

Physical Touch in a Breathwork Session

By Wilfried Ehrmann

The need for physical contact is deeply human and anchored in our body, which responds to gentle touches with the release of endorphins and oxytocin. Research has shown that tender touch reduces stress and strengthens the immune system. And all those who go to cuddling parties, contact improvisations or Biodanza help this need, which is perhaps lost more and more in the modern world.

In the very early stages of our lives, touch is vital. The sense of touch is regarded as the first of all human senses. It is developed in the womb even before the embryo is two centimetres tall. It has been observed that an embryo reacts to first contact stimuli as early as the eighth week of pregnancy, long before it can hear or see. Premature babies lying in incubators gain more weight if they are massaged regularly. Infants, on the other hand, develop less well if they are embraced by anyone.

We all have a history with touching and being touched, body contact, closeness and distance, from very early on, with many imprints. We have memories of pleasant, lustful, calming and connecting touches, but also of painful, inappropriate, insensitive or violent physical contact.

Body Contact in Breathwork

In many schools of breathwork, body interventions play an important role, while there are others where this is not used at all. This article is about gaining an insight into the complexity of this issue and sharpening the sensitivity for this area of therapeutic interaction.

The Role of Interventions in Conscious Breathing

When we engage in a process of conscious breathing and deepen and accelerate breathing, we enter an unpredictable inner state. Because by changing the metabolism through breathing as if we were exerting ourselves physically, even though we lie quietly on a mat, a chaotic state arises in some systems of the body. The further course of a session cannot be planned and foreseen in advance but is always good for surprises. This phenomenon characterizes the special power of breathing sessions. Existing patterns on the physiological as well as on the emotional and cognitive level get shattered and have to be reassembled afterwards. This is the experience of being born again, which gave the name to the method of Rebirthing. The therapeutic effect can be seen in the rise of suppressed or repressed material from the depths of the soul, due to pattern interruption. Then it can be accepted and integrated.

On the other hand, this power that is triggered by intensified breathing requires particularly careful and responsible form of guidance. The most important aspects the accompanying person should convey to the breathing person are trust and unrestricted presence without judgement, as well as caring for safety in the environment and keeping up with the breathing rhythm of the breather. These aspects describe the therapeutic attitude, i.e. the attitude that the therapist adopts towards the breathing person, granting her the security and confidence to engage in deeper feelings and difficult inner experiences.

In addition to these accompanying postures there are interventions with which the accompanying person influences the breathing process. These can be verbal (e.g. supporting or clarifying sentences) or physical measures. There are techniques that are taught in training and used in practice together with intuition. The forms and areas of application of body interventions are very different in the different breathing schools. With these influences, three main purposes are pursued in practice:

1. Deepening and facilitating the flow of breath by eliminating physical blockages, tensions and inhibitions.
2. Bringing up feelings stored deeper in the unconsciousness.
3. Support, comfort and emotional nourishment.

Release Breathing Blockages

On the one hand, physical contact helps in opening and releasing blockages of breathing, so that dysfunctional breathing habits, which have developed over years, can be changed. With the help of these interventions the respiratory flow should become freer and take up more space in the torso. For example, pressure is exerted on the chest or loosening movements with the abdominal wall are applied. These procedures are comparable to the methods used by masseurs and physiotherapists. Through an external tactile influence, the body system of the person concerned should be brought back from a dysfunctional to a healthy state.

In this form of intervention, the therapist is the expert and the breather undergoes passive treatment.

Bringing Feelings to Life

This aspect of touch is done with the intention of awakening feelings that are slumbering inside the breathing person so that they can be expressed and thus felt in their fullness and finally integrated. Feelings have their representation in the body, and the tactile contact to the corresponding areas can help to feel the emotion more clearly. It facilitates the external touch to maintain the connection with this area within the body from within. By strengthening the inner relationship, it is possible to experience and accept a feeling more deeply. In

addition, the direct contact can support the easier acceptance of unpleasant and stressful feelings. Many of us have missed maternal or paternal strength and support we had needed as small children to learn to handle our emotions. These needs can be reactivated, and appropriate touch can fill up the lack that is left from this early phase of life.

Processing Grief and Pain

Body contact can be used to help deal with grief and emotional pain. When we are confronted with deep pain, it is mostly about experiences of loss: Human contact has been lost or we have never received it in the way we would have needed it. At this point in the breathing process the touch by the accompanying person can help that the feeling of being alone or being left alone is not repeated. Touching can trigger the release of hormones that have a comforting and soothing effect. The contact gives the signal: "I am there and I am accompanying you through your pain". A negative experience of deficiency can be replaced by a new belief: "When I feel bad or sad, someone is there for me".

The Ambiguity of Touch

The nonverbal area contains a fundamental ambiguity. In the verbal field, it is often only with difficulties and via detours and feedback loops that unambiguous communication can be achieved. Especially in the area beyond words, there are many reasons for misunderstandings and unclarity. Every person brings along his or her own story touching and being touched, and with each touching and being touched this story unfolds its effects. Each part of the body is marked by individual experiences, which are often stored on several layers. When we touch a certain part of the body of another person, it is impossible to know in advance, which history we will activate with this touch, which memory will be released and which process will start.

Let us take an example. The companion puts his hand on the head of the breather. This touch can evoke different associations and emotional memories. It can be a reminder of the unfulfilled longing from childhood to feel the loving and appreciative hand of one's own father on the head. But it can also remind us that it was the hand of an uncle who initiated an abusive situation with this gesture. Or it reactivates a disparaging patting touch, which was subtly experienced as unpleasant.

One and the same touch can be experienced as a welcome, long missed confirmation or as a burdening and retraumatizing transgression of borders. The therapist cannot know beforehand what the client's touch will trigger, even if he already knows a great deal about her story. In the process of breathing, body memories are evoked that would otherwise slumber far below the surface of consciousness. Touching has a particularly profound effect, which is much more powerful than verbal intervention, because the memory is reactivated

directly at the point of contact between body and body, without the brain interposing its capacities for memory and speech.

The History of Body Contact

Touching is a primordial form of contact with the outside world. The first experiences are made in the womb, in contact with the uterine wall and in tactile touches coming from outside on the abdominal wall. During the birth the contact with the mother's organism in the birth canal intensifies dramatically. At the end of this process, the hands of an obstetrician and other contact experiences that are completely new for the experience of the tiny being usually come to the fore.

When we imagine a baby (or ourselves as a baby), it immediately becomes clear that we all came into the world as highly sensitive beings. Anyone who has ever carried a newborn baby in their arms knows about the sensitivity and permeability of these tiny creatures.

Anyone who has ever carried a newborn baby in their arms knows about the sensitivity and permeability of these small creatures, who still have hardly any protective body boundaries. That is why touch that takes place in this early phase are of enormous importance for the development of the world view, i.e. the image of the outside world. Is it friendly and attentive or rough, demanding and insensitive? Is my sensitivity respected or are the fine boundaries of my body overlooked and carelessly transgressed?

In this context it becomes clear that in this early phase of life, stronger, more powerful to coarse touch is totally inappropriate, but that a distinctive form of sensitivity is required in order to convey security and trust to the small being on the tactile level, qualities the baby needs to grow well inwardly.

So, if a breathing person is in this phase, an overly dosed intervention can have devastating consequences, because it repeats a too rough and therefore unconscious abusive experience of touch, thus confirming the original suffering instead of healing it. This means that the therapist must know exactly in which phase of life the client is currently in her regression in order to dose her touches correctly. Without intuitive clarity, it is better to hold back with interventions so as not to run the risk of causing lasting damage.

Particular caution is required in the abdominal area. The precious abdominal organs and the complex enteric nervous system that connects them, our enteric brain, are protected only by the abdominal wall, not like our head brain, which is surrounded by powerful skull bones. For example, a breathworker knows about acupuncture points in the right upper abdomen which can alleviate depression according to the corresponding theory. But the breather is about to

experience his or her vulnerability in a sensitive phase of his or her early history, so the applied pressure massage can be felt as a massive violent intrusion into his or her own body sphere.

All of us have a detailed history of physical contact, reaching far back into early phases of life. This history is largely unconscious but nevertheless influences our lives. In the breathing session, in which we quickly find ourselves in a vulnerable state, in which our sensitivity is activated, it is particularly delicate whether and how we get touched. What one person experiences as a pleasant and invigorating touch can arrive at the other as a burden and as an annoying and disturbing pressure. We have all been touched rudely, carelessly, negligently or roughly in the very early stages of our lives. Perhaps we were passed from adult to adult as a showpiece in a cheerful circle, shuffled from one aura into the next in quick succession, and were completely overwhelmed and irritated by this mishmash of gifts and lovelessness.

Every single one of these experiences has left its mark and has been written down in our book of the history of body contact. Details and emotional contents of these memories can appear later during a physical intervention, relatively independent of the intention of the person applying the touch.

Because if we are in a regressive state, which can appear quickly in a breathing session, we are much more sensitive than in everyday consciousness. We often receive surprising and sudden information that was previously inaccessible to us. Often this is information whose meaning cannot be immediately expressed in words and cognitively understood, but which is nevertheless immediately evident, present and real. In this state, touching is more intense and ambiguous than in an everyday situation, because the physical memory that stores early and earliest memories is more easily accessible.

Free Flow and Intervention

It should be kept in mind that touching and other physical interventions guide the flow of information opened by breathing in a certain direction and, in some cases, manipulate it. Sometimes, they can come in appropriately if they focus the process of experience towards an important point of self-discovery; but they can also be experienced as strong disturbances and cross-border interventions if they do not fit the inner process and especially if they are applied insensitively.

Here we can distinguish two types of disorder experienced by the breathing person: There are disturbances that shake the comfort zone, or disturbances that throw the deeper, autonomous process of experience off course and push it in an externally induced direction.

The former are provocative interventions designed to interrupt an habitual pattern. In principle, such interventions are helpful because they help to release more energy and vitality. Although our inner self likes to react to impulses for change with resistance and perseverance, this barrier can be overcome more easily and quickly with targeted and empathetic interventions. The accompanying person is experienced as a support for a step of liberation, which often quickly takes off when the intervention corresponds to the self-healing tendency inside the respiratory and psycho-physical system.

Basically, the following principle should never be lost from sight that only resistances that have been previously respected and understood can be overcome sustainably. Resistances are protective mechanisms that were originally necessary and helpful for survival, as such they should be respected. A therapist who has internalized this attitude will always be attentive and empathetic in helping to dissolve resistances.

On the other hand, it should also be noted that any assault can be experienced as support or as a retraumatizing exercise of power. Depending on the situation, the accompanying person must ensure that the consequences of the intervention are dealt with in an integrative way. This includes a verbal exchange about the experience and the inner effect of the interventions at the end of the session.

Interventions as Disturbances of the Energy Flow

In the case of the second forms of the disorder, the client is experiencing and healing a deeper process, in which the self-healing forces have already activated themselves and guide the process. There would be no external intervention necessary, except perhaps a gentle and cautious laying on of hands, which gives encouragement and security. Stronger, more powerful interventions are experienced as interruptions and insensitive interferences. The accompanying person must consider what motivated them to interfere where no intervention would have been necessary. Obviously, his or her own topics have smuggled into the client's breathing process, which should be clarified in an inner work in supervision. What physical contact means can be noticed by the body sensations and feelings that are triggered, even if only diffusely and unclear. However, with the help of an empathetic and mindful breathworker, more of this meaning can be understood by sensing a physical intervention precisely from both the breather and the sitter and discussing the experiences afterwards.

It is our body and its memory, and not our mind that decides whether a touch is right or wrong. Therefore it is very important that the accompanying person does not mechanically carry out certain interventions dictated by acquired knowledge, but is connected with his

own intuition and sensitivity, so that he immediately notices when a touch does not arrive as it was meant to, which then allows to correct the disturbance caused by it.

Transference and Touch

The phenomena of transference and countertransference play another important and noteworthy role in this topic. For example, it happens that clients do not address a touch that is inappropriate for them because they basically trust the therapist more than themselves and do not want to put this trust at risk. They had learned in their childhood that it is better to remain silent when something is wrong than to address it or defend oneself against it, and this pattern can be repeated in the breathing session without being worked on.

If there is a hierarchical model of teaching and organization in a school of respiratory therapy, it is more likely that this model will be applied to the processes carried out in the framework and on behalf of that school. Students who have learned that they do not have the truth in themselves, that it is owned by their teachers, will expect this attitude from their clients and will pass it on to them.

In Holotropic Breathing, there is a far-reaching abstinence from touch. As little as possible should be interfered with the inner process, and only if the breathing person explicitly asks for it. So, any directing influence from outside is avoided. However, this model also has a weakness, because the breather can experience the absence of touch as disinterest and coldness of feeling or as refusal to relate. These are, of course, projections in which the lack of emotional attention experienced by the breather in childhood is revived during the session. But if one fails to make the projections conscious, the injuries and wounds from the early experiences are not healed but deepened.

Countertransference and Intuition

In addition, possible sources of information, which are opened by the physical proximity through touching, cannot be added to the resources of countertransference if interventions are principally omitted. Any intuitive impulses to intervene are thus blocked, which can under certain circumstances result in an unnecessary restriction of the effectiveness of breathwork. The role of intuition in accompanying is not a nebulous matter but can be understood from the dynamics of countertransference. Every therapeutic process (as in any other form of communication) consists of conscious and unconscious levels. Therefore, we can assume that there is an exchange of information between the unconscious of the breathing person and the accompanying person. Often during a breathing session, a space of resonance is opened when the accompanying person breathes in the same rhythm as the breathing person. In this space, intuitive ideas or impulses can arise in the therapist, which fit exactly to the process of the breathing client. Therefore, after Integrative Breathing sessions, the

breathers repeatedly report back that touches were made at exactly the right time and in the right way and were desired from inside, as if the companion had read the wish from her eyes. We can understand such phenomena as the interaction of the unconscious levels of the experiencing and the accompanying person. In the language of Holotropic Breathing, this means that there is a flow of communication between the inner healer in the breathing person and the corresponding and allied healer in the sitter. It is as if the person sitting next to the breathing person would hear inwardly what needs and desires the breather transmits on the unconscious level.

Models of Body Feelings

There are models in bodywork and in various schools of breathwork that assign certain emotional themes to certain regions of the body. Often, they are transmissions from everyday wisdom such as "rage comes from the belly" or "in grieving the heart breaks" etc. The chakra teachings and their assignments are also used, e.g. "Trust is present in the root chakra" and "Communication problems have to do with the throat chakra". The use of such models goes in two directions: If someone comes with a confidence problem, then the strengthening of the root chakra can be worked on. If someone feels tension in the solar plexus, then the assumption arises that it can be about unexpressed anger. Thus, emotional themes can be assigned to body regions and body regions to emotional themes.

All these approaches have their benefits and their use for practical work. However, the highest guideline for the application is never the model, but always the experiencing person. He or she decides whether an assignment makes sense or not. Some people experience sadness more in the stomach than in the heart, others find different forms of sadness in different parts of the body, etc. So, it should never be about confirming the correctness of a model through practical work, but about opening up and exploring the individual meaning of body regions with each researcher.

Schools that work with tables and classifications of body regions and related interventions should be particularly careful in their practical work. The previously acquired theoretical knowledge should always have the second rank behind the actual experiences in the current process with the respective person.

Beginners, in particular, are not immune to the danger of compensating their own insecurity by clinging to given rules and guidelines. They hold on to the model and explain differing experiences or feedback either as resistance of the experiencing person or attribute it to their own lack of competence. In both cases, they pay too little attention to the particular nature and individuality of the client and neglect the valuable information that can be provided by the client from their own experience.

Persuasion and Manipulation

In this context, breathworkers often use the following phrase if the researcher disagrees with the intervention: "Let the touch in and see what happens". So, the client should go neglect her own feeling that the intervention is not appropriate and instead trust the therapist. We were all persuaded in our childhood to do something that we ourselves did not want, but our parents did. When we are in a breathing process, we are always connected to the inner state of our childhood or prenatal years. Therefore, any intervention that is not adapted to our real needs and does not respect our will, but comes from an attitude of superior knowledge, will reactivate hurtful and oppressive experiences from the past. It will thus have a retraumatizing effect, as a repetition of an abusive situation, which has been described as a wound in the lower body.

Instead of healing, in this case a deepening and consolidation of the suffering occurs, often unnoticed, because the double-bind attachment is revived, which in the original situation may not only have been hurtful, but also paralyzing and numbing. A part of the client's subconscious recognizes the abuse and the transgression of boundaries. Another part knows about the dependence on the abusing person and about the vital necessity to subordinate oneself to their intentions and desires. If this doubling experience happens in the therapeutic situation as repetition and is not made conscious, an inner division solidifies in the client. And, because of the originally numbing reaction to similar experiences in childhood, it will be simply forgotten.

The accompanying person, who is convinced of the correctness of his actions, because he has learned to act this way or because it has helped himself in another situation, may not notice at all what is going on, but is satisfied with the course of events. At the end of the session the client might thank the therapist, as for her on the unconscious level the confirmation of being a good client is more crucial than gaining more self-assertion and breaking through the manipulative dependence. The therapist naively assumes that he has done a good job. For his self-image, too, it is easier to take the final picture for the whole process and not to reflect more closely and in more detail, what might be problematic. Parents whose children behave the way they want are also satisfied with the result. Their educational work is crowned with success, without them noticing that the inner boundaries of the children have been violated. They have, presumably without naming it that, successfully performed instrumental conditioning: Behavioral modeling through reward or punishment and not through insight and change of attitude.

Not only clients are conditioned, but also breathworkers who assert themselves through the apparent success of the action itself and the model they use. The conviction of the correctness of one's own actions produces a closed-loop system: if my correctness is not

accepted by clients, it is their resistance to get involved and to cooperate, and only more intervention (e.g. even stronger pressure) will make the desired experience possible.

The Misinterpretation of Relaxation

After a longer breathing process most people are relaxed and their smiling face is like a confirmation of the success of the work. But relief and relaxation prevailing at the end of the process is no guarantee that deeper issues have been resolved. It can also be an adaptation phenomenon: A repetition of the original form of dysfunctional trauma integration, combined with a strengthening of the inner resistance. And this should always be considered as a possibility.

The exact and honest reflection about the course and the adoption of physical interventions should therefore never be missing at the end of a breathing process. Then it can be clarified whether the intervention was helpful or counterproductive. For this it is important that the therapist is prepared to consider the latter possibility and not to dismiss it from the outset by throwing it back to the client's proneness to resist. It may be that some of the emotional charge stored in the body around a trauma has been released, but that the actual dream core is still untouched and possibly even more solid and permanent.

Another danger for misinterpretations lies in mixing up emotional catharsis and healing. Some body therapists and breathworkers believe that the extent and intensity of emotional discharge is important for measuring the degree of healing of a trauma. The emotional intensity during a breathing process is not primarily a measure of the processing and integration of mental wounds, but rather an expression of the person's ability to allow emotional expression. There are also people who become dependent on an intensive form of expression and who appreciate or even demand equally intensive physical support for this goal. It can become a habit and solidify the existing emotional patterns instead of dissolving them from within. The client has an intense emotional experience because he has activated one of his traumas, but the passage through the fears in the trauma core can still be missing for full integration.

The Problem of Acting Out

That is why "acting out" in some therapeutic schools is in principle frowned upon as acting blindly, driven by unconscious and misunderstood emotions, a repetition of defensive actions against deeper inner conflicts.

Perhaps the client makes up for what was not possible in the original hurtful situation as resistance, thus regaining a piece of the power, which had to be split off at that time. On the other hand, it can happen that the violent transgression of borders, which led to

traumatization in the early experience, is imitated in the session and repeated with a reversal of roles, so that the victim can feel like a perpetrator now. If this dynamic is not brought to consciousness, catharsis remains a meaningless blow-off of steam, resulting in nothing more than momentary relief.

Interventions and Self-Healing

In breathwork, as in many other therapeutic approaches, we assume that there is a tendency towards self-healing in every human being, which has been mentioned several times in this article. Systems that have been disturbed in their organic processes have an inner knowledge of the undisturbed state and an innate strive to return to this state on their own. However, if the disturbance is massive or chronic, then the systems do not find their way back by themselves. This is the point where we need help. If a cold does not calm down by itself, we need a medicine. If this does not help, we should see a doctor.

On the mental level, which basically functions just like the physical level and cooperates closely with it, we also need professional help when our emotional and thought patterns no longer regulate themselves, but begin to lead a life of their own that burdens and hampers us. This help is more effective the more it makes use of the self-healing powers in the therapeutic process. In this case the therapist works with the inner energies of the client and uses his empathic abilities. It is a kind of alliance from unconscious to unconscious that the therapist consciously creates and from which the right and coherent verbal and non-verbal interventions flow. This connection is the source from which the therapeutic relationship feeds itself, which also includes everything the therapist has learned and experienced, but in which the client's current inner process of experience exerts the most important influence.

From this source intuition arises - both in the therapist and in the client. It becomes apparent that the therapeutic work can never be planned and predicted but is determined by the interaction of the unconscious and conscious parts of both sides. The therapist's intuition consists in reading the unconscious of the client and implementing the impulses gained from it. The client's intuition shows itself in breathwork especially through the engagement with the breathing process, which leads to levels of experience that are not controlled by expectations and thoughts but come from deeper sources.

Help for Self-Help

In the context of body interventions, it is particularly important to bear in mind that any external intervention replaces something that the client could experience for herself or gain from her own self-healing power. It is a balancing act between autonomy and commitment. The inner conflicts that lead people to the path of self-discovery originate from this field of conflict. In this place of tension, the events in therapy take place. The art of accompaniment

in this process consists in bringing both sides to fruition in the therapeutic field and strengthening them equally in the client's psyche.

Too many physical interventions can lead to dependence on the therapist. The client assumes that without external influences and directives he will not progress inwardly. On the other hand, a lack of physical interventions can also be understood as a lack of care and thus create a negative dependency by repeating childhood defects in therapy and transfiguring them as normal.

Such patterns should be discussed. A therapist who is aware of these possibilities and perceives signs of such dependencies talks to the client about them in order to bring the patterns into the client's consciousness. This opens the way to resolving the issue, which both strengthens the trust in the therapeutic relationship and thus the ability to bind and improves autonomy and self-acceptance.

The attention that comes from the therapist does not automatically strengthen the client's self-awareness - as any outside help does not automatically strengthen the ability to help oneself. Neither does the withholding of attention by the therapist strengthen the client's autonomy but can consolidate the feeling of lack of it. Finding the right balance is an important part of the therapeutic art and is measured by the trust that can be placed in the healing forces by both parties. The quality of body interventions is a touchstone for the sustainability of trust and thus for the progress of healing that can be achieved.

Breathwork in Large Groups

Regarding Breathwork sessions in large groups, I would like to highlight another important aspect. Thirty years ago, I experienced Rebirthing group processes with many participants and a few breathworkers. This was still a pioneering time in testing and spreading breathwork. For quite some time this setting seems unsuitable to me, because it has several shortcomings, which can diminish or impair the quality of the experiences and lead to subsequent problems – and to shed detrimental light on Breathwork as a whole.

When many people breathe more intensively in a room, an energy field builds up which influences every breathing person mostly unfiltered. Our subconscious opens up and influences from other people's experiences can flow into our own process without testing and protection. If, however, every breathing person has a second person sitting next to him who follows the process in a present and attentive manner, without this second person having to have any training, shelter and safety is created. The accompanying person becomes the main source for the flow of information from outside and should ideally convey security and trust and act as a protection and filter against environmental influences. In this way, the inner

process can unfold with fewer obstacles. People who walk around the room and interfere here and there cannot take on this important role.

The relationship aspect is part of every self-awareness process. Many, if not all, injuries from our life history have come from the most important people in our lives. Most severe traumas have been inflicted on us by other people. Therefore, in a breathing process, we need a reliable and constant accompaniment that is unconditionally present with us. This person does not need any special training, he only needs access to the general human competence of attentive and mindful presence. Under such conditions, we can go into inner areas of our emotional landscape that are painful and anxious. Someone who comes and goes during the process, but does not stay with us, cannot give this security, but can very likely activate experiences that have to do with the coming and going of caregivers. We suffered as children because we needed more continuity and presence from the adults around us. Again, we are at the mercy of arbitrary existence and its uncontrollable termination, when in a group setting leaders go around and briefly enter into relationships here and there, only to then immediately move on again.

Someone who accompanies a breathing process for the first time without any previous experience acquires an intimate knowledge of what is going on in the breathing person. This knowledge does not have to occur in the form of words, but can also have the character of procedural, nonverbal knowledge, which expresses itself in the feeling for the needs and the inner state of the breathing person. Thus, an intense network of relationship is created in which large amounts of information are exchanged at the unconscious level, which is fundamental to understanding and trust. Someone who comes from outside selectively and at short notice is always inferior to this intuitive knowledge, no matter how well trained and experienced he may be.

Therefore, people who come from outside would have to take at least a few minutes to make up for this difference and get a sufficient sense of the course and inner patterns of the breather and her process before they intervene. Because it is not only about the observation of a current condition (e.g. a person breathes too little into the stomach), but about the experience of the whole process, from which the individual observation gets its meaning. Every intervention that an experienced leader makes should always be coordinated with the accompanying person, so that their intuitive knowledge of the process is included, and they are respected in their role at the same time.

For these reasons, the setting in which every breathing person has a companion at his side who stays with him throughout the entire process and then goes through the breathing experience himself in a role reversal seems to me to be much better, more helpful and more

professional. Experienced process facilitators can still provide assistance by verbal or non-verbal interventions, if they can deepen the process in a sensitive way and help the breathing on the way to inner healing. This is the standard setting in both Holotropic and Integrative Breathwork and has proven itself over decades.

Essential Aspects for Setting the Framework in Group and Individual Sessions

From my point of view, the above considerations result in the crucial requirement that physical interventions during the breathing process can only be carried out with consent of the client. In both individual and group breathing sessions, the possibility is pointed out at the beginning and its role in the breathing process explained. Then we discuss what the client wants and what not. It can also be agreed upon that the client leaves it to the sitter to use his intuition, in case the necessary trust is given.

For this purpose, a clear signal of interruption should be agreed with which the client can end an overstraining or inconsistent body intervention immediately, e.g. a gesture or the code word "stop! It is also the responsibility of the breathworker to carefully check with each touch how it arrives inside the breathing person and how it affects the further course of the breathing process. In this way it is ensured that the ultimate control over the use of touches during breathing remains with the breathing person and that assaults are avoided.

All topics concerning the dynamics of the relationship between the companion and the breather in this context, which cause confusion or disturb confidence, belong to the supervision of the breathworker. There the personal backgrounds, which probably have to do with one's own history of body contact, can be reflected and brought to consciousness. In this way, a high quality in this sensitive area of therapeutic work with people is ensured, which is owed to all those who embark on this path of self-enquiry.