

Increasing Diaphragmatic Breathing

Once patients reduce their laryngeal tension with the *Chewing Technique* and increase *Facial Mask Focus*, they are ready to improve their breathing. Ask your patients to “lie on the floor on your back. Put one hand on your belly and one hand on your upper chest.” (I kept a thick comforter and a small pillow in my office for this part of the exercise. I wanted my clients to be comfortable and not have to lie on a possibly dirty floor. Remember, this was Alaska. Otherwise, I would have had a couch!) “Breathe in slowly and fully and feel what moves. Which hand moves and how does it move? Is your upper hand going up, down, or not moving at all? Is your lower hand moving up, down, or not moving at all? Check yourself as you breathe in and out.”

Give your patients a moment to feel what they are doing. You probably discovered that they were backward breathing during the testing, so don't give anything away. They need to discover for themselves how they breathe. It's amazing how many people breathe backward.

If the patient feels their hand placed on their upper chest move up as they inhale, and feel no action with their lower hand on their abdomen, they are *backward breathing*. If they feel their lower hand going up as they inhale, that is correct for abdominal breathing. The upper hand shouldn't move at all or very little on either the inhale or the exhale. The lower hand should move up on the inhale and down on the

exhale. Correct them if they are backward breathing and reinforce the correct breathing pattern.

Sometimes, you have to put a heavy book on the patient's abdomen and have them physically move it with their muscles to get the correct feel of inhalation and exhalation.

Explain to your patients that the diaphragm is the muscle we use for breathing, although other abdominal muscles assist, especially on the exhale. These are large muscles and we want to use them instead of the small muscles in the upper chest region between the ribs— the intercostals. Abdominal breathing is natural, relaxed breathing like a baby breathes when asleep.

Describe how the diaphragm appears as an upside-down bowl, sits right underneath the ribcage, and attaches near the spine. Use your hands to show that when the diaphragm contracts, its bowl shape moves down and out, flattens, and pushes on the stomach area. As it moves downward, it drags the lungs with it and causes air to move deep into the lungs. Then as it relaxes and returns back into the upside-down bowl shape, it pushes the lungs up and the air is expelled.

If the client feels their upper hand moving when they inhale, the upper lungs are being filled, using more of the intercostals. But that is a small amount of air. We want the lower lungs to be filled, so patients should feel their lower hand move out as the diaphragm pushes down on the belly. Once they get the feel of how their body

moves when they are breathing correctly, practice it a few times while they are lying on the floor.

Then add a *humming* sound (which they are familiar with doing) as they exhale, making sure that their lower hand contracts in, not out, as they hum. When they are accurate for several breaths and hums, have them turn to the side, push themselves into a sitting position with their hands and arms, and sit for a moment. After you know they aren't dizzy, have them sit in their chair. Practice mid-section breathing a few more times in the sitting position, using hand placement for feedback. Add a *humming* sound on the exhale, making sure their upper hand stays still and their lower hand moves in during the *hum*. Tell them to practice this at home when they are sitting watching TV and when they go to bed.