

# Deep Breathing



**Deep Breathing:** a relaxation technique performed by purposefully taking slow, deep breaths. When practiced regularly, deep breathing provides both immediate and long-term relief from stress and anxiety.

## How Deep Breathing Works

During periods of anxiety, the body triggers a set of symptoms called the **stress response**. Breathing becomes shallow and rapid, heart rate increases, and muscles become tense. In opposition to the stress response is the **relaxation response**. Breathing becomes deeper and slower, and the symptoms of anxiety fade away. Deep breathing triggers this response.

## Instructions

Sit back or lie down in a comfortable position. Close your eyes, if you would like to do so. When you're learning, try placing a hand on your stomach. If you breathe deeply enough, you should notice it rising and falling with each inhalation and exhalation.



- 1 Inhale.** Breathe in slowly through your nose for 4 seconds.
- 2 Pause.** Hold the air in your lungs for 4 seconds.
- 3 Exhale.** Breathe out slowly through your mouth for 6 seconds.  
Tip: Pucker your lips, as if you are blowing through a straw, to slow your exhalation.
- 4 Repeat.** Practice for at least 2 minutes, but preferably 5 to 10 minutes.

## Tips

- If it isn't working, *slow down!* The most common mistake is breathing too fast. Time each step in your head, counting slowly as you do so.
- Counting out your breaths serves a second purpose. It takes your mind off the source of your anxiety. Whenever you catch your mind wandering, simply return your focus to counting.
- The times we use for each step are suggestions, and can be lengthened or decreased. Lengthen the time if it feels natural to do so, or decrease the time if you feel discomfort.



## **Deep Breathing**

It's natural to take long, deep breaths, when relaxed. However, during the fight-or-flight response, breathing becomes rapid and shallow. Deep breathing reverses that, and sends messages to the brain to begin calming the body. Practice will make your body respond more efficiently to deep breathing in the future.

Breathe in slowly. Count in your head and make sure the inward breath lasts at least 5 seconds. Pay attention to the feeling of the air filling your lungs.

Hold your breath for 5 to 10 seconds (again, keep count). You don't want to feel uncomfortable, but it should last quite a bit longer than an ordinary breath.

Breathe out very slowly for 5 to 10 seconds (count!). Pretend like you're breathing through a straw to slow yourself down. Try using a real straw to practice.

Repeat the breathing process until you feel calm.



# Sleep Hygiene

## › Set a schedule.

Establish a regular sleep schedule every day of the week. Don't sleep in more than an hour, even on your days off.

## › Don't force yourself to sleep.

If you haven't fallen asleep after 20 minutes, get up and do something calming. Read a book, draw, or write in a journal. Avoid computer, TV, and phone screens, or anything else that's stimulating and could lead to becoming *more* awake.

## › Avoid caffeine, alcohol, and nicotine.

Consuming caffeine, alcohol, and nicotine can affect your ability to fall asleep and the quality of your sleep, even if they're used earlier in the day. Remember, caffeine can stay in your body for up to 12 hours, and even decaf coffee has *some* caffeine!

## › Avoid napping.

Napping during the day will make sleep more difficult at night. Naps that are over an hour long, or those that are later in the day, are especially harmful to sleep hygiene.

## › Use your bed only for sleep.

If your body learns to associate your bed with sleep, you'll start to feel tired as soon as you lie down. Using your phone, watching TV, or doing other waking activities in bed can have the opposite effect, causing you to become more alert.

## › Exercise and eat well.

A healthy diet and exercise can lead to better sleep. However, avoid strenuous exercise and big meals for 2 hours before going to bed.

## › Sleep in a comfortable environment.

It's important to sleep in an area that's adequately quiet, comfortable, and dark. Try using an eye mask, ear plugs, fans, or white noise if necessary.



# Sleep Diary: Morning

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day of the week:							
I went to bed at:							
	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM
I woke up at:							
	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM
Last night, I slept for ___ hours:							
Last night, it took me about ___ minutes to fall asleep:							
I felt that the quality of my sleep was: e.g. very good, good, bad, very bad							
This morning, I feel: e.g. refreshed, tired, groggy, alert							
My sleep was made more difficult by: e.g. temperature, noise, dreams, thoughts, not feeling tired, discomfort							
During the night, I woke up ___ times:							



# Sleep Diary: Night

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
nap:							
yes / no	yes / no	yes / no	yes / no	yes / no	yes / no	yes / no	yes / no
caffeine:							
# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks
Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening
exercised for ___ minutes:							
indications or drugs I used today:							
throughout the day, I felt drowsy:							
<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never
<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes
<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often
Overall, my mood today was:							
e.g. positive, negative, neutral							
In the hour before bed, my activities included:							
e.g. reading, computer, TV, showering, phone, eating, spending time with partner							