

Ep #143: Exploring Your Breath Part 1 - Considerations for Improving Your Exhalation



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With Your Host

Susi Hately

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Male Announcer: You're listening to *From Pain to Possibility* with Susi Hately. You will hear Susi's best ideas on how to reduce or even eradicate your pain and learn how to listen to your body when it whispers so you don't have to hear it scream. And now here's your host, Susi Hately.

Welcome and welcome back. With this episode I launch into a new miniseries on the mechanics of breathing. And I'm doing this for a couple of reasons. First is I've already recorded seven episodes of breathing related podcasts on this podcast so far and there's so much more to discuss, which is why I'm doing the miniseries.

It's also a time of the year where a lot of people start to become more stressed, their breath gets held, there's a lot of interactions with other people they might not entirely enjoy their time with, which can be stressful and can impact their breathing and et cetera, et cetera. So I want to give plenty of opportunities for people to really settle into and explore their breath and experience this relationship between their mind and their body through the vehicle of their breathing.

I'm also running a mechanics of breathing multi-week session starting in January, so you'll be able to take these concepts a lot more deeply. I have pre-recorded video plus almost weekly sessions with me in a group format where you can get questions answered, I can take you deeper into concepts.

It's such a terrific program. I love teaching it, people love the program. And if you like what you're getting from the episodes and you want to go deeper, then please join me. And you can find it at learn.functionalsynergy.com/breathing.

Okay, so let's dig in. With this episode we're covering three specific areas. The first is what I see as the phases of breath, the second the anatomy or the functional anatomy of the thorax and the abdomen. And then what I see as a pattern that can really impact exhalation negatively, and then what I do

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specifically to support people that can improve the way that they exhale by way of helping them settle out how they move, okay?

So we're going to be talking about each of those things on this episode today. And if you want to get easy access to the previous episodes on breathing that I've done, then go to the episode web page, which you can click on whether you're listening on the website here or whether you're on Spotify or Apple. The link to the episode page is right there, so click that. You'll find episodes from breathing for when you're wired, Nadi Shodhana, bloating and breathing, and lots of more juicy goodness. All right?

Okay, so let's dig into this. When I think about breathing, I think about four phases of breath. There's the inhale, and there's a pause at the top. There's an exhale, and there's a pause the bottom. So it goes inhale, pause, exhale, pause.

Now there are people I've spoken with who follow other systems of breathing who will say, "Well, there are not pauses at the top and the bottom of the inhale or exhale. It just is one smooth cycle, inhale, exhale, inhale, exhale." And in all my years, I just haven't seen that.

And I haven't seen that having a pause is detrimental. I could be wrong about that, but I just haven't seen that. Now, it could be that many of the people who follow me are yoga teachers or they've had a lot of yoga training, and that could be why. I also have a lot of one-on-one clients who are not yoga folks, and they also have a pause.

So I'm not sure who's right, who's wrong, or if it even matters. What I did want you to know is that there are different beliefs around if there should be a pause or not a pause. And it's not that I will ask a client to instill a pause, it's more that it's the pattern that I pay attention to. And then I see if it's happening or not and then I notice the other sensations or symptoms that someone's experiencing. And then I see if that pattern changes at all as they start to feel better.

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So I really want to emphasize, I don't tell someone how to breathe differently. And I think you'll notice that as we go through these 10 sessions together because I'm not going to tell you to breathe differently. I'm going to give you exercises to do that will have you experience your breath differently. But those exercises are purely that, they're exercises.

And then what you notice as a result of doing the exercises, that's what becomes curious, is does your breath change in any way? Do you feel better with your breath? Do you feel better in your body? And then you notice what you notice.

Because even though I've got my view on the way I think breathing is, it might not be the way breathing is for you and you might be perfectly and totally and awesome about it. What you gain out of this miniseries is just a greater understanding and exploration and just feeling really darn good. So with that then, let's explore the two cavities.

We've got the torso, and inside the torso there's the thorax and there's the abdomen. And in between the thorax and the abdomen is the diaphragm. The diaphragm is like double sided sticky tape between the thorax and the abdomen.

Now, sometimes people think about the diaphragm as being just a sheet, right? A thin muscular sheet, which it is, as the primary breathing muscle, which it is. Sometimes what they don't realize is that there's three orifices, or holes, inside of it for the passageway of important vessels, the esophagus, the inferior vena cava, and the aorta.

So that becomes really important to see that we've got respiratory organs in the thorax, along with the heart, along with nervous system anatomy, plus immune system anatomy, and that's in the thorax. And we have down below in the abdominal cavity, many vital organs.

And in between we have the diaphragm with these orifices for the passageway of esophagus, inferior vena cava, and aorta. So there's a lot

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going on in our torso. And this horizontal sheath, which is the diaphragm, plays a really interesting role, right? Obviously, we're talking about breathing.

Now, we can focus in on the respiratory organs being the lungs, the bronchi, the trachea, and the pleura, and the way those respiratory organs function as it relates to the diaphragm and getting air in and air out.

But what I see time and time and time again, and it's why I bring the abdomen into this conversation, is that before breath was breath, it was air sitting in front of the face. And then there was a pressure change that happened and then the air came in and then became breath. And then went through the respiratory system, did its thing, and then goes out in the exhalation.

But what's really vital that we have to remember is that the tissue limitation, or dysfunction, or shortness, or lockedness, or whatever word you want to use, that can have a huge impact on the way the breath comes in. Because if that ribcage does not move well, if the diaphragm does not drop well, if the abdomen is limited in some way that prevents how the ribcage and the diaphragm move, then how we breathe is going to be impacted. Which is one reason I want to focus in on the exhalation in a few moments.

When we shift up the way that we move, when we shift up the way that our tissue functions, we can have dramatic impact on the way our breathing works. The way that inhale happens, the way that pause happens, the way the exhale happens, the way that pause at the bottom of the exhale happens, how the fluidness of that inhale and exhale happen. Like there can be such profound change.

And then when we think about the orifice as being a passageway for the esophagus, the inferior vena cava, and the aorta, now we start to see a greater impact on how our tissue can or will impact the way we have flow in our body. And our breathing impacts that flow. And I haven't even mentioned anything about the nervous system, right? The vagus nerve, the

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sympathetic chain, the phrenic nerve, those all exist in the thoracic cavity, but they have an impact elsewhere in the body.

So there's a lot going on here, and I don't mention that to overwhelm you with all of the anatomy. I mean, really, you can come on to Google or open up an anatomy book and see all of it and really see these relationships. It's more about how do these bigger pieces of our body move? How does the ribcage move? How does the abdomen move? How are those impacting the way the diaphragm moves? And how are they impacting your breath?

Now, you won't necessarily know how they're impacting your breath until you start to move. And then when you move and you notice yourself breathing better, and I don't mean like you've gone out for a run and you're breathing harder. I don't mean that. I mean, you've gone through a very deliberate specific breathing practice and you've noticed your tissue shift and you also notice that your breathing has changed.

So why? And what happened? That's where the curiosity lies. That's how you can really shift up the mechanics associated with your breathing. Lots of people believe that in order to get more air in, you've got to breathe in more deeply. And what I've seen over and over and over again are the folks who improve their ability to exhale actually get a better inhale in, a deeper inhale in.

And then what I mean by better exhale, I don't necessarily mean a deeper or trying to get all of the air out. That will work if you're breathing well. So I don't want to force all the air out because that can just create more tension and strain.

It's more when you start to get better and more coordinated patterns, better and more coordinated mobility, like very deliberate ways that your tissue is moving, you'll notice that your exhale will also improve which will then improve your inhale, curiously enough. So it's something for you to watch out for and just notice.

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Now, these changes can sometimes be subtle, but you might notice it in terms of like your brain clearing, like brain fog clearing, or you're sitting up straighter, or you just feel the breath moving in your ribcage in a different way, or it might be moving in your belly in a different way, the abdomen in a different way. But you're not actually trying to make it happen, yeah?

So let's explore this a bit from the perspective of exhalation. To get air out of your body the thorax needs to close, the diaphragm needs to move up. And that is what helps push the air out. So if that thorax is not closing or the diaphragm is not moving up, then our body will find an incredible way of making that happen.

It's not unlike with inhalation, if there's a limitation in getting air in, the body will often use the upper muscles of the thorax that attach from the neck to the ribcage to open up the ribcage and help air get into the lungs, they're called secondary breathing muscles. So that's a great way of getting air in because our system needs more air. And so likewise, the body's got a great way of helping close down that thorax so that air can get out.

Now, just like with the inhalation compensatory patterning, that exhalation compensatory patterning can lead to more problems over time. It can be okay to use, but over a period of time then you create a neuromuscular pattern that becomes more honed in. And it then leads to not better breathing, but much more limited breathing.

And interestingly enough, it can also lead to a lot of pain and strain because now there are muscles that are doing a job that even though they've got the ability to do it, if they're over utilized for that purpose and they're in an over trained state and aren't actually being used in the way that they could be.

So the muscles I'm referring to here are muscles that attach from the ribs to the pelvis. Think quadratus lumborum, lats, obliques, and rectus abdominus. So these are helping to bring that ribcage down toward the pelvis. And in doing so, that can help close the thorax to get air out. But as

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you can see, if this group of muscles, whether it's one or whether it's many, get involved too often, then it becomes a patterning.

And the one I really want to address here is the QL. That is a key reason why people seek out my help, is because of their quadratus lumborum. And we can simply free up how someone moves, not only do we free up how their QL feels and finally, finally, their QL is like “Ah!” And they feel, “Ah!” But their breathing also improves, they stand taller, they're more on their feet, they're more nimble and more agile. But the same goes for the others, the lats, the obliques, the rectus abdominus.

So I want you to consider a couple of things. Consider side bending, and think about a rolled up towel or a rolled up blanket which you can place at your ribs, about rib height, and you're lying on your side on the floor. So on your side you have a rolled blanket or a rolled towel, and you place it mid rib height so your shoulder can easily rest on the floor. And then place a pillow underneath your head.

So you're in a slight side bend here with this blanket or the towel underneath. Now, depending on who you are, you might need something a little more firm or a little softer. It just depends on the tissue quality and how effective you are at being able to side bend.

Now, the word effective I'm using with a grain of salt because you could probably get into the side bend, but once you're in it you might not feel comfortable. So then the effectiveness is dropped, right? So can you make the height of the towel or the blanket a little bit lower so that you're in the side bend and you also feel super comfortable?

Now, a pro tip is you don't actually need to have much of a roll in the towel or in the blanket. So if you're unable to be on the roll, just lower it down. I've had people quite literally use a bath towel, like a small bath towel, and that's where they start.

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And with it here, you're lying on your side with a pillow under your head, just easily breathe. And the pressure of the towel or the blanket and that pressure against the ribs can start to free up a little bit of what's there, just that pressure. And you can also then take your attention to the upper ribs. And then just notice how those upper ribs are moving or not moving.

You can place your hand on the upper ribs, and by upper I mean the ribs that are pointing up towards the sky. And can you very specifically move your ribs wide with your breath? Not by increasing the volume of your breath.

Now I speak more about ribcage and breathing on episode 98. But for now while you're here and while you're considering this, just imagine your ability to breathe into the sides of your ribs. Try not to increase the volume of your breath because everything can expand when you inhale more deeply. But more be deliberate about can you just, wherever you're breathing, bring the breath wide to the ribs.

And after a few breaths, come off of the towel or the blanket and then lie on your back. And then just notice what you feel before you move to the other side. And then doing the same thing on the other side and you'll get a chance to notice if the second side is easier or harder to connect into, whether you can feel that breath moving wide or not.

And then when you're ready, coming on off and then lying on your back. The way that I'm describing these exercises is not intended for you to be practicing along with my voice at this very moment, but to give you ideas to explore for when you're practicing. What I do want you to notice is how does your back feel? How do your ribcage feel? Is anything now different having been on your side? That's what you get to pay attention to in terms of the exploration.

So it's not that I was specifically trying to release the obliques, or release the QL, or release the lats or the rectus abdominus, but rather to help you move your ribcage to foster better lateral breathing. And then as a result,

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with that fostering of better lateral breathing, what can happen is that some of that locking down through the lats, the obliques, the rectus abdominus, and the QL can start to settle out because the ribcage is remembering what it is to expand and contract. So it starts to be able to close down more easily and more naturally on its own.

You can do something similar with a supine twist. So if you're on your back, and you bring one knee to your belly, try not to pinch in through the front of your hip there. What you might need to do is not have the knee come all the way towards the belly, but to give a little bit of space or breathing room in a sense into the front of the hip.

And then hold that knee with your opposite hand. And then bring the leg across your body. Keeping both shoulders on the ground. Be really easy with this. And keeping the shoulder, especially the one you're moving away from, keeping that one easy, easy on the ground, not holding it down hard. Because if you hold it down hard, now you're getting into the ribcage more, and you could be limiting your diaphragm.

And the idea here is to enable this twisting through your torso and seeing what results because you've done the exercise. But to do it in a way that is creating ease and that's more nurturing, rather than trying to force yourself into something. Allow awareness to be present while you do the movement. And then come out of it and then move to your other side.

So it's a movement, because we've got our hand into it it's a movement that's a bit passive, right? We're pulling that leg across and we're moving into rotation, which can sometimes free up not only the obliques in a rotational sphere, but also the muscles that are in the sagittal plane because the rotational muscles end up supporting the muscles in the sagittal plane.

So when they get more fired up, those rotational muscles, the obliques, then that rectus abdominus can settle out. Sometimes the QL can settle out because it's got a role of side bending, and the twisting supports that side

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bending. So sometimes this can really free up the breathing and the patterning that's associated with pulling those ribs down towards the pelvis when this might not be a pattern that's actually needed.

And when you come out of that, just again, notice what you notice as a result of how you feel and what you feel and what your breathing feels like. And just allow yourself to notice, again, what you're aware of.

With this episode I shared with you my take on the inhale, pause, exhale, pause. I explained a bit about the two cavities, the thorax and the abdomen which are sitting in the torso, and the mechanisms of breathing as it relates to that context. And then looking at a pattern around exhalation, which can be a limiting pattern. And then two exercises that might be able to free that up a little bit for you. Just remember to go easy with those exercises, okay?

And we'll see you next time on another episode of Exploring Your Breath: A Run-Up to Mechanics Of Breathing. If you loved what you hear, if you're really resonating with the concept, then do head over to learn.functionalsynergy.com/breathing. I would love to teach you inside of our January course, take good care.

If this episode has resonated and you're looking to deepen this idea of getting your body back on board, of listening deeply to your symptoms, of listening to the whispers so you don't have to hear the screams and you're looking for one to one support or professional training, then reach out to us at health@functionalsynergy.com where we can customize your learning path. That's health@functionalsynergy.com. Looking forward to hearing from you.