

# Ep #152: Exploring Your Breath Part 10 - Mechanics of Breathing: Your Collarbones, Ribs, and Your Breath



**Full Episode Transcript**

With Your Host **Susi Hatley**

[From Pain to Possibility](#) with Susi Hatley

## Ep #152: Exploring Your Breath Part 10 - Mechanics of Breathing: Your Collarbones, Ribs, and Your Breath

**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 we finish up the miniseries on exploring your breath, the lead-up to Mechanics of Breathing. Which is my multi week program that begins January the 16th and runs for 10 weeks, where you get to really explore the mechanics of your breathing, and how your breathing can change with weekly video drops and weekly group calls with me.

It's a terrific program to really help you explore and uncover how your tissue impacts the way that you breathe. And how it also relates to grinding and clenching and sleep apnea. And overall, how it can change so much in your body. You see, the thing with breathing is so often we think about getting more breath in, right? It makes a lot of sense that we think that way.

The reality is, is before breath became breath, it was air sitting in front of our face. And then there's pressure changes, there's a vacuum, air comes in, turns into breath, it moves through the respiratory system, and then it goes out. But to do that, to make that all happen, there's an influence and an impact from the tissue around your head, your neck. Around your TMJ and your jaw, your ribcage, your abdomen, your pelvic floor, your hips, your legs, and yes, even your feet.

This all has an impact on how much breath can come in and how the functioning of the structures around breathing, how they function. So the piece about your tissue becomes so vital. And it's not simply about stretching or strengthening, there is more about this coordinated pattern and understanding and really listening and tuning into your system.

The quietening that happens when you go through this process, the down regulation or relaxation of your nervous system is really, really profound. You get to a level of quiet that is so familiar, but yet for so many people has not been felt, especially, especially in the past few years, right?

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So many people are just highly, highly sensitized. They are very much on a sympathetic side of things, meaning their sympathetic nervous system. Many people are exhausted. And in many parts of the world, we've seen a lot of respiratory distress. There's less hand washing. There's less masks. We're super tired. And people are getting sick.

So there's so many factors right now that are compounding to make breathing more of a struggle. Even if we don't even realize it's a struggle, until you start the practice of exploring your breath. Then when you realize what better breathing feels like, what that inner depth of quiet actually feels like, and then recognizing that you can recreate it for yourself consistently over and over and over again, and in turn begin to shift and change what is actually possible for how you can feel.

That's what this is all about. If this sounds intriguing to you and you would like to join us, then you can read more at [learn.functionalsynergy.com/breathing](http://learn.functionalsynergy.com/breathing), we get going on January the 16th.

All right, so let's get into today's exploration. And with today I want to return back to the ribcage. We're going to place our fingers in and around the collarbones, along the sternum, and in between the ribs really close to the sternum. Really gently we'll play and explore what the tissue feels like underneath your fingers and how some gentle focus and awareness in this area can really open up your eyes and your mind to the way that you're breathing and what it can do to your breathing.

One of the things we mentioned on a previous episode with my dentist, and my dentist Dr. Larry Stanleigh, is a remarkable, remarkable dentist. And not only a dentist, but a really remarkable human being in terms of who he is and how he does his work. And he helps a lot of people with sleep apnea, as well as all sorts of issues around airway and the jaw.

And he works collaboratively with many different professionals, including myself, including other kinesiologists, as well as people who work with the breath. Because he knows that even though he is providing mouthpieces, he doesn't call them mouthpieces, but I'll call them a mouthpiece for someone's mouth to support their jaw and to keep their airway open. He

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also recognizes how other professionals can help the body shift so that the airway doesn't have to collapse.

So the key here is throughout this whole exploration process I've been hearing back from people on email and through direct messages about how they're noticing these shifts and these changes and what's happening to their symptoms. Whether those are symptoms around snoring, or migraines and headaches, or core stability, or pelvic floor function, they're starting to see the relationship between the parts.

Understanding how our body functions on this nuanced level of relationship is not something that is often spoken about. We tend to look at like what is the linear way to gain mobility or to gain strength? We mostly know that where the pain is, isn't the problem. But a lot of times the answer to that question is a binary solution of like, okay, well, let's just go to the hips. Or okay, let's just go to the foot. And it leaves the curiosity and the exploration sort of outside of the realm.

And the reason why I'm explaining all of this is because very rarely is healing and recovery a binary linear process. And that while there are causes and effects that occur with how we operate and work with our body, more of what occurs is correlation. And so as someone who doesn't have scalpel, or needles, or acupuncture needles, or dry needling needles, or massage techniques, or chiropractic adjustments. Really all I have, and I do not say this disparagingly at all, but all I have are my eyes and my ability to see movement. That's really it.

And when I can articulate to a client how and what I am seeing in terms of their movement. And they're able to feel that and then feel whatever that corresponding experience is in their body and then start to make those connections on the inside subjectively in a qualitative way, that's when the change really begins to happen.

Now, I know I've just spoken quite a bit about everything that's not the ribcage. The reason why I've done that though, is because what I really want to bring forward to people is this notion of paying close attention and

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listening. Allow the process to bring you to a place of quietness, not so much for contemplation, although you could use it for that.

But in that place of quiet, what then do you begin to notice? And notice what arises and what you start to see as connecting points between how your body moves, what you feel, the symptoms or the sensations that you experience.

I was saying to a couple of certification groups that I was teaching this week about how we live in a culture that has not honored our inner world for a very, very long time. We are a culture that honors formal evidence, right? We're looking for that quantitative understanding.

And yet, the number one thing that impacts a client's healing process and pace at which they get better, is their ability to tune in to their own subjective awareness and being able to articulate it. It happens each time, and the progress that a client makes is massive.

But to be able to teach this requires me to support someone to tune in and become quiet. And one way to do that is through the process of breathing. Of tuning them into the mechanics of their breath, of recognizing what is maybe impacting, or influencing, or even limiting the way that that air comes into their body and the way that that breath then leaves their body back into air.

When someone can tune into that, it's amazing what else they can tune into. And then when they're able to be able to articulate that to other professionals that they may see, whether they are medical professionals or other health professionals, it is remarkable the help that they can get from those professionals because they are more clear about what they're subjectively experiencing, and our subjective experiences cannot be seen by another person.

So often when a client can express subjectively what is going on and then I can see objectively what is going on, it's often not a direct correlation. It's not like they feel something in their knee and I see something in their knee. Oftentimes, they feel something in their knee and I'm seeing the objective

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movement pattern somewhere else. But then as I help them change up what I'm seeing objectively, they then notice subjectively their knee starting to change, right?

So, again, I'm a bit veered off from the ribcage conversation, which I'm about to move you toward. But I'm saying all that just to summarize what this whole 10 part series has been about with exploring your breath. It really, at its core, was about helping you tune in to become quiet to really be able to listen and recognize and tune in to some of the layers of you that may have been niggling at you or have now arisen and can get your attention. And now you can do something more with that data and that information.

So here we go into exploring your ribcage a little bit more. So we'll be placing our hands to start with, one hand at your heart, one hand at your navel area, and just to settle into how you are breathing now. So it's setting a baseline of where you are at now. And you can do this sitting, standing, laying on a bed, a couch, the floor, really wherever it is comfortable. You could do it on your side even. Whatever works the best.

And with your hand, one on the heart area and then one around the navel, just notice the way your body is moving with your breath. So as the breath comes in and your body expands, notice where that expansion is occurring. Perhaps the ribs, perhaps the abdomen, maybe one is moving more than the other.

Notice how it moves on the inhale and on the exhale. And not only like quantitatively what is moving, but also how does that movement feel? Is it full? Is it thin? Is it fast? Is it slow? Is it ratchety? Is it kind of thick or hard? Or any other word that comes to mind.

And then when you're ready, slide your hands up to your collarbones and find the bottom side of your collarbone. And gently bring your index finger, maybe your second finger, or perhaps your thumb, whatever is most comfortable in terms of hand placement, just to the underside of the collarbone.

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And you can start towards the middle and then very gently follow along the bottom side of that collarbone. And maybe you're doing both sides at the same time, maybe you're doing just the one at a time, it's totally up to you. And follow it or them out laterally toward the tip of your shoulder. And as you move, see if you can really feel what's underneath your fingers or your thumb whatever you're touching.

And allow for your breath to simply be your breath moving in and out. So you're moving only as fast as you can feel yourself breathing. And that whatever pressure that you're using, it's light enough that you can still easily breathe. So we're not trying to dig into this area at all.

And if you're noticing that there's any radiating symptoms, whether it is out towards the tips of your shoulder, or up toward your head, or down toward the pelvis, or more internal like to the center of your body, then you can make the movement a little bit less. Or if that's not working, bring your hands back to the breastbone in the navel and settle into your breathing. So taking your time moving along the collarbone.

And when you finish, place your hands back onto the heart area and the navel. And now notice what your breath feels like. And again, you can think about it from a qualitative perspective, how does it feel? It might be quantitative in terms of how deep the breath is. Maybe the ribcage is moving more, maybe you're getting more air in through your nose, maybe the breath going out is a bit different.

And if you haven't finished exploring, just pause the podcast until you're finished. And then you can join me for the next step.

So the next step of this is we'll do the same thing, but this time be on top of the collarbone. So if you bring your fingers to the top of your collarbone, and again, you can also use your thumb. It just depends on what's the easiest way to come in. You'll feel the very, very top of the collarbone and then gently come to the edge of that.

Now, for some of you this will be an area that will feel quite tight. It might feel like cement. It also might feel really, really soft. So let your fingers meet

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the quality of the tissue. So we, again, don't want to jam anything to try and open it or release it. We're tuning into what the tissue is doing. If you've gotten nails, you might want to try and use more of the pad of your finger.

And really, really gently move, and we'll start on one side, you choose the side. And we'll start on one side and just gently press into that top area of the collarbone, like the tissue, not the bone itself, but the muscle tissue that's attaching alongside that collarbone, and start to move very, very gently out towards the tip of the shoulder.

And be gentle enough like you're teaching a child how to pet a dog for the first time. And I remember actually doing that many moons ago. And I had a dog who was the perfect dog for a little kid to start touching, very, very patient. And with the little kid I would just say just be really gentle, really gentle with your hand. Slowly bring the hand over to the fur.

Just gently with your tissue, get a feel of what your tissue is doing and how it's responding to your own touch. And pay attention to your breath. And are you going in a little hard and you're no longer connected with your breath? Or are you noticing your breath change? And again, allow for your breath to be your guide here in terms of the depth that you take your fingers. And when you finish the one side you're working on, then let's come to the other side.

Now, as you're practicing the other side, what I find interesting about working with this area above the collarbone is a lot of people, because of sitting in front of the computer and arms are out fingers are on the keyboard, or even leaning forward looking at one's phone or iPad or other tablet or other phone, the area in and around the collarbones and the armpits can get overworked. It can feel stiff or tight.

So when we bring our fingers here to this area, it can free some of that tissue up. Now this tissue is around secondary breathing muscles. And if our abdomen is limited in any way or the diaphragm is limited in any way, and that limited abdomen is impacting the diaphragm, or the ribcage is somewhat limited or tight in any way and it's limiting the way the diaphragm

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is moving, our body will use our secondary breathing muscles to open up and get that air in.

And if we're limited in through and around this tissue at the base of the neck, that can have an impact on the way that breath comes in. It's also interesting that for people who I've worked with with asthma and other lung conditions, this is an area that can be very, very, very limited and can have an impact on the way that some people sleep. If we can free up the tissue around here, we can free up a lot around snoring and jaw clenching.

So when you've finished both sides bring the hands back, so one hand on the chest and one hand on the belly. You can also place both hands on the chest if you'd prefer, or both hands on the belly. The idea is just to take a pause and come back to what your baseline had been and notice if there's any change.

Okay, so now let's take your fingers and, again, the finger placement that you're using really depends on the size of your hand and how your hand feels like. So I tend to use my middle and my fourth finger, so ring finger and middle finger. But sometimes I might use my index finger for this next exercise, it just really, really depends.

So you're going to find the top of your sternum and along the middle line of your sternum, just draw little tiny clockwise circles. Just at the top of the sternum in the middle, and then slide down about a quarter of an inch, and then do it again.

Okay, notice that you're breathing. Okay, and then slide down a quarter of an inch, do the same thing. So you're basically massaging in little tiny circles along the mid line of your sternum or the breastbone. And doing a few circles and then sliding down, and then doing a few circles and then sliding down. Again, noticing your breath, not moving faster than the way that you're breathing.

And then when you finish that, then just take a moment and pause and notice the impact on the inhale or the exhale, or both. And again, we're looking at the quality as well as the quantity.

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And the other piece I want to emphasize is sometimes there is no change. And because there's no change doesn't mean anything is wrong or broken or not working. It simply means that the stimulus that was provided didn't have any significant change.

We're going to take both hands now, come to the center of the breastbone. And you're going to slide your fingers out to about a half an inch away from the breastbone. So you'll go to the edge of the breastbone and then go about a half an inch out. And you'll be about a rib or so down from the collarbones. And find the place between the rib and the rib below it and you'll feel the tissue that's between those ribs.

And then just very, very gently, tiny little circles again. After a few of those, slide down to the next space between the next set of ribs. And again, tiny little circles. And then slide down again, and again, tiny little circles. And keep moving down to each space between the ribs, tiny little circles.

I've done this exercise with people who have been coming out getting over colds and getting over other respiratory types of distresses, and they're coming out of them. And it's opened up how they have felt and how they breathed.

Other people have found that it can free up how they feel through their TMJ and through their head. It can feel like it's opening up through their throat. Some people feel it up along the back of their neck or along the backside of their ribcage. Other people down to their pelvic floor.

You can see how it has different impact for different people depending on the way that their tissue is related to each other. So keep moving down toward the bottom of the ribcage. And then when you've done that, just let your hands rest and notice what you feel. Has the breath changed, whether in quality or in quantity?

Now, sometimes when we're on our backs and we've released some tissue in the front, sometimes it feels very comforting to then roll over onto the front and place your hands underneath your forehead and just breathe. So if that feels like the next step for you, then go ahead and do that. Other

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times, people like to bring their knees to their belly, or roll over onto their side, or just lay back and breathe.

So choose the position, whether it's on the front, side or back. And take a moment to integrate and allow for this practice to settle through your body, tuning into your inhale and your exhale. And in a moment my voice will settle away, and you can stay here for as long as you would like.

Have a great, great, great time exploring.

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](mailto:health@functionalsynergy.com) where we can customize your learning path. That's [health@functionalsynergy.com](mailto:health@functionalsynergy.com). Looking forward to hearing from you.