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Breath Optimization – Breathing for Optimal Health and Performance

Frequently Asked Questions

1. What is breathing behaviour analysis?

Breathing behaviour analysis is the exploration of physiological and psychological learned breathing habits. Whereby identifying the history behind the dysfunctional breathing: the trigger/s that set off the behaviour and the desired outcome or reinforcement of these habits. These dysfunctions can be discovered by, but not limited to, intake forms, conversation, bio-feedback data from a Capnometer and/or other equipment. Guided overbreathing can be implemented to demonstrate how the client can go in and out of the dysfunctional breathing pattern and learn the symptoms that accompany the behaviour. By using a learning plan, a client can implement self-intervention to alter the learned behaviour until the habit has been dismantled and self-regulation is acquired.

2. Why is it important to differentiate between respiration and breathing? How is one different from the other?

The objectives of breathing and respiration are different. Breathing is the mechanics of moving air in and out of the lungs in whatever means possible, i.e., inhaling through the nose, mouth or a combination, fast or slow, chest or diaphragm. Breathing can be manipulated by a person themselves and is therefore programmable whether it is beneficial or detrimental to the person. Whereas respiration is reflexes and involves the gas exchange of Carbon dioxide (CO2) and oxygen (O2). The chemical balance of both gases is extremely important for optimal health and wellbeing. When respiration and breathing mechanics are misaligned/disconnected health issues can arise.

3. Breathing is behaviour. What does this mean? Why is it important to identify it as behaviour? Breathing is autonomic as well as voluntary. Controlling breathing can be beneficial as well as detrimental depending on the desired outcome, just as any behaviour. If the behaviour is detrimental, it is important to identify it, only at that time can one disengage from it and implement a beneficial behaviour to promote physical, emotional and cognitive health. Unidentified breathing behaviours could lead to symptoms being misdiagnosed and in turn, lead to undesirable treatment, i.e., prescription drugs or surgery.

4. What is the breathing habit anatomy?

Breathing is a programable habit, that is constantly learning and changing through cause and effect.

- Habits are composed of behaviours
- Habits are physiological configurations
- Habits are regulated by triggers
- Habits are motivated
- Habits have outcomes that sustain them
- Habits have a specific history
- Habits are solutions

5. Disfunctional breathing habits have a wide range of effects.

The effects of disfunctional breathing habits vary from individual to individual and from mild to severe. If an individual is sensitive, they can feel the effects immediately or depending how long they have been in a hypocapnia state, they may have desensitized, and are unaware of any symptoms. The effects are vast and can cause changes in emotional and physical sensations, cognitive function, and personality changes. Emotional changes can include, but not limited to, sadness, joy, rage, anger, and frustration. Physical sensations can include, but not limited to, tingling, pressure, pain, and cramping. Cognitive changes can include, but not limited to, light headedness, lack of memory retention, and disassociation. Personality changes can be altered by all the symptom mentioned above.

6. Breathing is psychophysiological. What does this mean?

Breathing is not simply an autonomic function; it can also be a behaviour/habit which was created by an event. The event or trauma becomes lodged in our psychology and then manifests into our physiology. There must be a motivation and a desired outcome behind the habit for someone to continue with the dysfunctional breathing pattern. For instance, if you are a singer and during an audition, you missed the high note in a solo performance, and the position was given to another signer. You felt embarrassed and a sense of failure. From then on, each time you auditioned for a singing roll, overbreathing is triggered, and you are unable to perform. The psychological outcome in this situation is not feeling the fear, embarrassment, and a sense of failure.

7. What is hypocapnia?

Hypocapnia is a decrease in alveolar blood carbon dioxide (CO2) levels below the normal reference range of 35mmHg.

Our services are "client-centered" rather than "therapist-centered." What does this mean?

A "client-centered" service means the client themselves unearth the situations, triggers, habits and outcomes with the guidance of the practitioner. It is a collaboration between both parties.