

Take a deep breath

Over the past 18 months subscribers, and regular readers, of *Journal of Bodywork and Movement Therapies* have been exposed to a series of six (including this issue) enlightening papers by Dr Chris Gilbert on the broad topic of 'respiratory function and dysfunction'. When first asked to undertake this task Chris noted that his background in psychology was perhaps not the ideal one for the role. It is hard to know quite which of various arguments finally persuaded Chris that his perspective was precisely what readers immersed in structure and function needed. And the evidence is that he has succeeded extremely well in providing us with a broad overview of current knowledge relating to this vital topic, as well as some fascinating detailed insights. It is to be hoped sincerely that his series will form the nucleus of a section of a practical textbook on breathing function and dysfunction, which also contains biomechanical and rehabilitation sections. This highlights the need in bodywork and movement therapies for integration with appropriately complementary professions, practitioners and methods.

Chris works deeply with the 'mind' aspects of breathing, and the

ways in which this function interacts so dramatically with emotions, mood and behaviour. Other practitioners and therapists work more intimately with its structural, biomechanical features – short tight muscles, restricted joints, weak diaphragmatic function etc., perhaps in the knowledge that as they work with these they are simultaneously influencing mind matters, but probably in the main, more focused on physiological influences and symptomatic improvement.

The range of influences which breathing has on human function is extremely wide. For example in the clinical perspectives section of the July issue of *Journal of Bodywork and Movement Therapies*, the topic of dysphonia was addressed by both a speech therapist and an osteopathic practitioner. Both identified breathing as a key feature to investigate when voice production is dysfunctional, and introduced therapeutic interventions incorporating enhanced breathing, as well as a range of other methods.

Interestingly the voice therapist contributor, Ruth Myers, had as her primary focus patient re-education and specific exercises (including aspects of breathing). The osteopathic contributor, Simone Ross, introduced some similar elements in her protocol, but

provided detailed evaluation of the structural components of the problem together with manual treatment methods, and it is quite likely, indeed probable, that the patient in question, with his dysphonia problem, would have recovered, to a large extent, whichever of these two clinicians was responsible for treatment. Are there common elements to what they do? Are there different ways of achieving the same ends, since both are likely to succeed in their objective of a recovered patient? You as reader can judge for yourself the answers to these questions. In addition you could usefully reflect on whether other approaches might also be expected to achieve a positive outcome, perhaps including aspects of your particular approach to health enhancement.

If quite different methods achieve the same end, we need to look at what is common to these methods. Certainly, in the example of the dysphonia patient, there are aspects of both of the treatment and self-help protocols which have similarities (patient education, voice hygiene, improved breathing function and posture etc.). But of course their main commonality is the fact that they are both dealing with the same person. It is in the 'person with the ailment' rather than the ailment or the protocols used,

that matter. It is in the ability of the patient to respond that the answer lies to the question as to why both approaches would probably succeed. This is why other protocols could probably be devised which would lead to a similar outcome.

For it is in the self-regulating, homeostatic, functions of the individual that the prerogative of healing resides. It is the therapist/practitioner's role to focus on removal of obstacles to recovery, while enhancing function and at the same time, most importantly, avoiding adding to the stress load to which the individual is already adapting.

In this model of health enhancement we can see that a number of quite different approaches could successfully reduce the 'load' to which the individual with symptoms (dysphonia in our example) is adapting. These might well (depending on the practitioner's knowledge and beliefs) focus on emotions and stress-coping mechanisms, or on biomechanical

imbalances and dysfunctions, or on nutritional and other biochemical features which may be contributing to the story (deficiency, toxicity, endocrine instability etc.). All might succeed in a given instance, if they perform one of the two key requirements of any successful treatment – reduction in the load being adapted to, or enhancement of the ability to adapt to that load. Symptoms, after all, represent no more than a failure of adaptation.

Better breathing function – however this is achieved – has the capacity to perform several roles simultaneously, by restoring biochemical balance (to oxygen and carbon-dioxide status), by lessening biomechanical strain, and by altering the emotional, psychosocial, component.

In Craig Liebenson's introductory paper to *Journal of Bodywork and Movement Therapies*' new series of 'self-help' pages, which commenced in the July issue, the postural exercise (Brugger Relief Position) showed how basic postural

correction and enhanced breathing were inextricably linked, with adoption of this posturally correct position leading to enhanced breathing potential as well as reduction in biomechanical stress, especially to the neck and shoulder region (and of course to better emotional balance).

Integrated bodywork approaches are called for, which respect the potential of methods such as yoga, Alexander, Feldenkrais, Pilates, Tai chi and other systems to be able to play a part in rehabilitation. This should include as much patient participation as possible and offer an eclectic and safe set of choices.

Central to all of these approaches should be sound breathing. Thank you Chris Gilbert for your major effort in presenting *Journal of Bodywork and Movement Therapies* with so much information on this topic.

Leon Chaitow
Editor