

# Body

## Language

**BY THOMAS MYERS**

**An excursion  
through the  
alphabet in  
somatic terms**

ILLUSTRATIONS BY TOM BOWMAN

## Part Two

**B**ody Language is a column where we explore the alphabet in terms of the body and bodywork. For each letter, we look at a letter's origin, introduce a bodywork approach that begins with the letter, and look at one clinical issue suggested by the letter. In the March/April issue we explored the letter E's origin and Emilie Conrad's<sup>3</sup> Continuum Movement; this issue, we explore the complete exhalation.

For our clinical exploration of E, since the meaning of *heh* is to exhale, let us explore one small aspect of this simple but profound movement. Simple because exhalation is at heart a totally passive process. It takes muscle to breathe in, to expand the rib cage and stretch the spongy connective tis-

sue of the lungs. Breathing out, in normal circumstances, requires no muscular effort at all—the elastic recoil of the lung tissues is enough to expel the air and return the skeleton, muscles and lungs to the starting position. (As we noted in the installment on the letter B, people can get stuck at either end

of the breathing spectrum—either collapsed, unable to fully breathe in; or inflated, unable to fully breathe out.)

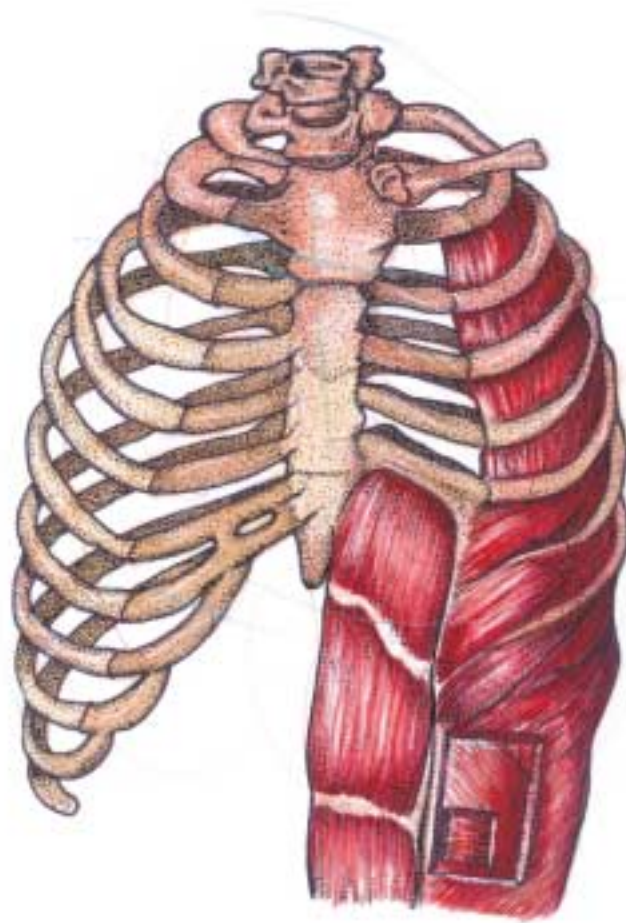
When I first started my bodywork practice, I was focused on the restrictions to inspiration—what was too tight to allow breath into the body. As the years have passed, I have focused more on the exhalation—what is holding on that stops the passive process of letting go of the breath. Both are important, but the exhale, as Emilie pointed out above, is about the dissolution of form, and the muscular resistance to the exhale is often about resistance to letting go, to being at one with the not-self (the surrounding environment). On the most practical level, restricting

the exhale leaves more dead, stale air in the lungs and breathing passages, and thus does not allow for the most efficient and complete exchange of air.

Quite simply, the rib cage moves up during the inhale, while the diaphragm moves down. The secret to the exhale is allowing the ribs to move down while the diaphragm moves up. Many people do not allow one or both of these to happen com-

pletely. Either the rib cage remains actively suspended, or, very commonly, the diaphragm remains partially contracted, partially pulled down.

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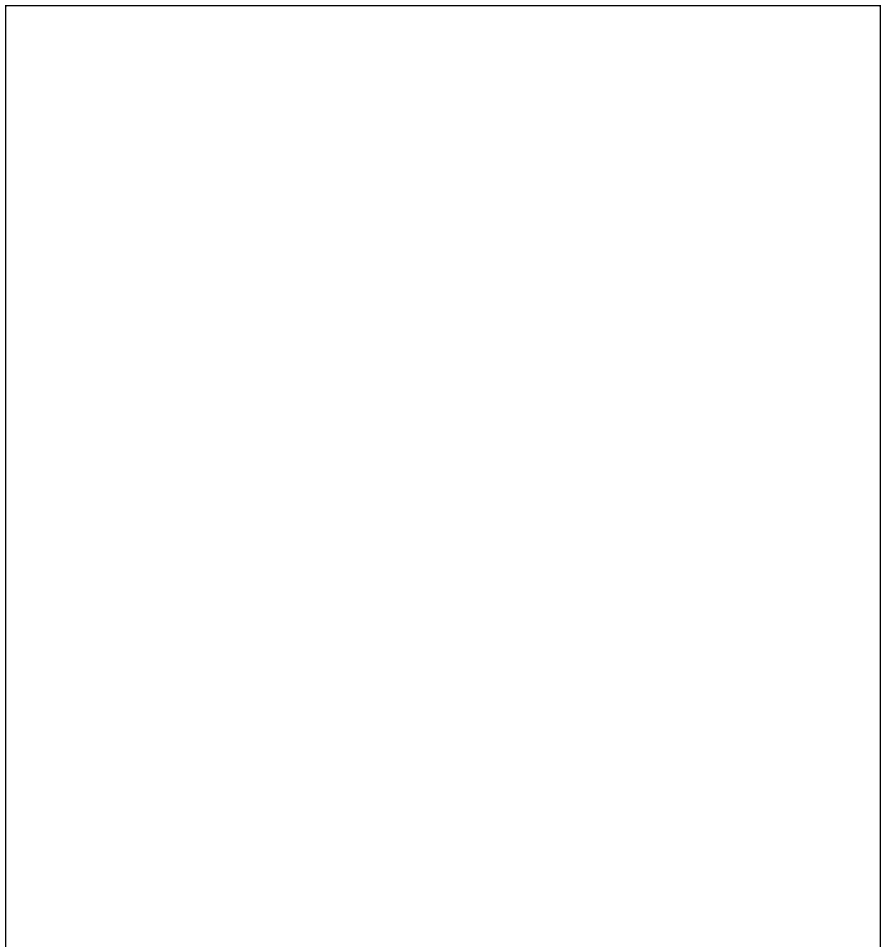
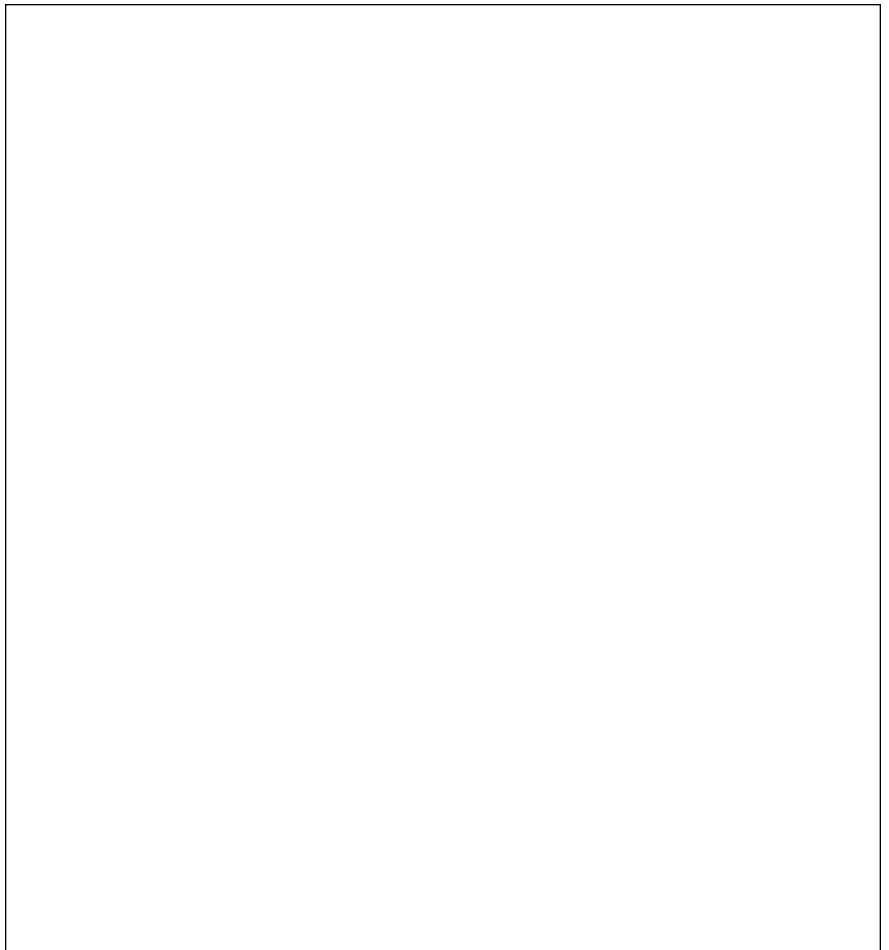


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the diaphragm makes goes through the whole set of organs that fill this cavity. Remember that the heart and lungs (or more properly the pleura and pericardium that surround them) are attached to the top of the diaphragm, and that the liver and the stomach (by means of the peritoneum) are hung from its underside. All the organs dance to a complicated tune in the movements of breathing, but let's just stick with the simple up-and-down of it right now.

Creating awareness of this movement, and increasing the relaxation on the exhale, is a very simple process. Place a hand gently on your client's belly. On each exhale, just let your hand sink into her belly and a little up toward her head, creating a small increase in the intra-abdominal pressure. With this somatic impulse as a reminder, encourage your client to let the diaphragm rise up to its full height on the exhale. Have her pause for just a few seconds when the breath is all out, just to feel the height of the diaphragm. You can keep this exercise going for some time, as long as the client's body is learning and changing with it. You



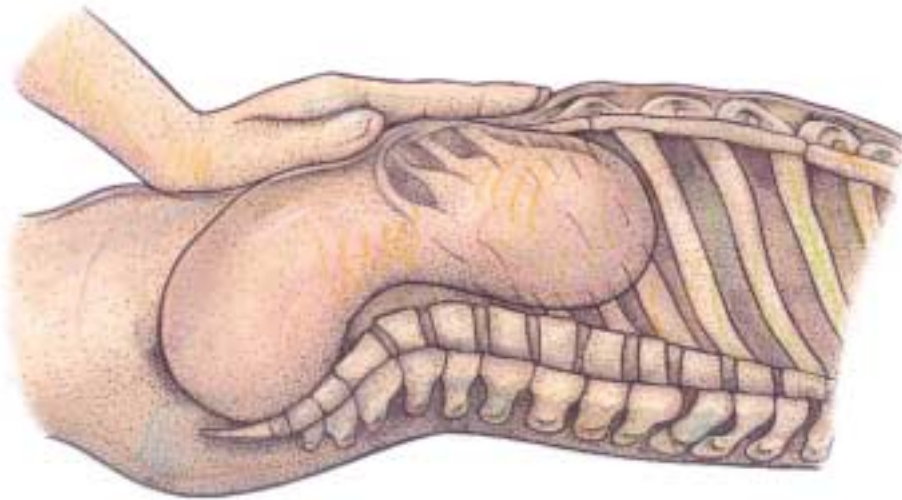
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While the inner part of the breathing mechanism needs to go up, the outer part, the rib cage itself, needs to ease down. The scalenes, the sternocleidomastoid, the serratus posterior superior, and the pectorals can all be involved in holding the ribs up, but our method does not involve working these muscles directly.

To ease your client's ribs down into the exhale, stand by the side of the table, near her shoulder but facing her feet a bit, again with the client supine. Place one hand below the bra line on the lower anterior ribs, and let this hand conform to the curve of the rib cage as much as possible. Place your other hand in the hollow of the shoulder just below the collarbone, so that it is contacting the upper ribs. (If this feels too intimate—in other words, if you feel you are contacting a female client's breast, use just the heel of the hand here. Touch with confidence and a clear intent and the boundaries will remain intact.)

Now watch your client's breath, and on the exhale assist the client's ribs in falling by pressing gently down and slightly in with both



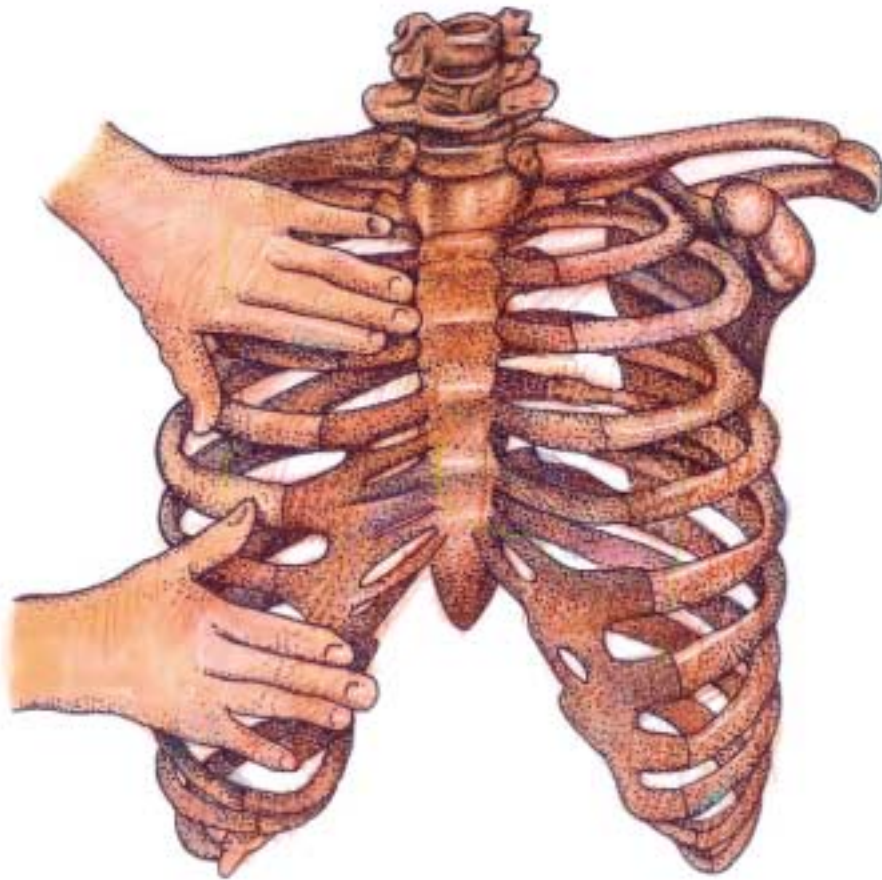
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hands, following the client's movement and augmenting it only slightly. Maintain the slight pressure through the bottom of the breath, resisting the movement of the inhale for a nanosecond to increase the client's awareness. You can repeat this for a number of breath cycles, switching sides occasionally to keep it balanced. Be sure to let your client breathe without your hands for a few cycles when you switch sides, so that they can feel the difference between the worked and unworked sides.

The viscera, diaphragm, and the connective tissues tying them together (what we might call the core) move down on the inhale, while the ribs and associated muscles (the sleeve) move up.

The sleeve settles down on the exhale, while the core settles up. These two complementary movements, sliding past each other, are both necessary to the full ebb and flow of the breath.

Both of these exercises have the best effect when the pressure is very steady and gentle. You cannot force anyone into a new breathing pattern (well, actually, you can, but it is one of the most long-term damaging things you can do). Increase the awareness of both halves of the breath—but especially, I have found, the exhalation—and a new pattern of breathing will emerge, rather than being imposed. This new pattern, especially if it involves a deeper, more resonant, more luxurious, less self-



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conscious exhale, can result in deep healing on many levels.

Healing as a function of the full tidal pulsation of the breath, its expression through the voice, and secret subtle power of prayer—a powerful combination hidden within the letter E. **M**

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*clinical settings. He directs Kinesis Seminars, Inc., which develops and runs international training courses for manual and movement therapists. Myers served as a founding member of the National Certification Board for Therapeutic Massage and Bodywork, and as chair of the anatomy faculty at the Rolf Institute. her articles have appeared in numerous magazines and journals, and a book is now underway on her Anatomy Trains Myofascial Meridians approach.*