

Experience with Breath-Therapy for people with a mental Handicap

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For two and a half years, a man from our residential establishment with down syndrome takes breathing sessions one time per month. Here, I wish to describe his personal development and effects in his surrounding as well as the care for the disabled.

For years now, me as the residential director and a colleague of the care program feel the psychotherapeutic need of our people. Being caught up in traditional concepts, we often follow the beaten track of neurological symptomatic treatment (neuroleptics) without an understanding what is hidden behind the peculiar and provoking or shocking forms of behaviour of mentally handicapped people. Often in talks we notice the responsible persons' embarrassed consternation, who are quick with the rational explanation: „The cause is a `infantile brain damage`. You can't do much about it. We only have to find the right medication.“

In all areas of today's life we feel that with this superficial and objective-outwardly view we can't really achieve lasting solutions and success. In my opinion a holistic practice that is looking for non-visual mental qualities and resources within people is future oriented.

First the work with disabled people had to develop from the mental quagmire of national socialist euthanasia to the recognition of life with peculiarities. Therefore we endeavour the last decades of our work to secure the basic needs and rights of people with disabilities, including the right of handicapped adult people for a self-determined life outside of their parents' house.

In terms of a holistic approach towards mentally handicapped people it is only a further logical and also natural step to integrate their mental care and spiritual needs into daily life. This way, clients therapists and relatives grow conjointly, old thought patterns can break open and a connection from heart to heart emerges.

Up to now, the most of our endeavours were unsuccessful, because qualified therapists were not willing to work with our people with mental diseases. Furthermore the classical conversational therapy was a hurdle because of its cognitive orientation. The restricted financing only allowed primary care in the past.

Therefore it was my special concern to tackle this experiment with breath therapy and to verify its efficiency with personal and practical experience. I did not lay claim to scientific facts and dare say from other experiences in working with disabled people that the „customer satisfaction“ often is the best indicator for a successful action. When I say „customers“, I primarily understand mentally handicapped people, but also their relatives and professionals in residence and workplace.

With approval of the mentally handicapped man the therapist permitted my guidance in the framework of my training as a holistic-integrative breathworker, so I could get an idea of the therapeutic process and personal development of the client. I wish to provide a small insight into the developmental process and to summarize the effectiveness and applicability from this experience.

Case Study

At that time, Mr. A. was in his late thirties and lived in our residence stationary disabled care for 18 years. In the meantime he felt quite at home. Four years ago his father had died with who he had a close relationship. The loss was hard to accept for him. Again and again, nice memories about his father arose in him that made the loss perceptible again. This led to much grief and pain that he could express only to some extent. A year later, Mr. A. fell ill with testicular cancer and was treated with surgery and a following chemotherapy.

Mr. A. always attracted attention with his talkative, dominant and sometimes quarrelsome behaviour. In all areas of his life – work, contact with his girlfriend and also in the residential accommodation, he again and again received many frustrating and hostile experiences. Such experience enhanced a further accumulation of aggression and led to more and more heavy attacks and threats by Mr. A. More and more, he lost the acceptance of his social circles and had to feel exclusion. This hopeless situation raised Mr. A.'s needs to try a new experiment, after his lawful carer also gave her accordance for this step and provided financial support.

In his first sessions he worked on the mourning process with his departed father. Mr. A. complained that his family did not include him sufficiently. In this context, he could remember two painful situations: Before his father's death he was at the hospital and could see him shortly to take leave. The other time he remembered the coffin disappearing in the ground.

In the breathing-sessions he could show his anger that was connected to feelings of abandonment and the so-perceived loss of his father's love. Mr. A. also had many nice experiences with his father, for example a cruise on a boat, where he perceived himself as an equal partner. During the breathwork phase the therapist and Mr. A recapitulated the situation at the hospital and the cemetery so he could connect to the repressed feelings.

After that it was possible for Mr. A, to establish an inner connection to his father and to realize that it was possible any time get into contact with his father, that he is now well, living with God in another form. When feeling connected, Mr. A could lead a talk with his father, expressing his important needs. After that he felt released visibly relaxed.

It is important to know that in the past and sometimes also today mentally diseased people were/are treated like little children as they don't possess certain skills and abilities and are not perceived as people of the same equality. Often, out of fear the relatives and lawful carers deny them their basic needs for self-determination and also their basic wants, for example sexuality or partnership are repressed.

This derogatory attitude contributed not only to a considerable social exclusion of these people, but also to many mental health problems that showed up as strong neuroses or psychoses.

The suppression of these fundamental needs leads to massive frustrations and aggressions and can be seen in all facilities of work with handicapped people. So far, these forms of diseased peoples backlash often were seen as social incompatible and a treatment with neuroleptics was chosen as a lawful legitimate method. This resulted in putting the last leftovers of liveliness to sleep. These forms of hate, collective ignorance and subtle tendency for violence in the younger parents' generation are replaced slowly now by new perspectives and display a promising silver lining on the horizon.

Furthermore, I only want to go shortly into some further steps of development.

In his therapeutic process, Mr. A. worked on numerous topics of his life. He got into memories of his painful childhood, which so far – in their suppressed form – had brought him into the role of a victim or a perpetrator, giving him all sorts of drama. During the process of his integration, Mr. A could establish a partnership with his friend that in the meantime is characterized by mutual acceptance and dialogues on equal footing.

During this time, Mr. A. worked on his experience with his girlfriends and learned to place them in perspective. By now he no longer let himself exploit in his relationships and does not hurt his partners as often as before because of his own suffering.

He learned that life can be lighter and more relaxed if he does not have to play the boss any more and acts with the controller but goes about it in a more playful way. He also learned to stand for his wishes opposite to his mother also if she thinks differently.

He has learned to see when revenge and thoughts of fight arise in him, he does not feel good or often especially then feels inferior and can accept the support of the carers now.

Mr. A. has found a practice of prayer to God and reported about a spiritual experience, where he enjoyed a situation where he felt immersed into love and peace. By now he maintains his breathing-exercise regularly and accepts the support of the residential carers when doing his relaxation exercises.

Noticing his visible personal changes, also other residential inhabitants got interested into breath-therapy and decided to take sessions themselves.

Furthermore the preoccupation with Mr. A.'s personal development initiated talks among the residential carers and relatives, brought new aspects and facilitated new, more open and respectful manners.

Supported by breath-therapy, another man from our residential establishment experienced a similar positive pace of growth in his personal development.

The respective inhabitants, relatives and also the residential staff came to the conclusion that all clients apart from processing their traumatic experiences took decisive steps in their personal development and developed a more independent expression of adulthood. Both of the men by now cultivate their friendships and relationships in a more empathetic way and can clarify conflicts and violation of borders quicker and more responsible.

Conclusion

I think this unexpected positive result is an encouraging and new perspective and I hope that new ways can be found to remove the existing hindrances regarding finance and in the responsible persons' heads.

Not least it is due to the caring, empathetic and supportive way of the therapist Jeanette Weyer, that this experiment ran with success. It was impressive how she constantly found new approaches to her clients and designed their individual matching steps of development. In every session there was a high level of equality and sympathy that reached the client and led him to the next breathing session joyfully.

I am very thankful for all healing steps that I could notice with my residents, for my training with Tilke Platteel-Deur and Hans Mensink, who made it possible to develop a personal maturity to support other people.

It is my wish to give many mentally handicapped people chances for their personal development through breath-therapeutic support and to create more consciousness about it in the holistic sense that honouring those often still socially excluded people enhances the acceptance for the suppressed parts of our own personalities.

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