of breathing helped the participant stay grounded and connected. Hanna suggested that stress can have an effect on one's breathing, which alienates us from our bodies (1998). By increasing breathing awareness, the participant was aware of what was happening to them. This awareness decreases the participants stress and enhances their body awareness. Breathing awareness was also part of the participants' self-care.

Awareness of breathing can draw attention to the body and encourage the client to connect to what was happening in their body. According to Reich, the fundamental way we stop ourselves feeling is to stop ourselves breathing (as cited in Totton, 2003). The awareness helped the client connect and get in touch with their feelings. The awareness helped the

participant to connect to their gut instincts and bring these instincts into the therapeutic relationship; this had the potential to enhance the therapeutic process (Wallin, 2007).

The awareness of breathing provided a 'realness' to the therapeutic relationship and it helped the client to be themselves. It helped the client build confidence around their own resources and it enhanced the non-verbal awareness in the therapeutic relationship. This awareness of breathing was helpful to the therapist and the client and provided a positive relationship in the therapeutic process.

CHAPTER 6

CONCLUSION

The aim of the study was to explore the awareness of breathing in the therapeutic relationship. In obtaining the personal accounts from the participants, it enabled the author to see the extent to which breathing was used as a resource in the therapeutic relationship.

This research supported and expands previous findings with regard to breathing in the therapeutic relationship:

- It helps the therapist to stay grounded, focused, connected, and fully present in the therapeutic relationship
- There was a general somatic awareness in the therapeutic relationship which provided an awareness for the therapist and an awareness on the relationship
- In situations where the therapist was overwhelmed, it helps the therapist stay grounded and focused
- It can draw attention to the body and it encourages the client to connect to what was happening in their body
- It can help the client connect and get in touch with their feelings
- It provides a 'realness' to the therapeutic relationship and it helps the client be themselves
- It helps the client build confidence around their own resources
- It enhanced non-verbal awareness in the therapeutic relationship
- All the participants used breathing awareness as part of their self-care

This study adds to the body of research that currently exists, as it shows that awareness of breathing was a resource for the therapist and the client in the therapeutic relationship. This has a beneficial effect on the therapeutic relationship and it has the potential to further the therapeutic process.

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APPENDIX A

Research Questions

1. Are you aware of your breathing in the therapeutic relationship
2. Do you use your breathing to focus your awareness in the relationship
3. How does your awareness of your breathing help in the relationship
4. When you focus on your breathing are you aware of any bodily sensations
 - (b) How does this help in the therapeutic relationship
5. Do you feel this awareness of your breathing reveals any type of non-verbal communication in either yourself or the client
6. If things get difficult in the therapeutic relationship (something traumatic comes up, or a client decides to leave suddenly) are you aware of your breathing
 - (b) Do you notice anything else
7. What are the benefits of this awareness of your breathing in the relationship
8. Do you use breathing techniques with your clients
 - (b) How does this help in the therapeutic relationship

