

Breathing and Relating: Exploring a Therapist's Heuristic Experience

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Abstract

What is my experience of consciously breathing while in sessions with clients? This research question sparked a year of exploration into breathing and relating as a beginning psychotherapist. Following a heuristic self-search methodology, I closely examined my subjective experience of breathing while in sessions with clients, and illuminated my relationship with my own breath. In this dissertation, I review the literature on psychotherapists' experiences of consciously breathing while with clients. I identify four themes in the literature, which I then critique in relation to my own findings; my notes on breath after client sessions and depictions from my self-search.

I discovered that my experience of breathing with clients shifts from unconscious to conscious, and that my own relationship with the breath is fraught and complex. I discuss my findings in my final chapter, concluding that shifting breath consciousness is influenced by intersecting client and therapist histories, trauma, cultural background and stage of the therapeutic relationship.

Writing within the bi- and multi-cultural context of Aotearoa New Zealand, I refer to *matauranga* Māori (Māori knowledge) alongside western psychotherapy theory written in the Northern Hemisphere. The significance of my research lies in the synthesis of these two bodies of knowledge, anchored in an in-depth exploration into the subjective experience of a psychotherapist in practice. My research argues for the importance of conscious breathing in psychotherapy, and potential it has to help clients heal from trauma and experience new life through psychotherapy.

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Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

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Tihei Mauriora

tihei the first sneeze of life
the quintessential breath
tihei tihei tihei
the first life breath
tihei ki te taiao
the first breath
at the first glimmering of the light
tihei ki te whaiao
to the growing
the first breath at the gaining of light
tihei ki te ao mārama
to the birth
to the world of understanding
tihei tihei tihei
to the first breath
the eternal force
Tihei Mauri Ora

(Apirana Taylor, 2011)

Introduction

I want to understand what happens when I try to breathe and relate.

My initial motivation to conduct research on conscious breathing while with clients was based on an intuitive 'right' feeling that this is what I need to be researching. Twelve years ago I was introduced to conscious *pranayama* breathing in a yoga class and it swung open a door to embodiment. I was hooked, and pursuing my curiosity in this area has taken me from participating in bioenergetics groups, tantric breathing circles, yoga teacher training, dance therapy, psychodrama and currently, psychodynamic psychotherapy.

In mid 2017, in the first year of my psychotherapy training, I came across body psychotherapist Nick Totton's (2002) challenge for therapists: "how can I breathe and relate to someone at the same time?" (p. 22). During this time, I was reminding myself throughout the day to breathe with a relaxed belly, open throat and deep, full, slow breaths. I was becoming more adept at practicing this type of breath awareness in isolation, but Totton's (2002) challenge awakened me to how my breath changes in relationship. It is an automatic, unconscious pattern: more often than not, when relating to others, my stomach is tight, my breathing shallow and high in my chest, and I have a feeling of a hard wall in my abdomen. I am mostly unaware of this bodily response in the moment, and it is not until I "come to" awareness when I am by myself that I notice my tight belly, shallow breath.

When I embarked to write this chapter, I didn't think that I was aware of my bodily response to breathing and relating before it was prompted by Totton in 2017. However, I am a prolific keeper of journals, and I discovered that from 2013 to 2017, twenty-four entries had my conscious breathing as a focus. Here's an excerpt from my journal in October 2015:

When I relax my belly, other things happen. My breath deepens, allowing more air into my lungs. My pelvic floor relaxes. My jaw loosens, and I notice the rigidity with which I've been holding it. I feel a moment of ease, calm. My mind slows for a second or two and drops into my body. [...] I've noticed that as I go about my day, my default is a tight abdomen, tight jaw, shallow breathing. So I've been consciously relaxing my belly, taking in a deep inhale and feeling my body thank me.

Reading back through my journals, I realize how holding my breath is holding my vulnerability, a shield to not let the other in, not let me feel the other too deeply. When ending a relationship in February 2014, I journalled: “I breathed out when I broke up with you.”

To my surprise, my journals show me that I have been investigating how to breathe and relate in one way or another, my entire life. For isn't this what infant Cordelia did?

My first night in this world (known to me from my father's memory): I was born at home, mum and dad's first child. On the first night, the three of us were in their big futon bed. Mum, exhausted, slept beside us and I slept on dad's chest. Dad, in awe of human life, lay awake the entire night, hearing me learn to breathe, snuffly, stuttering newborn breaths, feeling my heart flutter-beat on his chest, brought to tears at this brand new creation of life asleep on him.

Although I have no mental memory of this, I am sure that an embodied breathing-in-relationship memory is within me. My first night of breathing, guided and supported by the reassurance of warm body, firm heart beat and rhythmic inhalation/exhalation.

I learnt to breathe in relationship. I am still learning to breathe in relationship.

An accessible entry point to practice breathing and relating was in an experiential therapy group of nine others during the first year of my psychotherapy training. Being in relation to a small group, rather than one-on-one, gave me space to practice a diffuse awareness of my breath and the group. My notes from the first time I tried this follow:

I took advice from body psychotherapy: “how can I breathe and relate to someone at the same time?” So, in ET I did mindful breathing. It was intense. I felt moved to tears by C, I felt R's rage and I felt the anger/sadness underneath what F was saying. I cried about it and at that moment I was really in myself, breathing deeply, feeling so much in relation. I was aware of a hard lump in my throat. What does this lump mean? It is me being attuned to others' emotions or grief? Is it my own? It is so painful, how do I make it go away? And how do I breathe/relate and not feel so intensely? Simple, don't breathe. (Personal notes, Wednesday 26 July, 2017).

Though psychotherapy training I've come to recognize the sensitivity I have to feel the other. I can feel someone else's pain, grief or love intensely, sometimes it can be unbearable. I became curious about this, asking myself if my held breath is a way of tempering how much of the other

I let in, if I am I able to control what I feel through my breath, if I am able to maintain a triple awareness of my breath, myself, my client, and if this could be beneficial to my practice as a psychotherapist. These wonderings created the impetus for starting my research.

My research question is as follows: As a therapist, what is my experience of consciously breathing while in sessions with clients? Over the year, I research my experience as a beginning psychotherapist trying to be conscious of my breathing while in individual, weekly sessions with six clients. I follow a heuristic methodology to investigate what occurs - and my response to what occurs - when I consciously breathe within the therapeutic relationship. I began this chapter by describing my initial engagement with the research, experiences and memories that create a “passionate concern”, and bring me to my research question (Moustakas, 1990, p. 27). From here, I clarify the terms of my question: “conscious breathing”, “experience” and “with clients.” I conclude this chapter by outlining my research context and structure of my dissertation, anchoring it within the phases of heuristic research.

Clarifying my question

“Conscious breathing”

At its most straightforward, conscious breathing is paying attention to my inhale and exhale. Breathing is, “on the interface between voluntary and autonomic function” (Totton, 2002, p. 23). I don’t need to be conscious to breathe, but I want to be conscious of *how* I’m breathing. When looking up the etymology of the word “conscious”, I find a description from 17th century England: “knowing or perceiving within oneself” (“Conscious”, n.d.). I understand conscious breathing as perceiving the breath within me, and I note the tension in this; when I am conscious of my breath, I can direct it. It no longer flows freely and, “consciousness and spontaneity begin to interfere with each other” (Totton, 2002, p. 23).

To apply this theory in practice, I might pause during the day, look up at the sky and slowly inhale. As I consciously inhale, perhaps I notice a sensation in my body, “this feels good”, and a new awareness that I’ve been breathing shallowly and quickly. This brings me to the tension Totton (2002) describes: now I am aware of my breath it is no longer spontaneous. Caldwell and Victoria (2011) view conscious breathing as “the act of becoming aware of one’s breathing, often for the purpose of altering it” (p. 91). I slowly deepen my breathing, directed by the subtle feelings of pleasure I am perceiving in my body. By deliberately influencing my breath, I become

curious to why I was breathing shallowly in the first place, and what this might be signalling to me.

Caldwell and Victoria (2011) imagine a continuum of conscious breathing practices in psychotherapy, from: “a quiet and mindful awareness of breath,” to, “intense over-breathing as a means of accessing and working through body blockages” (p. 90). I situate myself at the quiet and mindful end of this continuum. “Mindful” can be described as: “a quality of non-elaborative awareness to current experience and a quality of relating to one’s experience with an orientation of curiosity, experiential openness, and acceptance” (Bishop, as cited in Mehling et al., 2011, p. 1). I am mindfully curious about what I experience when I consciously breathe in sessions with clients.

“Experience”

To investigate my experience of conscious breathing, I tune into my embodiment. Embodiment describes: “the body as a dynamic, organic site of meaningful experience” (Mehling et al., 2011, p. 10), and is a practice which grants the therapist, “an intentional focus on and awareness of internal body sensations” (Mehling et al., 2011, p. 1). My physical and emotional sensations, perceptions and images form the data of this dissertation. Conscious breathing goes hand in hand with embodiment: “mindfully inhabiting the breath is, in other words, also to inhabit the body” (Dimen, 1998, p. 89). The final part of the question, ‘in sessions with clients’, introduces the intersubjective aspect of my research, and seeks to respond to Totton’s (2002) fundamental question: “how can I breathe and relate?” (p. 22).

“With clients”

David Boadella saw breath awareness as inseparable from an awareness of the intersubjective field between client and therapist: “The embodied therapist and the embodied client enter the room. Two breathing systems interact, two motoric systems come into awareness of each other” (Boadella as cited in Vulcan, 2009, p. 277). My breathing is impacted by my clients, and I want to develop an awareness of how and why. Therapist Ron Balamuth (1998) in his exploration of breath and embodiment with a client, cites Ogden (1994): “no thought, feeling, or sensation can be considered to be the same as it was or will be outside of the context of the specific (and continually shifting) intersubjectivity created by analysand and analyst” (p. 267).

This quote captures the scope of my research: I am curious about my experience of consciously breathing with my six clients, and this experience will be my subjective, embodied interpretation

of what happens in the session. My interpretation will be recorded immediately after each client session, in writing, and this will form the data of this dissertation. I realize this is imperfect: I will never be able to capture the immediacy of in-the-moment breathing in relationship, something that is sensory, embodied, intersubjective and felt. To try and close to gap between words and embodiment, my findings feature depictions, a feature of heuristic research which are written creatively, to be read like poetry.

Research context

My literature review gives an overview of other therapists' experiences of breath awareness. My research question is not concerned with the client's experience of their breath, including therapeutic benefits of breathing for clients and breathing exercises for clients. As Shaw (2004) reports, "the therapist's body is largely absent" from psychotherapeutic literature (p. 272), and I extend this to include research on conscious breathing. Therefore, I endeavour to research from the experience of the therapist and her body, in order to add to this small but growing field. The search terms that delivered the most relevant research were, "embodied psychotherapy", "somatic countertransference and breath", "breath awareness and psychotherapy", and "embodied relational therapy".

Apart from two articles, the majority of my literature is written by Northern Hemisphere therapist-researchers, predominantly in the United Kingdom and the United States of America. I am conducting my research in Aotearoa New Zealand and, as a Pākehā researcher, I am guided by the principles of Te Tiriti o Waitangi, the first of which is partnership, such as: "doing research which includes/is relevant to Māori" (Water, 2018). Conducting research on the psychotherapist's breath is relevant to our bicultural context through the concept of *hauora*, which loosely translates as wellbeing, breath (*hau*) of life (*ora*) (Ministry of Education, n.d.). An example of *hauora* is Mason Durie's (2011) Māori model of health, Te Whare Tapa Whā. This "whole-person approach to healing" (Durie, 2011, p. 30), views health across interconnected physical, spiritual, relational and emotional realms of a person's life. I view the breath as the connector, the element that winds through all four dimensions. Throughout this dissertation, I'll be exploring how my breath connects me to my body, to my emotions and relationships.

By situating myself within the bicultural context of Aotearoa New Zealand and influenced by the concept of *hauora*, my perspective on the therapist's experience of breath is unique in comparison to the literature written outside this country.

Dissertation structure

This dissertation follows a focused, immersive and prolonged investigation into my experience of consciously breathing while in sessions with my clients. My methodology, heuristic self-search inquiry, provides the structure for my dissertation through the following research phases: initial engagement, immersion, incubation, illumination, explication, and creative synthesis (Moustakas, 1990). My initial engagement with the research is recorded here in the introduction, and again in my methodology chapter and literature review. Immersion sees me enter into the heuristic processes of self-dialogue, intuition and indwelling, journaling my feeling responses to the experience of breathing with each client.

Incubation moves me outside my deep internal process, letting the intensity of my investigation rest as I move back to the literature, analysing my own 'noticings' alongside the written experiences of others. Ideally, this brings me to a moment, or moments of illumination, a: "synthesis of fragmented knowledge, [...] a new discovery of something that has been present for some time yet beyond immediate awareness" (Moustakas, 1990, p. 30). Immersion, incubation and illumination create the material for my findings chapter, wrapped within the process of explication. Lastly, the creative synthesis informs my discussion chapter, where I explore core themes within a new whole.

This concludes my introduction chapter. In the following chapter I describe and critique heuristic research methodology.

Methodology

Heuristic self-search inquiry (Sela-Smith, 2002) is my chosen methodology through which to research my experience of consciously breathing while in sessions with clients. I begin this chapter describing why I chose heuristics and how it fits my ontology. From here, I explore the paradigm within which my methodology sits and follow this with a discussion of its applicability to psychotherapy research, strengths and limitations. I finish this chapter with an outline of the heuristic research phases.

When searching for a methodology, I knew I wanted to create a beautiful piece of writing. My supervisor suggested that heuristic methodology could be a good fit, providing enough structure to identify themes, but also with space to stretch my creative, embodied side. The aspects of heuristic methodology that attract me are the emphasis on journaling, the ability to write in a metaphorical, poetic way and the importance placed upon resonance. Resonance is a marker of rigour in heuristics, a way of writing about the truth of the researcher's embodied experience that: "invite[s] readers to encounter the narrative accounts for themselves and from within their own bodies through a form of sympathetic resonance" (Anderson, 2001, p. 84). I have experienced embodied resonance with pieces of writing, such as Alice Munro's (1991) brilliant, concise descriptions of relationships, where a passage will literally make my heart beat faster, or a sense of "yes, I know this too!" flutters in my stomach. I love writing like this, and wish to create a dissertation that resonates and moves readers. Heuristic methodology feels like an invitation to write my experience alive for readers, and lends itself particularly well to my topic, my embodied experience of breathing.

Grant and Giddings (2002) write: "Ontology refers to our most basic beliefs about what kind of being a human is and the nature of reality" (p. 12). As I was contemplating how to describe my ontology, four quotes suddenly presented themselves in my mind, forgotten up until now. I encountered the first during my undergraduate degree in dance, in 2009:

To paraphrase Georg Simmel, it is via the hands that we 'pull the world into ourselves'. Specifically, it is the sensitivity of our hands that is responsible for relaying so much of our knowledge of the world around us. Tactile navigation - the kinaesthetic moving/touching of the body - is the total embodied awareness of a body in an environment. (Macnaghten & Urry, 1998, p. 104).

The next two quotes are from yoga teacher training, in 2014. One of my teachers, Matthew Remski (2012) wrote: “[...] isn’t this precisely our first yoga? Did the flesh not reach for what pleased it?” (p. 217). The second is from Indian philosopher and yogi Osho (2003): “If you are sensuous you will be surprised at how many riches you have been unaware of. [...] Take care of the body, it is taking care of you. Become more and more sensuous” (p. 200). The last quote I came across in 2016: “It is only at the scale of our direct, sensorial interactions with the land around us that we can appropriately notice and respond to the immediate needs of the living world” (Morrison, 2009, p. 109).

These quotes capture my ontology: I live a life conscious of my body, my breathing, my movement in space. I love Remski’s (2012) assertion: “did the flesh not reach for what pleased it?” (p. 217), for it takes me back to infancy, searching out for comfort, nutrition, love through my hands, my mouth, my body. I resonate so deeply with the concept of exploring the world through the body, pulling the world onto myself with my hands, and sensorily engaging with the living, breathing, pulsating world around me. I learn through embodiment. I connect with land, relationships, place through embodiment. Therefore, I research that which I can directly experience in, with and through my body.

Sultan (2017) in his heuristic research on embodiment in the therapeutic relationship, was guided by phenomenological philosopher Maurice Merleau-Ponty, who states: “(a) being human is an inherently physical experience, (b) our perception of the world is formed via information received through our bodies, and (c) all experience is embodied” (pp. 181-182). This speaks to my research focus: breath is an inherently physical, human experience, awareness of my breath gives me information about the world, and this awareness is informed through my conscious embodiment. Like Sultan (2017), I find that the heuristic method provides a structure through which to explore the above statements from Merleau-Ponty through my internal experience and “feeling responses” (Sela-Smith, 2002, p. 59) to my conscious breathing while with clients.

Interpretive paradigm

I am conducting this research within what Grant and Giddings (2002) refer to as an interpretive paradigm. Interpretivists are interested in the understandings people have of their own lives, in contrast to a positivist paradigm. Positivism assumes there is “one unifying truth” (Key & Kerr, 2011, p. 70), whereas interpretivism allows the possibility of mystery, multiple and paradoxical truths. Rather than objectivity, interpretive research holds a “delicate subjectivism”, captured in

Carl Jung's statement: "All the true things must change and only that which changes remains true" (as cited in Key & Kerr, 2011, p. 70). Grant and Giddings (2002) refer to this distinction between interpretivism and positivism as "the interpretivist turn, [...] in which the researcher considers that some part of the truth of a situation can be found in the 'self-understandings of her/his participants'" (p. 16).

Self-understandings, researcher subjectivity and multiple truths are sought within qualitative research methodologies, in comparison to quantitative methodologies, which seek "to discover the truth of a hypothesis" through objective observation (Grant & Giddings, 2002, p. 14). I am not interested in discovering a scientific 'truth', perhaps by attaching heart and lung monitors to psychotherapists to record their breathing as they work with their clients. I am interested in my subjective experience of my breathing. Qualitative research methodologies that centre the researcher's interpretation of their experience are phenomenological and heuristic (Rose & Loewenthal, 2006).

Heuristic self-search inquiry

My research methodology is heuristic self-search inquiry, a type of heuristic methodology developed by Sandy Sela-Smith (2002) through a critique of Moustakas' (1990) original heuristic method. Moustakas (1990) describes the heuristic research method as, "an organized and systemic form for investigating a human experience" (p. 9). He developed heuristic methodology through his study on loneliness, however Sela-Smith (2002) observes that he shifted from the heuristic question: "What is my experience of being lonely?" to, "the phenomenological question, "What is the experience of loneliness?" (p. 74). This required interviewing others and centering their experiences, which, from Sela-Smith's (2002) perspective, distances and distracts from the researcher's internal process. She created heuristic self-search inquiry in response.

My dissertation is an investigation into breathing, a universal, fundamental human experience. Currently, I am not interviewing other psychotherapists for their experiences of breathing, so a heuristic self-search enquiry provides a framework within which to research my experience of my breathing, and record my feeling responses to what I notice during this investigation. While I have "fore-understandings" (Orange, 2011, p. 14), and hunches about what I might discover, my research is: "exploratory discovery, rather than testing hypothesis" (Sela-Smith, 2002, p. 58).

This process of feeling into the unknown is characteristic of a heuristic approach to research, and I resonate with poet John Keats' description of "negative capability [...], being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason" (as cited in Romanyshyn, 2007, p. 149). Dwelling in a place of negative capability has its challenges, which I will explore further in my discussion of the potential limitations of heuristic methodology.

Heuristics as relevant to psychotherapy

Heuristic methodology was developed by Moustakas (1990) out of humanistic psychology, a discipline focused on "the essence of the person in experience" (p. 39). Moustakas (1990), was a humanistic psychologist, and the influence of psychotherapy can be seen in the methods used in a heuristic enquiry: focusing, self-dialogue, intuition, tacit knowledge, indwelling. I describe these processes as I use them through my dissertation. As a psychodynamic psychotherapist, these are the tools I bring into my practice. I attune to myself and my body through focusing, intuition, and indwelling, I guide my clients through a process of self-dialogue, re-discovering their tacit knowledge about their own processes.

The open-ended nature of heuristic enquiry, the freedom of researching beyond testing hypothesis, the invitation to feel into one's subjective depths, the search for 'resonance' and the close study of lived experience are all aspects of heuristic methodology that are well-suited to psychotherapy research (Frick, 1990; Kleining & Witt, 2000; Rose & Loewenthal, 2006; Stevens, 2006). Rose and Loewenthal (2006) recommend heuristic methodology specifically for studying psychotherapy practice, because heuristics allows the researcher a methodical and structured way to explore the "lived experience of therapy" from the point of view of therapist or client (p. 138). They compare heuristic methodology to other research methods, and conclude that no other research method is able to study "the [psychotherapy] consulting room as the research field" as effectively as heuristic methodology can (Rose & Loewenthal, 2006, p. 138).

As an early career therapist and researcher, I am still feeling my way into the best methods for studying the practice of psychotherapy. The emphasis on my embodied experience in this research leads me to partially agree with Rose and Loewenthal's above statement (2006): heuristics provides a framework for me to deeply investigate my experience in the room with the client and furthermore, this framework is congruent with the skills I am developing as a psychotherapist. However, without direct experience of alternative research methodologies, it is premature of me to agree with Rose and Loewenthal's (2006) certainty that heuristic is the most

effective methodology. As my career as a therapist-researcher expands, I hope to investigate more thoroughly the range of effective methodologies for studying psychotherapy practice, beginning in this dissertation with heuristic.

Limitations of heuristic methodology

Potential limitations to heuristic research are blind spots, unconscious transference, and the personal challenge of heuristic enquiry. Blind spots, where, “the researcher may only hear what they want to hear” is a hazard of heuristic research (Rose & Loewenthal, 2006, p. 139). This is because heuristic methodology, particularly a heuristic self-search, can be an isolated process of gazing into oneself, there is real potential that I don’t know what I don’t know, and, without supervision, I may never know. It is more than being open to the unknown, it is trying to be aware of biases that may keep me blind to parts of my experience. Ings (2014) describes this hazard in relation to all methodologies that require a self-search: “Because autobiographical inquiries affirm the personal, they can sometimes offer a deceptively sheltered environment in which critical thinking is required to function” (p. 679).

I think about how my ontology potentially creates a sheltered environment, where I prize embodied knowing and am potentially ‘blind’ to other ways of knowing. Early in the research process I was focused on noticing when my diaphragm was tense, and would tell myself to relax it. In an effort to illuminate a potential blind spot, I reflexively journalled: “Why do I tell myself to relax my diaphragm? What would happen if I kept it tense, or tensed it up even further?”. It feels counterintuitive to me to create more tension in my body, and impulsively I seek the feeling of pleasure and ease which I identify with a relaxed diaphragm. Even asking this question feels illogical to me, but perhaps questions that go against my ontology are the important ones to ask to enhance the rigour of a heuristic study. I explore these ontology-challenging, blind-spot illuminating questions further in my discussion chapter.

Regular, attentive supervision, one on one and in groups, where others’ resonance with the research is shared in addition to critiquing and questioning, is recommended to help the heuristic researcher open to their blind spots (Ings, 2014; Key & Kerr, 2011; Rose & Loewenthal, 2006). Key and Kerr (2011) also suggest the researcher use the heuristic method of focusing to tune into their bodily responses to the research material and feedback, with the idea that blind spots might show up in a bodily sense as something that feels off, or not quite true. After writing, I read what I have written out loud to myself, and sometimes in my research

group. Reading my writing, forming the words with my body, allow me to feel when my writing is flowing and conversely, it draws my attention to that which does not resonate.

Tudor (2012) challenges me to consider the appropriateness of Northern Hemisphere theories in the Southern Hemisphere: “Thus, the further we are, geographically, culturally, and intellectually from the source and the ground of a particular theory, the more we need to question and test its application and applicability” (p. 120). Heuristic research methodologies were developed in North America, and almost all of the articles cited in this chapter, with the exception of Key and Kerr (2011), were written in the Northern Hemisphere. Based on Tudor’s (2012) assertion that methodologies appropriate to Southern psychotherapy research investigate experience, and privilege “the subject and their social relations” (p. 127), I argue that heuristic self-search enquiry is applicable to psychotherapy research in Aotearoa New Zealand if the researcher is transparent about their geographical and social location. I agree with Tudor (2012) by imagining a parallel between heuristic research on the fringes of dominant qualitative research, and Aotearoa New Zealand on the fringes of the globe (as characterized by western, colonial power). I explore the applicability of my research to my Southern Hemisphere context in my discussion chapter.

Another potential limitation of a heuristic research methodology is the researcher’s unconscious transference to the research topic or question. This is similar to a researcher’s blind spot, but is always present, and not always unhelpful. Romanyshyn (2007) describes this phenomenon as:

The researcher is always in some complex, myth, dream or fantasy about the topic, and an unconscious dynamic is therefore always present between the researcher and his or her work. This dynamic plays itself out within a transference field [...] that exists between the researcher and his or her work as much as it exists between a therapist and a patient. (p. 135).

Romanyshyn (2007) writes of an “ethical imperative” to make unconscious transference dynamics “as conscious as possible” (p. 136), and recommends the researcher continuously ask: “What is this work really about?” (p. 137). The heuristic phases of research, particularly incubation and the self-dialogue process provided me with an opportunity to repeatedly enquire into my unconscious transference, with the aim of bringing it to consciousness and writing it into my research. This transparency is required to increase the rigour and validity of my research (Etherington, 2004), and I explore this in depth in my findings chapter.

Lastly, heuristic research can be personally challenging for the researcher. Revealing deeply personal processes, writing eloquently about painful emotions and memories, yet doing so in a way that is rigorous, disciplined, open to external critique and aiming for resonance in others is “an act of faith with emotional consequences” (Ings, 2014, p. 689), and, “places immense responsibility on the researcher” (Frick, 1990, p. 79). For heuristic research to flourish, the researcher needs to have a robustness, an ability to separate critique from personal attack, and at the same time, for critique to arrive in the form of questioning, encouraging the researcher to explore their transference and blind spots in relation to the topic (Ings, 2014).

Some of the concerns I have are highlighted in Etherington’s (2004) research on students’ experiences of using a heuristic methodology. One student said: “I thought that heuristic research involved total submersion and it’s not that, it’s about being able to submerge and come back” (Etherington, 2004, p. 57), and I too am worried about getting lost in my psyche, lingering in this seemingly open, never-ending process of self-discovery. In these moments, I look to my supervisor, peer supervision groups and the reality of deadlines to call me back. Another student said: “One of my fears is that at the end of the day I might end up with something that is nothing... almost. I know that’s not rational... but that’s how it feels” (Etherington, 2004, p. 59). I also feel this. What if, after journeying into my experience for several months, I return with data that does not resonate with anyone? That is insignificant? Or blindingly logical, and mocks the deep process I have been through to get it? I look for comfort once again in the concept of resonance. If my trust wavers in my intellectual knowing, it stays strong in my embodied knowing.

Heuristic research phases

The heuristic research phases, as outlined by Moustakas (1990), make up the overall framework within which my dissertation will sit: initial engagement, immersion, incubation, illumination, explication, and creative synthesis. I briefly covered these in my introduction, and here I explore them in greater detail.

To apply these to the structure of my research, initial engagement holds the process of my opening chapters: why I am interested in this topic, literature review and methodology chapter. Although the breath has always held an interest for me, my initial engagement with this research topic began when I recognized in Totton’s (2002) question, “How can I breathe and relate?” (p. 22), a “passionate concern” of mine (Moustakas, 1990, p. 27). I applied to write my dissertation

and in November 2018 decided on the research question, as a natural evolution of my interest in breathing and relating. I was encouraged to start a journal by my supervisor, as a way to record my thoughts, feelings, reverie and embodied responses to the research process. This marks the beginning of moving from initial engagement to immersion, and entering into self-dialogue, intuition and indwelling, “staying with and maintaining a sustained focus and concentration” (Moustakas, 1990, p. 28). In the immersion phase, I journal my experience of breathing after sessions with clients.

Incubation moves me outside my deep internal process, letting the intensity of my investigation rest as I move back to the literature, incubating my own noticings alongside the written experiences of others. Incubation happens regularly throughout my process, after writing each chapter I sit back and reflect, moving away from the work for a week, or even a month. Key and Kerr (2011) make a pleasing comparison between immersion/incubation and inhale/exhale: “periods of relaxation and surrender to unknowing are built in to the heuristic method. [...] These smaller and larger openings to the unknown – like breathing in and out – are needed to allow something new to come into life” (p. 64).

Sometimes, during these periods of exhale, softly easing back from immersion into incubation, I experience illumination, where I see with clarity a “synthesis of fragmented knowledge, [...] a new discovery of something that has been present for some time yet beyond immediate awareness” (Moustakas, 1990, p. 30). This takes the form of a memory long forgotten, but pops into my mind with such clarity it is as if it happened yesterday. Or a passage of text, perhaps something that I read ten years ago, that comes leaping into my mind with a present, emotional resonance. Or a chance conversation that unlocks a new passage of inquiry.

When I notice themes within the data I am collecting (from my journal, my notes and drawings), I move into the explication phase to write up my findings. Explication aims to: “fully examine what has awakened in consciousness, in order to understand its various layers of meaning”, and does this through “depictions”; illustrations of experience that capture core data themes (Moustakas, 1990, p. 31). My findings feature two types of depictions: initially, I share depictions of my journey inwards, describing feelings and memory I have in relation to this research. Following this, I share depictions that describe my experience consciously breathing in sessions with my clients.

The creative synthesis phase holds my discussion chapter, where I integrate themes into a whole (Moustakas, 1990). This culminates in one composite depiction, which ties the themes from all depictions together, with the intention of resonating with readers. Rose and Loewenthal (2006) specify that the creative synthesis is not written in general terms in an attempt to appeal to a wider audience. They stress that the researcher can only write to their understanding of their experience throughout the research, and it is this specificity that readers resonate with (Rose & Loewenthal, 2006).

I have tracked these research phases below (see Figure 1), from initial engagement in 2017 to creative synthesis in October 2019. As illustrated, the process was not strictly linear. I moved in and out of incubation and illumination, and illumination was often in conjunction with, or just preceding, the explication phase. This is because illumination was closely linked to my writing process: journaling and writing these chapters brought me to a deeper understanding of myself, and my experience of consciously breathing while in sessions with clients.

	2017	Dec 2018	Jan 2019	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct
Initial Engagement												
Immersion												
Incubation												
Illumination												
Explication												
Creative synthesis												

Figure 1: heuristic timeline

This concludes my methodology chapter. In the next chapter I review, critique and analyse the literature on consciously breathing in psychotherapy.

Literature Review

My initial interest in my research question, investigating my experience of conscious breathing while in sessions with clients, was sparked from the literature, specifically from Totton's (2002) question: "how can I breathe and relate to someone at the same time?" (p. 22). In conducting a heuristic self-search inquiry that necessarily focuses on my experience, reviewing the literature requires taking a step back from my close subjectivity to wonder: what is it like for other psychotherapists who are aware of their breathing while with clients? In this chapter I review and critique literature that explores other therapists' experiences of consciously breathing while with clients. In my findings and discussion chapters, I compare this literature to my own experience of consciously breathing while in sessions with clients.

The existing literature on therapists' awareness of breath is comprised of articles and books written by therapists who are also researchers, and frequently refer to examples from their clinical practice to illustrate and substantiate their writing. This approach is common in psychotherapy and not without issues, such as reliance on how the therapist-researcher remembers the clinical work, dominated by the therapist-researcher interests and bias, and not knowing the client's perspective (Rodgers & Elliot, 2015).

Furthermore, I bring my own bias, in line with the heuristic process of intuition: "In the intuitive process one draws on clues; one senses a pattern or underlying condition" (Moustakas, 1990, p. 23). The themes I find in the literature are ones that resonate with me, that intuitively draw my eye because I think I might find something similar in my own experience. They are: therapists' experience of conscious breathing helps them to; 1) be aware of the present moment, 2) attune to self, 3) attune to the client, and 4) use their breath as a therapeutic tool. I explore the literature according to these four themes, and then I critique it in relation to my research: where are the gaps? How applicable is the literature to my research context? I begin by setting the scene, exploring the history of breath awareness in psychotherapy.

Some of the first writing on breath and psychotherapy can be found in the work of Wilhelm Reich (Boadella, 1977; Caldwell & Victoria, 2011; Field, 1989; Sella, 2008; Shapiro, 1996; Totton, 2002, 2003, 2005; Victoria & Caldwell, 2015; Westland, 2015; Young, Cashwell & Giordano, 2010). Reich, a student and colleague of Sigmund Freud, founded body psychotherapy in the 1930s and has been credited with "bringing the body into analysis," and

discovering: “that the respiratory system regulates the expression of feelings” (Heuer, 2005, p. 104). Whereas Freud focused on the “talking cure” in psychoanalysis (Young, 2006, p. 84), Reich, “was the first psychotherapist who moved beyond talking to the heads of his patients, and learned to read the language of their bodies” (Boadella, 1977, p. 179). This shift from Freudian analysis came with repercussions, and Reich’s focus on the body, sexuality and Marxist politics made Reichian psychoanalysis the “problem child” (Danto, 2005, p. 262). Young (2006) asserts that Reich’s radical championing of the body contributed to: “the body in psychotherapy [becoming] formally disowned” in the 1930s (p. 86), and furthermore has remained, “split-off from psychoanalysis and the main trend of developing psychodynamic psychotherapies” (p. 86).

I observe that body in psychotherapy is still a fringe topic, or a ‘special interest.’ I agree with Shapiro (1996) that body awareness is somewhat absent from clinical training, and accept Shaw’s (2004) challenge that: “If psychotherapy is an investigation into the intersubjective space between client and therapist, then as a profession we need to take our bodily reactions much more seriously than we have so far” (p. 271). I wonder if my research interest on the body and the breath is informed by a part of me that is attracted to the ‘fringe’. My previous degree was in dance, a subject that was relegated to the fringe of the university, geographically, economically and philosophically. Perhaps, from living in a world that privileges a mind-body dualism, I feel that embodied knowledge is still seen as ‘alt’, ‘radical’ and ‘risque’, much as it was in 1930s Vienna. And I like it that way. If embodied ways of knowing were taken for granted, would I be writing about this?

From Reich the literature names Alexander Lowen, a student of Reich’s, as the next influential thinker and writer on breath awareness in psychotherapy: “Lowen (1975) noted that “only through breathing deeply and fully can one summon the energy for a more spirited and spiritual life” (as cited in Young et al., 2010, p. 66). Lowen developed bioenergetics, a style of therapy focused on releasing muscular blockages in order to allow a deeper, fuller breath, which in turn would result: “in a flood of repressed material together with its accompanying affect or feeling” (Lowen, 1977, p. 181). I have practiced bioenergetics and experienced the intense catharsis that deep, intense breathing exercises create.

Following Lowen, Michael Eigen (Lemma, 2013) and David Boadella (Lussier-Ley, 2010; Sella, 2008; Shaw, 2004; Totton, 2002; Vulcan, 2009; Westland, 2015) emerge as prominent writers

on breath and psychotherapy. As stated in my introduction, Boadella (1997) is most often cited for the following: “The embodied therapist and the embodied client enter the room. Two breathing systems interact, two motoric systems come into awareness of each other: a relationship begins in which nonverbal communication plays a very large part” (as cited in Vulcan, 2009, p. 277; Lussier-Ley, 2010, p. 203). Unlike Reich and Lowen who focus on the client’s breathing, Boadella’s writing is the earliest I came across that draws attention to the therapist’s breathing and links breath awareness to the intersubjective field between client and therapist (Boadella, 1977; Vulcan, 2009).

More recently, writing on breath awareness in psychotherapy has been continued by Totton, who has written a number of books and articles and is broadly cited (Caldwell & Victoria, 2011; Nolan, 2014; Sella, 2008; Victoria & Caldwell, 2015; Westland, 2015). Totton (2002, 2003, 2005) returns to Reich, exploring: “the Reichian tradition as centered on *breathing and relationship*. In fact, it explores the strange but fundamental question: *how can I breathe and relate to someone at the same time?*” (Totton, 2002, p. 22, emphasis author’s). Totton (2002) further elaborates on the challenge breathing and relating poses for the therapist:

As Reich showed, whenever we have difficult feelings in relation to some one, we restrict our breathing to suppress those feelings. Alternatively, to keep breathing we cut off relating, for example by turning away or closing our eyes. Trying to stay open both internally and externally at once is a way of immediately touching transference – and countertransference: this intense face-to-face relating combined with attention to the breath is highly demanding for the therapist as well as for the client. (pp. 22-23).

The therapist’s ability to consciously breathe in sessions with clients enables her to access her countertransference and this is found across the literature as a common experience (Bloom, 2006; Lemma, 2013; Totton, 2002, 2003, 2005; Vulcan, 2009; Young, Cashwell & Giordano, 2010). In the following section, I define countertransference and explore the link with the breath.

Countertransference and somatic countertransference

Countertransference can be described as the therapist’s: “feelings, fantasies, and thoughts in relation to a patient’s material” (Balamuth, 1998, p. 267). A type of countertransference pertinent to my research is somatic countertransference, described as: “the therapist’s embodied awareness” of their countertransference (Orbach & Carroll, 2006, p. 63). The potency of somatic countertransference is realized when: “the therapist uses the body’s free associations to listen to the patient” (Lemma, 2013, p. 226), which then, “provide[s] a deepening of the empathic

connection with the patient” (Schoore as cited in Vulcan, 2009, p. 279). Lemma (2013) refers to the breath as one of a number of “sensory and motoric experiences” that make up her somatic countertransference (p. 229). Breathing is also an aspect of Bloom’s (2006) somatic countertransference, and she notes that changes in her breathing while with clients “usually reflect[s] significant changes in non-verbal, often unconscious attitudes experienced in the transference and countertransference” (p. 163).

Somatic countertransference is the umbrella that arches over the themes I identified in the literature. By maintaining breath awareness, therapists’ countertransference feelings come into their consciousness. Somatic countertransference is part of attuning to the present moment, the self, the client and using the breath as a therapeutic tool. I now explore these four themes across the literature.

Attunement to the present moment

Therapists’ awareness of their breath helps bring them into the present moment (Balamuth, 1998; Caldwell & Victoria, 2011; Eigen, 1977; Frank, 2005; Looker, 1998; Nolan, 2013; Westland, 2015). Eigen (1977) writes: “The self structured by an awareness of breathing can take its time going from moment to moment, just as breathing usually does” (p. 46). Nolan (2013) credits his conscious breathing with: “[...] keep[ing] the interaction with the client geared to what occurs in the present moment, the most potent and vital arena of psychotherapy” (p. 31). Similarly, Balamuth (1998) notes the potency of breath awareness:

The immediacy of suddenly sensing one’s own breathing, movement, and voice can be the vehicle that brings one centrally into the present, the here-and-now. [...] When such moments occur in the presence of a patient whom one is analyzing, they provide richly unique information and opportunities for the analytic process. (p. 264).

Both writers are vague on what these potent, vital, rich and unique opportunities actually are. Caldwell and Victoria (2011) attribute “smooth and balanced breathing” with assisting the therapist in “good decision-making” (p. 94), however I found more clarity in examples from clinical practice.

In the clinical vignettes, therapists credit their breath awareness as supporting them to be present, open and receptive to their clients. Frank (2005) describes focusing on her breath at the beginning of a session to “kinesthetically attune” (p. 123) to the intersubjective field between herself and her client, bringing her to present-moment-awareness where she is in, “a state of

readiness - able to flow in any direction with my client” (p. 122). This openness and receptivity to the client is also explored by Looker (1998) in a session where her client needed to cry without interruption. Initially, Looker (1998) wanted to speak, but she noticed that he was unreceptive to this: “I took his instruction, resisted my urge to talk, tried to get comfortable in my own body, and hoped that good intuition would follow. I took some deep, relaxing breaths” (p. 250). She uses her breath to ease her wish to talk, and settle into the present moment, allowing her to be open to where the client might want to go.

Westland (2015) recommends therapists spend a few minutes before their client comes into the room tuning into their personal breathing style, then imagining their client sitting in front of them and noting if their breathing changes. If it does change, she recommends deliberately steering the breath back to one’s own personal style again, but remaining curious about what the changes might mean (Westland, 2015). This is a practice I started this year with my clients, and in my findings chapter I describe how it gave me greater present-moment awareness and sensitivity to my countertransference with each client.

Attunement to self

Conscious breathing helps therapists attune to themselves and become aware of processes between themselves and their clients that were previously out of consciousness, such as transference and countertransference (Balamuth, 1998; Bloom, 2006; Blum, 2015; Dimen, 1998; Eigen, 1977; Field, 1998, Frank, 2005; Lemma, 2013; Shapiro, 2009; Westland, 2015; Young et al., 2010). Breath is credited with providing, “a bridge between the conscious and the unconscious, allowing transparent beliefs to come into conscious awareness” (Young, et al., 2010, p. 115), and Boyesen (2006) describes the diaphragm, the main breathing muscle, as: “the gateway to the unconscious” (p. 133).

By attuning to self through breath, therapists receive information about their current bodily and emotional state: “the predictable smooth flow of breath as a retreat and stepping stone from which to regroup and process more deeply into the body” (Eigen, 1977, p. 44). In practice, Balamuth (1998) describes attuning to his bodily sensations through his breath. From the article already cited in this chapter, we can see how breathing further deepens his experience with his client:

I am suddenly surprised to find my body, my breathing. [...] I now notice that I have been breathing all along, albeit in a shallow and tense fashion; that my back and my chest

have been tense; that my face has an expression on it that I cannot readily interpret.
(Balamuth, 1998, p. 165).

This leads him to greater awareness of his somatic countertransference: “From this breathing-pulsating-moving place somewhere in myself I begin to see Jim now, almost as if for the first time. [...] I am reminded of the lost boy of my dream.” (Balamuth, 1998, p. 165).

Blum (2015) notices how, when breathing with a client, she: “became aware of a strange comfort, strength, and reassurance as my insides literally felt protected from the outside world by my back” (p. 122), and is curious to what this might be telling her about her work with that client. Shapiro (2009), begins each therapy session taking her time to “sink in, settle in, and explore where my breath is”, attuning to tension, relaxation, pleasure and pain in her body (p. 100). Merleau-Ponty (1982) states: “It is through my body that I understand other people” (as cited in Shaw, 2004, p. 272) and breath is a crucial part of this, developing therapists’ “ability to read and receive patients’ bodily experience through strengthening their ability to be attentive and responsive to their own” (Blum, 2015, p. 66).

As I described in my introduction chapter, while consciously breathing within a group my attention was drawn to my internal experience, and I was surprised to feel intense anger and sadness, and a hard lump in my throat. In depictions in my findings, I make sense of what information these sensations might give me about the client I am sitting with.

Attunement to client

To sensitively attune to clients, therapists need to be able to breathe and feel: “much of what we pick up from our patients we may first feel in our bodies and perhaps most immediately in our breathing” (Aron, 1998, p. 28). However, as Totton (2002) describes, breathing, feeling and relating is a challenging process. My experience of clenching my abdomen and breathing shallowly is found in the literature, described as an unconscious restriction of breath to manage uncomfortable feelings (Reich as cited in Young et al., 2010), and unconsciously using the diaphragm to repress feelings and memories (Boyesen, 2006). Victoria and Caldwell (2013) argue that breathing, feeling and relating is not innate, and therefore therapists have to learn breathing practices that allow them to attune, perceive and breathe in emotion with their client.

In practice, Balamuth (1998) recognizes he is holding his breath with his client, and when he releases it he feels: “an all-encompassing sadness, as if my self-experience is filtered through

an achromatic filter” (p. 265). This opens him to a deeply empathic way of relating to his client, informed by his somatic countertransference: “What is being discovered at such a moment is a certain truth about a mutual way of relating that was not accessible before. [...] My listening to Jim seems to come from a different place now” (Balamuth, 1998, p. 266). When Anderson (1998) notices herself holding her breath, she wonders what information this gives her about the emotions she and her client does not want to experience (p. 294). When sitting with a client who struggles to feel, Nolan (2013) attunes to his client’s absent affect by “breathing slowly into my belly” and noticing feelings of sadness and fearfulness arising (p. 33). These therapists all use their breath to consciously attune and perceive their clients’ feelings, to better understand their internal worlds.

In a more direct approach, Blum (2015) recruits her client to aid her in more sensitive attunement:

I replicated the seated posture in which he had just been triggered and started to breathe. I asked Luis to notice my body and breathing and help me make adjustments to better match his lost baby state. [...] I found myself closing my eyes and started to notice a foggy in my head and a loss of words. (p. 123).

Blum (2015) matches his breathing and body position to feel what he might be feeling, and enter into his world. This is an example of what Caldwell and Victoria (2011) describe as “physiological co-regulation” of breath in the therapeutic relationship and how the therapist can attune to the client by deliberately matching their breathing style (p. 99). Westland (2015) suggests how choosing to match their client’s breathing style may give therapists more information about their client.

I note the conscious choice for each of these therapists to deliberately match their clients’ breath, but I wonder if these therapists unconsciously do so? As I discovered in my research, there were some clients with whom I would match with automatically, unconsciously and then I would ‘come to’ and recognize that I was not breathing in my own style. This non-deliberate matching still gave me a wealth of information about what might be happening for the client, but this information would only be available to me after the session. In the session, I would tend towards merging, rather than attunement, and my capacity for separate thought and separate breath, was hijacked. I explore this further in my findings and discussion chapters.

Using breath as a therapeutic tool

The final theme from the literature is how therapists deliberately use their breath as a therapeutic tool. Totton (2003) encourages therapists to be aware of their breathing, posture, body tension and alertness, and that this awareness is beneficial in, “offering and modelling embodiment to and for our clients: the more we attend to our embodiment, the more able we are to relate effectively” (p. 44). Within Victoria and Caldwell’s (2013) categorization of “good” breathers, are therapists who can consciously regulate their breathing to calm themselves and their clients: “Use one’s own breathing as a conscious intervention [...] as clients will attune to and match the therapist’s respiratory self-regulation. This modelling effect can exert its own healing momentum” (p. 220). This is also referred to as, “the breath dialogue”, a nonverbal conversation where therapists consciously use their breath to help clients develop their own breath awareness (Mehling et al., 2011, p. 5).

Conscious breathing can also be therapeutic for the therapist, and is recommended by Westland (2015) to regulate the intensity of emotion the therapist feels: “we can adjust our breathing so that we are not drained by our clients” (p. 136). When she feels the intensity of a client’s fear, communicated nonverbally to her through the client’s breath, she deliberately slows her breathing so she is not overwhelmed by this fear (Westland, 2015). Similarly, Nolan (2013) records deliberately slowing his breathing to regulate the intensity of feeling afraid for and protective of his client: “I began to sense my body, to slow myself down by breathing slowly into my belly and grounding myself by sinking into my legs, arms and back. [...] Without intending to, I was asking her to match my breathing and steadiness” (p. 33). Through his own regulation, he is also inviting his client to self-regulate.

In my discussion chapter, I argue that using the breath as a therapeutic tool, either for the client or the therapist, is reliant on the previous three themes I have explored in this chapter. With a depiction from my practice, I demonstrate that I was unable to use the breath therapeutically until I had attuned to the present moment, myself and my client.

The relevance of the literature

As with my methodology chapter, the majority of the literature in this review is written by Northern Hemisphere therapist-researchers. In searching for literature on breath and psychotherapy in Aotearoa New Zealand, I found only one article from clinical psychologist Drury (2007), referencing the *hongi*, the pressing of noses and intermingling of breath between

visitor and host during a *pōwhiri* process, close enough to judge the intentions of the other. I explore this concept further in my discussion chapter. I found it interesting that there was not more local literature on breath and psychotherapy, and I aim for my dissertation findings to contribute to the research in this field in Aotearoa New Zealand.

This concludes my literature review. While researching and writing this chapter I felt encouraged that conscious breathing would help me to develop the skills I identified in the themes; skills I desired as a beginning psychotherapist. Months later, I can now see that in this heuristic phase of initial engagement with the literature, I was focused on the benefits of conscious breathing, rather than on the process of becoming conscious of one's own breathing. This shift, although slight, meant that when I arrived at my findings chapter, I was surprised how my experience matched the literature themes, but also differed as I recognized my shifting consciousness. As discussed in my methodology chapter, this process of "exploratory discovery, rather than testing hypothesis" is true to the heuristic research experience, and in the following chapters, I bring to light and make meaning of my ongoing discoveries (Sela-Smith, 2002, p. 58).

Findings

This chapter is an exploration of my immersion into breathing and relating. It follows my curiosity, wonderings and discovery over the course of the year. To begin, I necessarily step away from my experience with clients to elucidate my transference with the research. Diving deep into my self-search, I am guided by Romanyshyn's (2007) question: "What is this work really about?" (p. 127). Following this I surface, coming back to the clients, recording my experience of consciously of breathing while in sessions. Ultimately, heuristic research is: "a willingness to enter into a process rooted in the self" (Moustakas, 1990, p. 17). I communicate this process through depictions, creatively written to "capture the heart, depth and essence" of my personal experience, seeking resonance in the reader (Schorr-kon, 2017, p. 29).

Wanting to immerse and never surface

Immersion is a crucial phase of heuristic methodology, requiring the researcher to maintain "sustained focus and concentration" on the topic of inquiry, open to any material that may be connected (Moustakas, 1990, p. 28). To engage fully with this, I had to let go of my research question for a time and enter: "A freefall surrender to the process of personal subjective experience" (Sela-Smith, 2002, p. 70). The heuristic processes I used to enter this stage were self-dialogue and intuition: tuning into myself, following the cues of my embodied emotional resonance with my research. Curiously, these led me into water imagery, and for part of my process I was dreaming and craving to be immersed under the water. Here, I explore one of these sources and my subsequent meaning-making of it.

Earlier this year, I saw the short film *AMA*¹, by dancer and freediver Julie Gautier. In this video, Gautier holds her breath while dancing deep underwater. In the early stages of writing this dissertation, I was drawn to repeatedly watch *AMA*. Dismissing this initially as procrastination, I intuitively returned to look for meaning and realized that it was absolutely about the breath. *AMA* provided a doorway into understanding my fraught relationship with breathing, and my exploration of this follows.

Holding my breath is a withdrawal from the world, a "deadening" of myself.

¹ View it at: <https://vimeo.com/259539583>

Returning to this writing after a weekend in Rotorua. On the last day we went to the Blue Baths, a colder pool flanked by two hotter ones. Turning pink in the 36 degree water, close to overheating, I jumped into the cool pool, threw caution to the wind and submerged myself, getting my hair wet on a freezing, windy winter Sunday. And immediately it brought me such joy: exhaling fully and sinking quickly to the bottom. Feeling the water tug and pull at my hair, spreading above me like seaweed, tendrils reaching. Opening my eyes, stinging chlorine but not wanting to close them, enchanted by the gloom and deep blue of the deep end, no obvious walls, a beautiful, mysterious, beckoning space to be explored. The stillness, the weightlessness, the absence of breath, delicious. I start to swim, belly cruising along the tiles, vague ticking noise that water makes, the pressure builds as I go deeper, feels like a massage on my body.

But I can't fully enjoy it. Already my body is sending increasingly loud communication: I need to inhale, my eyes are hurting, I feel my heart ram up against my ribcage. I try and stay down here, enjoying the peace and mystery, but frustratingly my body won't allow it. Come on, a few seconds longer? Nope, I push off the bottom, rapidly rising up, bursting through the water's membrane with a gasp, blinded by the sun, I inhale noisily. Water runs out of my nose and ears, my eyes are hurting, the wind whips off the water and freezes my wet hair. This world is noisy, jarring, grating me. I take another deep breath, exhale and sink again, back to bliss.

Is this what birth is like? Am I seeking the womb, the nourishing amniotic fluid, where I can breathe while immersed in water? The enveloping dark of Tangaroa? Who really wants to be on land when you can be underwater? Land is so painful, blundering, violent, hurt, clumsy, dusty lungs and chopped inhalations, tight chests, crashing into each other, intruding, trying to connect.

Breathing means taking this in, inhaling other people and their scents, emotions, complexities. This feels smothering, I hold my breath when I pass people on the street because I don't want to smell their cologne, shampoo, cigarettes, sweat, washing powder, wet wool, anxieties, stress. Get me out of this world of relationships, I don't want to breathe and relate, I want to be back underwater where I am encased in fluid, and I am fluid, my body is 80% water we spill into each other. Water moves inside me, around me. Water moves me. I can't smell underwater. This is safe.

At the end of the video, Gautier exhales, and starts to float back to the surface. However, she never makes it and hangs suspended, the membrane of the water separating her from the breathing world. Her exhale, a large bubble, travels to the surface, connecting her between the two states, surface/depth, birth/in utero, consciousness/unconsciousness, towards life/towards death. As I watch *AMA* again and again, I crave to feel what she is feeling. I crave to be suspended below the surface, immersed, with no need to connect to the living, breathing world.

But I must breach the surface

I would have loved to stay there in my research process, hanging in delicate limbo. The metaphors are so rich! Not yet born, hovering between life and death, deep unconscious and almost-consciousness! Yet, necessarily following immersion is explication, the phase in heuristic methodology to: “fully examine what has awakened in consciousness, in order to understand its various layers of meaning” (Moustakas, 1990, p. 31). In my efforts to fully examine what has awakened, I must breach the surface, take a noisy, wet inhale and understand how these images of water are connected with my ambivalent relationship with my breath, which I link with trauma.

Evening. I attempt to meditate, sitting by the foot of my bed. I stop inhaling. I sit, no air left in my lungs, in that perfectly still space. Nothing is moving. I imagine that my body shuts down, as if shutting off lights at the end of the day. My body powers down, and in this place of deadness is bliss. And emptiness. There is nothing here. No, not quite. I enjoy the sensation of my heart beating against my empty lungs. It is so comforting, thinking that the only thing moving in my body is my heart. I wish I never had to inhale again, but my autonomic nervous system is still operating and there goes the inhale. And with the inhale, the feeling body is alive again.

I wish I could control my breathing. As I'm writing this my jaw is tense. I am shivering, but it is also very cold in the room. I think my facial expression is pained, frowning. Breathing feels deeply uncomfortable. Breathing deeply feels uncomfortable, so SO SO unwanted.

Since starting this research I have become aware of the almost-constant tension in my diaphragm and over the last six months frequently remind myself to relax it, deliberately taking deep inhales, and all the way to the bottom of my diaphragm exhales. Because of this, I suspect that I have actually been breathing more deeply than I ever have before and I have experienced something that early body psychotherapists have written about:

As early as 1935 Reich had observed that [...] When the patient was encouraged to breathe deeply, his resistance fell apart, resulting in a flood of repressed material together with its accompanying affect or feeling. This observation led Reich to the realization that emotional responsiveness is dependent on the respiratory function. (Lowen, 1977, p. 181).

As mentioned in my literature review, Boyesen (2006) refers to the diaphragm as the “gateway to the unconscious” (p. 133) and, like Reich and Lowen, observed that her clients experienced intense memories and emotions through deep breathing, aided by a relaxed diaphragm.

I had to experience this to believe it but yes, from my research, this has been true for me. I am six months into breathing more deeply, with a more relaxed diaphragm, and I have an ongoing flood of memories, images, sensations, dreams into my conscious mind. This process of remembering and uncovering is part of the heuristic methodology, “Long-hidden tacit knowledge, suppressed, repressed, rejected, and feared by the individual, by social systems, and by humankind, may finally emerge” (Sela-Smith, 2002, pp. 83-84). My tacit knowledge emerges as I remember and make new sense of experiences in my childhood where I felt that my aliveness, my childhood expressions of passionate rage were punished in frightening ways. I remember and make new sense of a series of traumatic events in my early twenties: earthquakes in my hometown, sexual assault, serious car accident, three years volunteering on the overnight shift at a rape crisis centre.

Although these events are well in the past, remembering is a present, immediate bodily experience: I clench my diaphragm, hold my breath, retreat into a place of internal stillness. This withholding of breath is a withholding of emotional presence, a withdrawal of my feeling body, “if I don’t breathe you in, you can’t suffocate me”, a dampening of my aliveness. I did, and still do this to protect myself. Not-breathing created a barrier between myself and my feelings, and myself and the world around me. I could hold my breath, still my feeling body and not breathe in any more of the world’s chaos.

What an illumination! Moustakas (1990) describes illumination as that which: “opens the door to a new awareness, a modification of an old understanding, a synthesis of fragmented knowledge” (p. 30). *AMA* awoke in me an awareness of the most primal of defence mechanisms: my wish to play dead, in some ways. Or, at least, my wish to conjure a protective

barrier between myself and the chaotic world, a membrane of water under which I could retreat when threatened, without the need to breathe, solitary and safe.

In response to Romanyshyn's (2007) earlier question, my research is about how since I was a child, consciously and unconsciously, I use my breathing to mediate my relationship between myself and the world. Therefore, I contend that I also do this as a beginning psychotherapist. This takes me to the explication phase of my research, resurfacing back to the question: what is my experience of consciously breathing while in sessions with clients?

The continuum of my experience

When preparing to write this chapter I was initially drawn to absolutes. For a while I believed that my breathing automatically synced with every client, and that I struggled to maintain my own breathing pattern. On further investigation, I found this to be the case for some clients, sometimes. Following this, I thought I struggled to breathe deeply with any client. With more analysis, this was true with some clients, sometimes.

Using the heuristic process of focusing, I returned to the data, setting aside tidy absolutes and looking deeper for the "definitive clarification, [...] the essence of what matters" (Moustakas, 1990, p. 25). Since February this year, I have been recording my observations of my breathing after each client session, so I compiled all my notes into one document and studied it carefully. Two things surprised me. The first is that as all of my clients are unique, my breathing with each client is also unique. Secondly, there are two clients for whom I have recorded no notes on my breath. With these clients I am unable to consciously breathe and furthermore, I have been unconscious of this up until now. To illustrate this, in August I created a continuum (see Figure 2), from less conscious of breathing to more conscious of breathing. I have placed my clients along this continuum, representative of how I experience my breath with them thus far.

My experience of consciously breathing while in sessions with clients

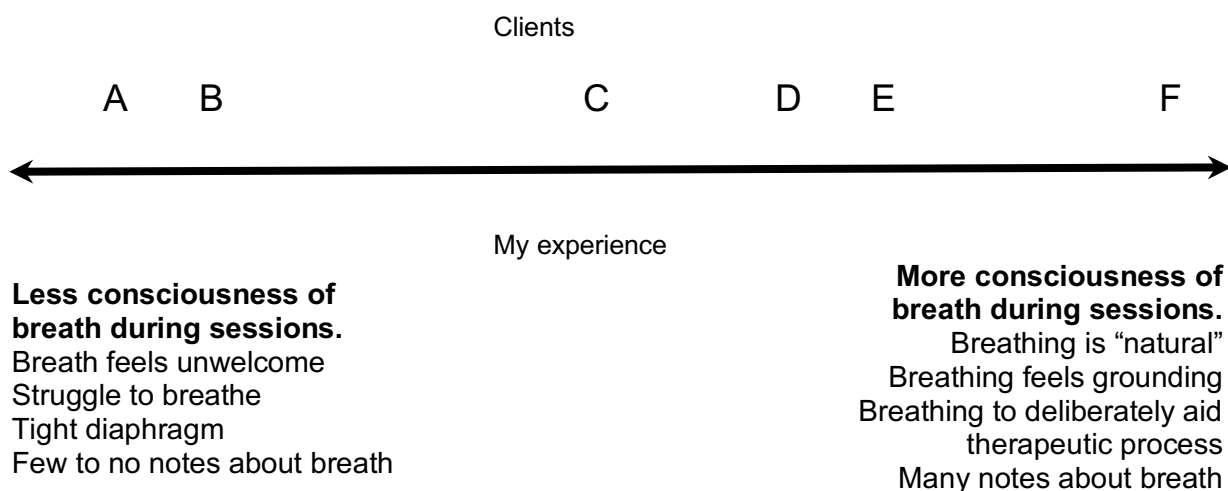


Figure 2: Breath continuum

A and B are my newest clients, and when I drew the continuum, I had seen them for under 20 sessions each. I’ve seen E for over 35 sessions and C, D and F I’ve seen for 40-50 sessions each. All of my clients have experienced trauma of an interpersonal kind: sexual abuse as children or teenagers, violent homes, emotional abuse and neglect from parents and other adults. For clients A and B, the focus of the therapy is managing ongoing crises in their present lives, as a result of their past trauma. For clients C to F, therapy focuses on processing past trauma by grieving what was lost, and feeling the feelings associated with the trauma. These feelings are put into words, for C and E, and also felt in the body, for D and F.

To give a felt sense of what my experience is like for each client, here are depictions created from composite session notes that are unique to each client and characterize my experience along the continuum of conscious breathing. Where possible, I link my experience in these depictions to the themes I identified in the literature. In the following chapter I explore in depth where my experience is outside the themes from the literature.

Client C

“I think I held my breath for almost the entire session. Was flustered, exhausted, pinned by her. Around 30mins my breathing popped into my mind. I tried to consciously breathe a little, but

immediately noticed how quickly my attention was drawn away. Did not want to be in my body, my breath stayed high and my diaphragm tight. I reminded myself that I had a body by absentmindedly stroking my thumb when she was talking about her abusive family. Pelvic floor tense. No belly breaths. Exhaled after the session.”

Client D

“A strange, disturbing session. She reported feeling dizzy, chest pain, breathing very shallow. I started feeling dizzy, particularly at the end I felt like I was going to faint. Saddened, exhausted and so full of compassion. If I breathe deeply will I be overwhelmed? I was not at all conscious of my breath in the session with her, I think I was hardly breathing because of how puffed I felt afterwards. Even now, writing these notes, struggling to breathe deeply. I have a hard, painful throat lump, which I try and soften with a deep exhale, but my throat and abdomen stay tight.”

“Really present with my breath today. Noticing that whenever she took a drink of water, or poured water – anything to do with water, I allowed myself a deep belly breath. For a while in the session she was ranting, and angry, I listened to her and stayed with slow, relaxed breathing, consciously trying to keep my ever-ready-to-tighten belly muscles relaxed. I think this helped me hear what she might be trying to communicate to me, on the surface and underneath. And it helped me, when I made some interventions, I spoke with clarity and a sense of deep understanding. She responded with “yes, exactly.” Coming out of this session, I don’t feel wiped out like I do normally. I feel calm, grounded, open.” In this depiction my experience matches the literature in how I breathe to consciously attune to the present moment, and to my client.

Client E

“I struggle to follow, feel myself drifting off (dissociating)? I am not with my breath, and when I notice it, it is high in my chest, I feel ungrounded. She’s talking non-stop, to reinsert myself back into the room I interrupt her several times. I sense the uneasiness in this, the awkwardness. When I interrupt her, she listens to me with her head lowered, peeking at me from under her eyebrows. She looks very little. She looks like she is about to cry. I feel scared. I try and breathe.” In this depiction, I use my breathe to attune to myself and my somatic countertransference, imagining I am sitting with a scared little girl.

Client F

"I was breathing so lightly, and really had to relax my diaphragm and breathe deeper, but it felt so counterintuitive in some ways? My body didn't want to do that. Struggled to exhale. Tight diaphragm. Eventually told myself to relax it and did somewhat. Not fully, still inhaling more than exhaling. I felt so distant and frozen and struggling to understand her and keep up with her. We couldn't connect. Dazed, foggy. I think she knew how distant I was. I felt I was failing her when I really wanted to be here for her. Was she trying hard not to feel or breathe, because if she had all her anger at her mother would have poured out? Was I afraid of that happening? (Yes, I think I was)." Although I struggle to breathe in this depiction, my breath awareness still gives me information about my client's emotional state through my somatic countertransference.

"When she was describing a childhood song she would sing with her mother, I felt the emotion in the room. I inhaled and although she continued talking, I interrupted her and said how sad I felt, how I felt tears present. I exhaled and some tears came to my eyes. She said, so do I and she started crying too, a few tears fell down her cheeks. She kept talking through it, and reached for a tissue. I kept breathing, feeling the sadness, feeling how real and authentic it was." In this final depiction, I consciously breathe to attune to the present moment, to myself and to my client.

"A" continuum, not "the" continuum

As is the case with awareness of non-awareness, as soon as I created this continuum, I started to become increasingly more aware of my breathing while in sessions with clients A and B. However, although my consciousness is growing, breathing and relating to these clients still challenges me. Now, with client A, I notice that I remember my breath during the session, for example, how shallow it is, and during a pause in the conversation I will audibly exhale. The sound of my exhale soothes me and I notice that, more often than not, even if she is unaware of it my client will exhale too. I hypothesize that as I become increasingly more conscious of my breathing with clients A and B, this will invite them into their own conscious breathing. This continuum was representative of my experience in August 2019, and as I'm writing this two months later, I read this continuum as a snapshot of a moment in time, representative, but not fixed.

This concludes my findings chapter. In the following discussion chapter, I make meaning of this data in the final phase of heuristic research: "creative synthesis" (Moustakas, 1990, p. 31).

Discussion

In my research, I have found that I experience shifting consciousness of my breathing while in sessions with clients. Conscious breathing is not always welcome; sometimes I struggle to breathe, breathing deeply feels uncomfortable and my breath illuminates painful feelings and physical sensations. I recognize my own relationship with breath is complex, fraught with traumatic memories and recruited as a protective defence against feeling. My findings loosely match the themes I identified in the literature, however it is clear to me that deeper analysis is required into how my relationship with my breath intersects with my clients relationship with their breath. This is the focus of my discussion chapter. I begin by thinking about the impact of trauma on the breath and the necessity of 'breathing space' in psychotherapy. I then consider alternate interpretations of my findings from an indigenous Māori perspective. I conclude by stepping back from analysis to survey my dissertation as a whole.

The impact of trauma on the breath

Stolorow (2015) writes about trauma creating a state of "being-toward-death" in the survivor: "Trauma shatters the illusions of everyday life that evade and cover up the finitude, contingency, and embeddedness of our existence and the indefiniteness of its certain extinction [...] thereby plunging the traumatized person into a form of authentic Being-toward-death" (p. 131). Existing in a being-toward-death state creates anxiety and sharpened awareness of the end of life:

Being-toward-death always entails owning up, not only to one's own finitude, but also to the finitude of all those we love. Hence, authentic Being-toward-death always includes Being-toward-loss as a central constituent. Just as, existentially, we are "always dying already" (Heidegger, 1927), so too are we always already grieving. (Stolorow, 2015, pp. 131-132).

I resonated deeply with this theory, and feel that I too, am in a being-toward-death state, created from my own trauma history. As I explored in the previous chapter, my protective response to trauma is a wish to exhale and hold my breath forever, a 'deadening' of myself. I see my experience represented in Stolorow's (2015) theory where inhaling has a new significance when one is being-toward-death. Inhaling means choosing to breathe life in, in all its fleeting transience, breathing in the randomness of existence, the unpredictability of the end of life, the inevitable loss. This theory helps me make sense of my own reaction to trauma, furthermore, I imagine that my clients are also in a being-toward-death state.

At the struggling to breathe end of the continuum, I have no notes at all about breath with clients A and B. Being-toward-death is present, we are grappling with the shock the client has received to their core sense of safety in the world. Body and breath awareness are not yet available to these clients. I understand this as protective; trauma is felt through the body, so the body is not a safe place to be. Clients A and B may be intuitively protecting themselves by holding their breath, because of a fear that the potential memories, feelings, images, deep emotion stirred by deep breathing may be too overwhelming for them to bear (Boyesen, 2006; Lowen, 1977). For this reason, trauma psychotherapist Peter Levine cautions therapists against deep breathing practices when working with clients where “there is any evidence of shock or trauma” (Levine & Macnaughton, 2004, p. 392).

In session, I can barely see or hear these clients breathe. As explored in my literature review, Caldwell and Victoria (2011) refer to “physiological co-regulation” of breath in the therapeutic relationship, where the therapist deliberately attunes to the client by matching their breathing style (p. 99). In comparison, I attune to my clients through their breathing style, but that this is unconscious and automatic, rather than deliberate. From the depictions in my findings chapter, I demonstrate how I unwittingly match clients’ shallow, clenched breathing. When I am in this state, breathing in sync, I feel as if my client and I are in a tunnel: I become fixated on them, my peripheral vision blurs, I have no concept of time. I have no concept of the boundaries of my body, I often can’t feel my hands or my feet. Everything I have is focused on being *with* them, even, especially, my breathing. When I am in this tunnel, I usually do receive a deep sense of what the other person is feeling, however I am not in myself enough to process it. I tend to feel flooded: perhaps they are talking about an early trauma and I feel the fear, shame, terror, grief along with them, I feel it intensely! But I am as afraid, as sad as they are, and I can’t effectively do the therapy from this place.

My automatic syncing with these clients is driven from my own protective mechanism, my being-toward-death response to hold my breath in the face of trauma. My struggle to breathe deeply is a way to protect myself from the hurt and chaos of their lives. Breathing while in relationship doesn’t feel good when the other person is full of unprocessed trauma. Westland (2015) states that breath awareness is important self-care for therapists: “we can adjust our breathing so that we are not drained by our clients” (p. 136), and I wonder, as my clients intuitively know that it is not yet time to breathe deeply, with awareness, if my body also knows that it is not yet the time

for me to breathe deeply, with these clients. However, if I can't use my breath to anchor myself and my awareness, then I get pulled into the tunnel, and lose my therapeutic grounding and separateness. How can I breathe with clients who have a trauma history in a way that is grounding, protective and not flooding?

Clients E and F also have trauma histories, but their trauma occurred at a later age, after their sense of self was formed and they were able to make sense of it, to some extent. Client F has had extensive therapy before seeing me, as opposed to the other clients with whom I am their first therapist. I believe that F is the most psychologically minded, and has the ability to breathe through her own experiences. With clients nearer this end of the continuum, my awareness is simultaneously broad; of the space between us, the energy in the room, and specific; awareness of my internal process and attunement to the client.

In opposition to tunnel awareness, this is an umbrella awareness and it feels more therapeutic and sustainable. When I am no longer in the tunnel, I can hold an observing perspective of the therapy. I can bring the client back to the present when they are getting lost in their trauma. I keep one foot firmly in the present moment of the therapy room. Rothschild (2011) refers to this balance in trauma work as the therapist being aware of their "empathy dial": turned up to feel closely with the client, turned down to create distance (p. 137). She recommends therapists learn how to tune the dial to a middle range: "That will be the place where you can feel with the other person enough to know what is going on without your own clear thinking being overwhelmed by resonance" (Rothschild, 2011, p. 138). I see this as another way of describing my feelings of umbrella awareness. When I work like this, I feel firmly in my body. I know my physical boundaries, I can feel my feet on the ground. Most importantly, *I can sense my own breathing pattern*, and it feels familiar. I am not syncing with theirs.

The analytic third and breathing space

Benjamin (2004) writes about the intersubjective, analytic third, a reference point outside of the therapist/client dyad, and its importance in allowing the therapist to: "sustain connectedness to the other's mind while accepting his separateness and difference" (p. 8). She cites Lacan's view of the third as: "that which keeps the relationship between two persons from collapsing. This collapse can take the form of merger (oneness)" (as cited in Benjamin, 2004, p. 11). From this perspective, my experience of merging, 'tunnel awareness' is the absence of the analytic third in the therapist-client dyad and 'umbrella awareness' as the presence of the third. I interpret the

presence of the analytic third as breathing space, where my client and I are aware of our breathing as separate. With clients A and B I struggle to have my own breathing space, there is no 'third' and the therapy is in a merged, collapsed state.

Benjamin (2004) likens the therapist's capacity to hold the third to: "the mother's ability to maintain awareness that the child's distress will pass, alongside her empathy, by holding the tension between identificatory oneness and the observing function" (p. 14). The clients with whom I experience merging have histories of neglectful, inconsistent parenting and insecure or disorganized attachment, where there is a lack of a mother, or mothering figure, to perform an observing function. As vulnerable children, they were still reliant on the parent for protection, and this came at a high personal cost: "I will do this, or give up that, in order to stay connected to you. I will give up my boundaries [...] as long as I can remain a member of this family" (Bernhardt, 2004, p. 99). This intersects with aspects of my childhood. Although largely consistent and loving, there were times when to fit within the family, I had to forgo my boundaries and merge. I contend that clients A and B connect through merging and the part of me resonates with this creates the conditions for the analytic space to collapse into the tunnel state of awareness where neither of us have our own breathing space.

If clients A and B do not have the formative experience of a mother, or parent, who can observe, identify and empathize with their needs without over-identifying and collapsing, perhaps they doubt that I am able to do this as their therapist. At the other end of the continuum, clients who had good enough parenting, who were mothered without collapse have learnt that: "Mutual connection does not have to take place in a merged state" (Bernhardt, 2004, p. 103). I illustrate connection without merging, my experience of umbrella awareness, and breathing space in the following creative synthesis with my client F, towards the end of our therapeutic work together.

Her energy was such today that when she came in I was aware of my struggle to connect with my breath for the first half of the session. My somatic countertransference was STRONG – I felt dizzy, nauseas, pins and needles from my hips downwards, hard lump in my throat. I asked her what was happening in her body. She described feeling tightness in her chest, her throat was blocked and painful, she felt like her words were being snatched away and couldn't come out. I invited her to plant her feet on the ground and slowly exhale out her mouth. At the end of the exhale, to pause, relax her mouth and jaw before gently inhaling again.

After doing this together for a few breaths she started crying. Initially she panicked, she didn't understand where the tears were coming from. I connected her with her exhale again and we breathed together, inhaling through the nose and out through the mouth. The tears kept falling for a few more minutes, and once the energy settled, we talked about what was happening. She described feeling the tension in her throat softening, her chest softening, her belly relaxing. The ache in my throat also released, feeling came back to my feet. I felt very connected to her, in this moment.

My literature review described the following phenomenon: when conscious of their breathing while in sessions with clients, therapists reported greater awareness of their somatic countertransference which allowed them to attune to self, the client, the present moment and consciously use their breath as a therapeutic tool. I see these themes in practice in the above depiction: I use my breath to attune to my somatic countertransference, which then helps me attune to my client's embodied experience. Breathing along with her kept me in the present moment, staying with the breath until I sensed it was the right time to talk about what was happening. Explicitly encouraging her to exhale gave her the opportunity to cry, using the breath as a therapeutic tool.

Breath in Te Ao Māori

I am Pākehā, practicing in a bi- and multi-cultural context of Aotearoa New Zealand: of my six clients, two identify as Māori, two as Filipina, one Australian and one Pākehā. Romanyshyn (2007) asks of researchers: "is there someone from another race, gender, socio-economic class who has a voice in this work? (p. 152), so I seek an indigeneous Māori perspective to further interpret my findings.

Nick Drury (2007), a psychologist in Aotearoa New Zealand, imagined psychotherapy as a form of *pōwhiri*, a ritualized meeting of a host and a guest. An important part of the *pōwhiri* process is at the end, where trust has been established just enough for the host and the guest to *hongi*, press their noses together and share an inhale and exhale. Drury (2007) relates the *hongi* to the beginning of the relationship between therapist and client, the sharing of two breathing systems, initially held and wary of the "ability to benefit each other", and later, the breath flowing more easily into the confidence of working together (p. 15).

Reflecting on this, I consider the length of time I have been working with each client. As I stated in the previous chapter, clients A and B are my newest clients and Drury's (2007) conceptualization resonates with me; we are both holding our breath, unsure yet whether the client can trust me, still getting to know each other's individual breathing patterns. Yet, there is trust enough for our breath to tentatively mix in the initial stages of working together. Client B is Māori, and perhaps her held, wary breath is a protective response to our cultural differences, reasonably suspicious as to how I, Pākehā, might help her? When my ancestors have been the cause of the intergenerational trauma that has, indirectly, brought her to therapy? It might take her a while to let her breath flow easily into the session, and I appreciate and respect her withholding.

As explored earlier in this chapter, A and B's awareness of their embodiment is low. Thinking about this in relation to the *hongī*, I was struck by Durie's (2001) statement: "the act of the hongī encapsulates an experience which is as much spiritual as physical and is located at the interface between mind and body" (p. 85). Trauma disrupts the mind body connection, with the mind believing embodiment is unsafe (Levine, 2004). Perhaps, due to their trauma histories, my clients experience a rift in the interface between mind, body, spirit, and consequently, struggle to allow a deep, life-giving breath, breathing into all parts of their experience, breathing into connection with another person (in this case, me)!

Tihei mauri ora beautifully describes this concept, translated as the breath of life, "the quintessential breath", and "the first life breath" (Taylor, 2011, p. 2). Mead (2003) writes: "Tihei mauri ora is the sneeze of life which signals the new independence of the child, breathing independent of the womb and its supporting life lines" (p. 53). I wonder if the clients with whom I automatically sync with are breathing as if they are still connected to the mother, womb, past trauma? If so, can I as therapist create enough breathing space to support them to breathe the breath of their own life, independent, sustaining and self-nurturing? Conceptualized this way likens the therapy to a re-birthing, an antidote of being-toward-death, where the client will grow into their own independent breath, establishing their own spirit. *Tihei mauri ora!*

Hinewirangi Kohu-Morgan, a Māori psychotherapist, describes nine stages in the *whaikōrero*, the speech-making part of the *pōwhiri* process, as providing a framework for Māori healing:

[...] it goes through the nine components eh. All the way to tō kō hā. Kō of hā; the sacred breath. And what do we do? Chuck money on the ground. Like that's koha? We have no

idea of the strength of *kō hā*. What is of your sacred breath? What do you leave?

Beautiful eh? (Matata-Sipu, 2019, n.p.).

She affirms the power of the breath as vital for Māori to connect with their sense of identity, their ancestors, to heal by asking the life-giving question: “What is it I’m here for?” (Kohu-Morgan as cited in Matata-Sipu, 2019, n.p.). If I imagine *kō hā*, the sacred breath, in the therapy room, I imagine audibly exhaling together as therapist and client, “Haaaaaa”, sending our breath to the ground, coming into a relationship of mutual exploration: who are you? What are the traces that we leave on each other? What gifts (*koha*) do we impart to each other with our sacred breath?

As mentioned in my introduction, wellbeing is often referred to in Te Reo Māori as *hauora*, breath (*hau*) of life (*ora*) (Ministry of Education, n.d.). Mead (2003) describes *hauora* as wind and spirit of life, “It is a quality that pervades the whole body”, which conjures in my mind an image of a vital, breath-y, life-giving force, animating and lighting up one’s body, soul, emotional life (p. 58). This is not unique to indigenous Aotearoa: “Within many wisdom traditions around the world, the act of breathing provides the foundation for the spiritual self. [...] In fact, the term spirit is derived from the Latin *spiritus*, which is translated as “breath” or “breath of life” (Young et al., 2010, p. 66). Spirit, life, life-giving breath: these all point to the importance of conscious breathing in therapy. When life has frozen inside clients, when they are living in a being-toward-death state, the therapist with breath consciousness has the capacity to untangle her breath from a merged state and deliberately use breath to create breathing space. From a *Te Ao Māori* perspective on my research, I assert that when the therapist is conscious of her breathing, then therapy has the potential to breathe life into clients.

What conclusions can I draw?

What do I experience when I am consciously breathing while in sessions with clients? I experience shifting consciousness. In a ‘more conscious’ state, there is breathing space in the therapy. I am able to maintain my own breathing style as separate to my client. This tends to happen with clients who have a sense of their own embodiment and some awareness of their breath. In this state, the benefits of conscious breathing I identified in the literature are possible. Furthermore, informed by *matauranga* Māori (Māori knowledge), breath is life-affirming, sacred, healing and full of potential for the client to breathe deeply into a new way of being in the world.

In a ‘less conscious’ state, I experience entanglement of my trauma history with that of my clients. We gravitate to being-toward-death and inhaling life risks inhaling chaos, pain and loss,

bringing feeling back to a protectively numbed body. In this state there is pressure to automatically merge with the client's breathing style, and coming too close I can deeply feel their emotions but do not have enough of my separate awareness to contain it. The antidote to this is consciousness and by illuminating these processes over the course of this research, my breathing with these clients is already shifting towards more awareness, more space, an umbrella awareness.

To revisit the questions I started with: I wonder if my held breath while in relationship is a way of tempering how much of the other I let in? Yes. Interestingly, later in my research I asked myself, why is this? My answer helped me discover the protective function of breath. In the introduction I asked: Am I able to control what I feel through my breath? My answer is yes, but only when I am conscious of how I am breathing and deliberately choosing to breathe differently than my client. This is something I would like to get better at. I asked, I wonder if I am able to maintain a triple awareness of my breath, myself, my client? Yes, in umbrella awareness, not in tunnel awareness. Lastly, I wondered if this could be beneficial to my practice as a psychotherapist? Absolutely. I explore this in the final sections of this chapter.

What are the implications of this research?

My research into my experience of consciously breathing while in sessions with clients is situated within the post-colonial, bicultural context of Aotearoa New Zealand, and will contribute to the growing body of Southern Hemisphere psychotherapy research. Globally, my dissertation contributes to research concerned with the therapist's embodied experience of therapy, continuing Reich's legacy of bringing the body back into the field of psychotherapy (Heuer, 2005).

My research is significant because it adds a unique, in-depth voice to the growing body of literature on breath and psychotherapy. It offers this from a therapist perspective and synthesizes indigenous knowledge alongside western psychotherapeutic theory. It uniquely highlights the implications and potential in cross-cultural breath awareness, particularly between Māori and Pākehā. Furthermore, it is written from an immersive, prolonged focus on the experience of breathing with clients over the course of a year, bringing rigour and depth to the findings.

My research has implications for beginning and experienced psychotherapists, to learn about the importance of breath awareness in supporting clients, and deliberately using the breath to practice in a grounded, protective and sustainable way. It is particularly relevant when working with trauma clients with low embodied awareness, and how the therapist and client's breathing is impacted by trauma. My research is relevant to psychotherapy training, in teaching how to develop an awareness of one's own breath and practice breathing and relating in dyads and groups.

There is opportunity for further research in this area. I am curious if others have linked the concept of the analytic third to breathing space, if other psychotherapists have similarly recorded the experience of 'tunnel' awareness and 'umbrella' awareness, and if there are times when being conscious of breath in psychotherapy is not recommended. I would also like to do more research on the impacts of trauma on the breath.

Limitations of research and critique of the research process

My research does not include my client perspectives and my data collection relies on my post-session analysis, rather than in the moment experience. While doing my literature review, I was looking for positive correlations in the literature, and may have disregarded instances where therapists did not find breath awareness helpful.

In terms of my methodology, I have closely followed the heuristic process although not without resistance. I found the concept of "freefall surrender to [...] personal subjective experience" quite terrifying (Sela-Smith, 2002, p. 70). I did not want to surrender to my inner world, I wanted to stay on the surface, recording my breath with clients and not falling into my past memories, images or feelings. While talking about this fear in my heuristic supervision group, a memory came to mind:

When I was 10, I was taking horse riding lessons. A group of girls I rode with told me that you weren't a proper rider until you'd fallen off a horse. I really wanted to be a proper rider, however I was also very risk averse. One day, they all went into the stable before me and I was left out on the field. I pulled the old pony I rode to halt, dropped the reins, let my feet out of the stirrups (guarding against any chance of being dragged!) and while the pony stood still I tried to throw myself off her. I couldn't. I was scared of how much hitting through ground could hurt, and then all the things that could go wrong once

I was down there. I picked up the reins and rode back into the stables. I stopped lessons soon after that, and I have never fallen off a horse.

This memory for me encapsulates my cautiousness, my fear of falling that I bring to this dissertation process. Once I could conceptualize my fear as “falling off the horse”, it became less mysterious and consequently, less terrifying. Combined with prompting from my supervisor, I did let myself surrender to my personal experience, and I was rewarded with the rich imagery and writing that forms the depictions in my findings chapter. Falling off this ‘horse’ did hurt, but not in the way I imagined: I was not trampled, I did not fall apart, and I could get back up again. I am emerging from the heuristic method with greater self-awareness than when I started, and a feeling of personal synthesis, an integration of frozen parts of myself that I have breathed life into, creating a new whole.

I began this dissertation by exploring the passionate concern of mine, my fascination in what happens when I try to breathe and relate, and my wish to elucidate my experience of consciously breathing while with clients. When I began writing, I had little idea of how deep my exploration into my own relationship with my breath would go, particularly how I use my breath to protect myself and how I have been learning to breathe and relate my entire life. By virtue of the heuristic self-search methodology and the context within which I am writing as a beginning psychotherapist with a psychotherapist supervisor, the research process has taken me to a deep place of soul-searching, from which I emerge with definitive conclusions for my practice, and for the wider psychotherapy community. Conscious breathing in psychotherapy is a powerful tool for the therapist to become aware of their own relationship with breath consciousness, and what information this gives them about themselves and their clients.

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