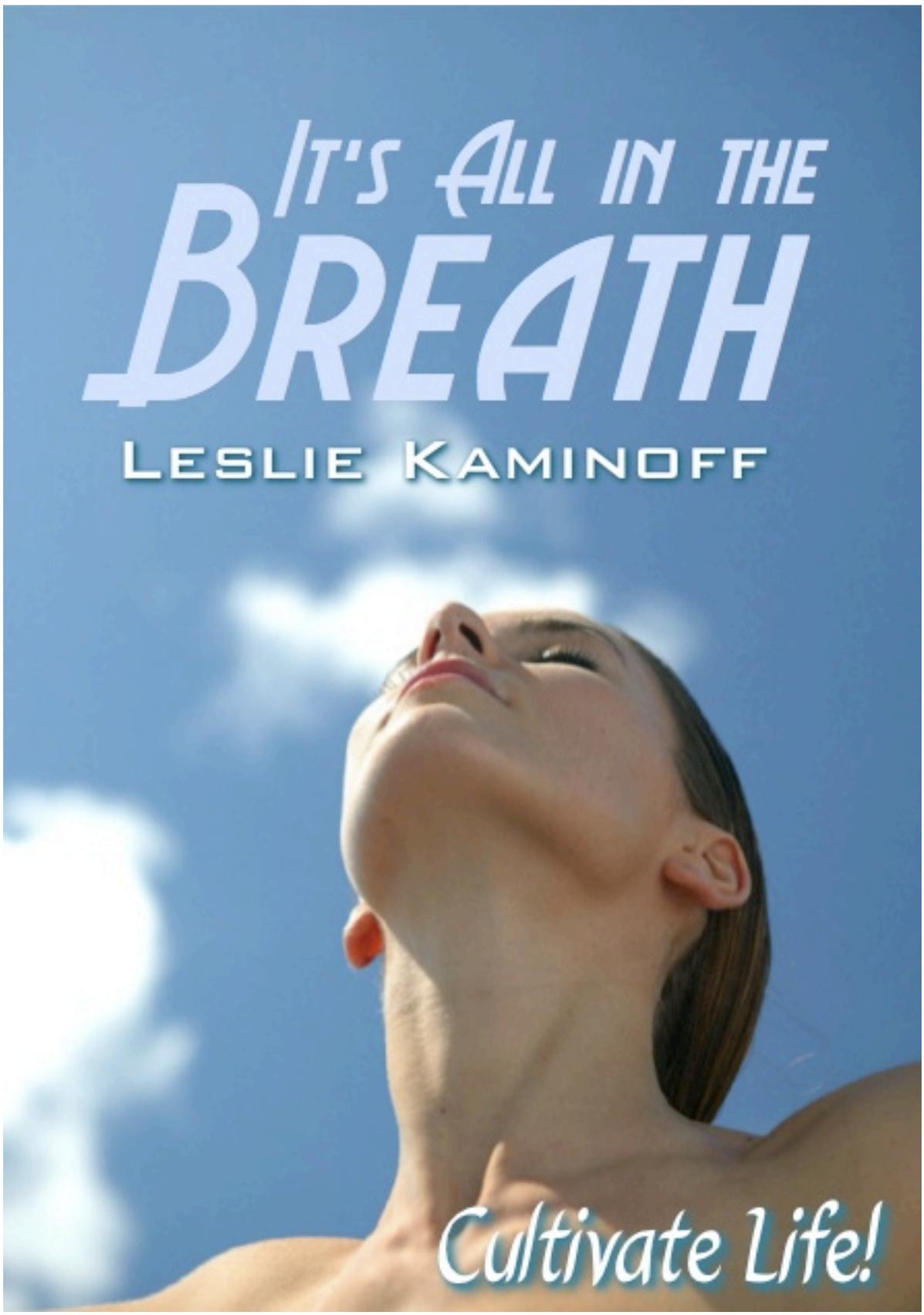


IT'S ALL IN THE
BREATH

LESLIE KAMINOFF

A low-angle photograph of a woman's face and neck, looking upwards towards a bright sun in a clear blue sky with scattered white clouds. The sun is positioned directly behind her head, creating a halo effect and casting soft shadows on her skin. Her eyes are closed, and her expression is peaceful and contemplative. The overall mood is serene and uplifting.

Cultivate Life!

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It's All in the Breath

Tami Simon speaks with Leslie Kaminoff

Tami Simon: ...Today my guest is Leslie Kaminoff. Leslie is a yoga educator with more than 30 years experience in the fields of yoga and breath anatomy. He's the founder of the Breathing Project, a New York City nonprofit dedicated to teaching the principles of individualized, breath-centered yoga.

Leslie Kaminoff is the coauthor of *Yoga Anatomy*, and with Sounds True a program called *Freeing the Breath: Health, Realization, and Clarity through Better Breathing*, where he helps listeners become liberated from dysfunctional breathing patterns and opens them to new levels of health and well-being.

In this episode of "Insights at the Edge," Leslie and I spoke about various misconceptions about better breathing, surrender, and what it might feel like to be breathed. We talked about a breath koan, and the power of attending to the exhale and allowing the inhale to take care of itself. Finally, we talked about the relationship between emotions and the breath, and what it feels like to take a beautiful breath. Here's my conversation—"it's all in the breath"—with Leslie Kaminoff.

Leslie, you're an expert on breathing, and what I'm curious about to begin, is somebody comes to you and they say, "I know I could have better health if my breathing was better. I feel it. I can sense it. I can sense that I'm tense sometimes. Sometimes my breathing is shallow. I don't have a lot of time to work on this to make any big changes in my life, but help me." What would you suggest?

Leslie Kaminoff: OK, first of all the word "expert" is kind of a scary word. I'm very interested in breathing and its relationship to well-being, and also the specifics of yoga practice and how it affects the mechanics of what we're trying to do in yoga. So this is the sort of thing that I've been looking into for the last 30 or so years, but I would really hesitate to use the word expert.

And to go to the scenario you suggested, that does happen where people come in specifically saying, "OK, I'm aware that I have a breathing issue." They could be suffering from asthma or some sort of panic disorder or some stress-related thing that makes them aware of their breathing. And they're looking for help specifically with that. But I should also point out that the majority of people who come in have a variety of other complaints that they don't recognize have anything to do with the breathing. And I consider it to be part of my job as an educator to point out the connection.

So to go back to the scenario you suggested, what would I say to someone like that who said, "You've got one hour, my breathing is broken, how can we fix it—" Is that a fair summary of what you're asking?

TS: That's perfect, yes!

LK: [*Laughs*] OK. Well, in pretty short order they would probably end up on my table with my hand in their solar plexus, and we would just take it from there. There's a whole conversation that ensues when I sort of feel around in the space and see how reactive they are to various angles and degrees and pressure in different locations.

What frequently happens is that I'll be having one conversation with them, but my hand will be having a whole other conversation with a whole other part of them. And during the course of the time that you spend doing that, the two conversations come together, and we start talking about the whole level of reactivity that we have on an unconscious level that governs the patterns of breath, and how they came to be, and what function they may have served earlier on in life and are not serving so well now.

Any kind of dysfunctional breathing that someone comes in with, you have to go back to a point in their lives where that actually was functional, where it was doing something valuable for them. You can't just hit the off switch and expect it to go away. You have to figure out how they can feel safe, or protected, or in control of their lives in some way, without the breathing do it for them.

TS: So let's look at what some classic patterns might be from childhood, where somebody developed a breathing pattern that, as you said, it was effective then but it's not effective now. Could you give some examples of what those patterns might be like, why somebody developed it, and then how they would let it go at this point?

LK: The one I'll speak about is the one I most often speak about, which is pretty much universal for everybody. And that is something we learn in our first day in diapers, which is our first day. And you know it's a very eventful day when we're born. We breathe for the first time; our entire circulatory system reverses itself. We start taking in nutrition through our mouths for the first time. And when you take in enough in this new pathway that nutrition is coming through, we get full.

And what we don't know coming into this process is that if we squeeze in and push down, that feeling of fullness, that pain, will go away. What we do know is that it hurts, and we cry. And that process of crying actually does fire up the very rapidly developing respiratory system, which has only recently begun to really oxygenate our bodies. This pumping that goes on with the crying, eventually leads to a squeezing in and pushing down, which gets rid of the pain.

We fire that up very early, that if we have something uncomfortable going on inside of us, in our gut, in particular that if we squeeze in and push down, the pain will go away. And it works perfectly well for pee and poo. It doesn't work so well for some of the other things that arise later on in life that create some discomfort in our gut, yet we still keep trying to do the thing we first learned to do, which is to squeeze in and push down.

And that's the pattern I'm having a conversation with when I put my hand in someone's solar plexus. It may be a little uncomfortable and they react to it, and if they squeeze in and tighten, there's a message that this thing will go away. Except when the discomfort is being caused by this very pattern, then something new needs to arise.

So that's the kind of universal thing people come in with for the most part. We all have that to a certain degree. I relate that pattern to this yogic concept that comes to us from some of these teachings that calls this the Brahma Granthi, the knot of Brahma. This is the knot of tension that occupies our central space in our system that prevents the forces of inhale and exhale from having a healthy relationship, because it clogs up the space where that relationship can occur. Some of the more esoteric teachings relate to this concept, but they are very simple and very ancient. But it goes back to that primary knot of tension we tie in our systems that we use early on in life to relief ourselves of internal discomfort.

TS: OK, so let's talk more about this knot. Would this knot naturally unravel itself, or does it only unravel itself if we consciously engage in yogic training or breath training?

LK: I think there's a variety of ways that people experience this unraveling. One of the great teachings of yoga is that we are multidimensional beings. And anything that affects us on any of our levels can create a shift in any of the other levels. I'm going to say here the famous motto that comes to us from the Upanishads that talks about these five dimensions of being, starting with the physical, and going to the breath and the mind and senses, and the deeper personality.

So I would say one of the great ways to become aware of this tension that we hold is through yoga, but it is certainly not the only way. You can read something in a book that you take in on more of a conceptual level that causes you to reassess your fundamental relationship with the universe that you inhabit, and that can create a profound in your breathing and in your body and in every system that you have. So there's no set way for it to happen.

We just know that in general, human growth requires a spiritual sense—and when I say "spirit," I mean in its original context of having to do with the breath. Most

people know that the word for spirit, *spiritus*, really is the same root for respiration, for breath. To have this spiritual unfolding, we need to overcome some of the earlier habits that we developed in life that we use for our survival. We find that at some point in our life, our survival strategies are getting in the way of living fully. And this is the human condition, and this what we all face, and that to me is what spiritual growth is. It doesn't have to be religious or even yogic. It's just what we need to do to live fully. We have to overcome what we originally intended to do in order to survive.

TS: So let's say, Leslie, that I want to take a breath-training approach with you to try to unravel this knot in the gut. I think a lot of people can relate to that: they have something in their gut that feels somehow like it's a fist or some kind of clenching that is in fact affecting the free flow of breath.

LK: Or it's like their second brain trying to talk to them and they've been systematically trying not to listen their whole lives. You know? You ever have a gut level instinct that you ignored, and later on find out that you wished you hadn't?

TS: Yes!

LK: [*Laughs*] So you know it's not necessarily about getting rid of something there. It's not that there's something there that needs to be eliminated. That's the illusion, really. Because originally there was. There was a big load of poo! And when you get rid of it, you feel better.

So it's not a thing. The knot, the Brahma Granthi, isn't a thing. It's an obstruction that consists of an accumulated set of habits—of habituated patterns that we've learned to do. Now needless to say, in some extreme cases it can turn into a physical manifestation like scar tissue, adhesions, that sort of thing. But for the most part it's more like becoming more sensitive to the message we're getting from there, because the knot really is what we learn to do in order not to hear what's happening. You know, to not listen to it.

So I just want to correct this idea that there maybe is something in there. It certainly feels that way for a lot of people, but it's not a thing.

TS: Yes, that's helpful. But OK, there's this sense of an obstruction in the gut. How do I work with that through breath training?

LK: Let me just say something about breath training in general. There's a term we have in yoga called *pranayama*. And it's commonly translated as "breath control," because it seems obvious that it divides very neatly into two words: *prana*, which means something like "breath" or "life force," and *yama*, which most people are familiar with—it's the first step of *raja* yoga, which means a "restraint" or

"control." The yamas are the things that you don't do. You don't harm, you don't steal, you don't covet, things like that.

But from my teaching tradition, that of my teacher Desikachar and his father Krishnacharya— Krishnacharya was among other things a grammarian and a scholar of the very high order, and he used to divide words a little differently than they were commonly divided. What he would remind us is that it's "prana-I-yama"; there's a long "ah" there. "I-yama" is the opposite of "yama." In Sanskrit, when you put "ah" in front of the term, it reverses its meaning. So yama is something like "restraint" or "control," and I-yama is something like "removing constraints" or "extending" or "lengthening" or "opening" or "unobstructing," rather than controlling. So both views are necessary for what we call breath training. I think we tend to overdo the control side because that's the obvious thing.

The obvious thing that we're working with when we learn to do yoga or breathing exercises, or anything else that involves conscious breath training, is we start getting a little more control over our breathing. But that's only half the picture. Our breathing is voluntary to be sure, but the amount of voluntary control we have over our breath is quite limited. It's also an involuntary action, and thank goodness it is. Otherwise you'd fall asleep and you'd suffocate.

So to have a relationship with the aspect of our breathing over which we do not have control is in my view the most important aspect of what I help people do. So the very word "training" tends to put people in that mode of control and exercises and ratios and all these manipulations we can do with the breath. What I frequently find myself point out to people when they realize this is that you know it's really hard work to not work so hard. Once you start unconstraining the breath and realizing all the control you've already been imposing on it, it takes a lot of focus, a lot of attention to what you're doing, to not do that. So I would use the word "training" very cautiously when it relates the breath, so as to not overemphasize the side of it that I think most people get hung up in.

TS: OK, so now I'm very interested in what is a beautiful full breath that really changes the shape—you would say to somebody on the table, "Oh, what a beautiful breath!"

LK: What am I seeing?

TS: Yes, how does their abdominal cavity appear, what's the movement like, and what's the thoracic cavity appear?

LK: Well, the abdominal and thoracic cavities don't even show up as separate cavities in a released breath, because it seems to be happening everywhere at once. It's very three-dimensional. The diaphragm is a very three-dimensional

muscle, and its action on changing the shape of both cavities is very three-dimensional. You know it when you see it. And you know it when you feel it, because it feels very different. It feels like you're getting, and it looks like the person is getting, an enormously greater quality of shape change with tremendously less effort. It feels like you're working one-tenth as hard, to get ten times more breath. That's the experience of the person feeling it, and that's what it looks like when you're seeing it.

The assumption here is that the person is lying supine on my table, but this can happen in any position, because gravity and the shape of your body will affect the relationship of the cavities and the pattern of shape change. There's no one right way to breathe, or one pattern you want to be seen.

But it's a quality, really, that is vastly different. It's less labored, less energy being expended, less extraneous muscle contraction around the neck or the shoulders or the chest, the sound is different, it feels like the pathway through which the breath is moving has become unobstructed and less controlled. There's a corresponding shift in skin color, and the person's facial expression will change. It's almost like, sometimes when people lie down on the table it looks like their body is lying down, but their breath is still standing up. So the best way I can describe it is, it looks like all of them have finally become horizontal. So those are some of the descriptors I would say for that shift.

TS: Now, as people are listening, I want to make sure that they are tracking with you about what this breath might be like, where you don't even feel the distinction between the abdominal cavity and the thoracic cavity. Can you help us understand first of all how you would recommend someone tuning in to what you're describing here?

LK: For some people, certain visualizations are useful. Even just visualizing a 3-D spherical image can free you up from certain breathing patterns. It can free you up from certain thought patterns.

TS: Now, what do you mean by "visualizing"? I'm visualizing my belly as a 3-D sphere?

LK: No, just visualizing a sphere. Just see it, close your eyes, and see it hanging in front of your head in space and make it very real. Let it be any color you want it to be. Let it be a little translucent so you can see all the surfaces at once. In other words, you can see the back of it through the front. So it's like a bubble or balloon.

TS: How big is it?

LK: As big as you want it to be. I don't care.

TS: OK.

LK: As long as it's an image of a 3-D spherical object and you can see it as a sphere, not just a flat circle but a sphere, and then just picture it growing bigger and smaller. That's all you have to do.

Eventually, what you'll notice is that you'll have a tendency to want to make that rhythm of the sphere change shape, and coincide with your own breath. And sometimes people feel that their body is the sphere, or that the sphere enters their body, or their body enters the sphere. We're very open-ended with these things. We try to let the visualization go wherever it wants to go, so long as you have the element of a 3-D sphere being visualized, and that it's changing its shape on the rhythm of the breath.

And the reason this works is that it shifts your hemispheric dominance from your left-brain toward your right-brain hemisphere. Whenever we're doing manipulation of the breath, like the seesaw breath that I mentioned before, or counting with a ratio, or whatever, it's very sequential. It's a time sequence thing. This, then this, then this. Also these methods of controlling the shape change, like inhaling in such a way that you feel an expansion from the top toward the bottom of your system, or making the exhale contraction from the bottom toward the top, it's kind of a linear sequential thing, which is very useful. And we tend to use our left hemisphere to manage these sorts of things. It also is the language side of the brain, so when we're getting an instruction and hearing it verbally and interpreting it in our body, that's all left-brain activity.

Now, when you visualize something, in 3-D, you can't micromanage it. That's not a sequential thing. You have to grasp it as a whole. That's what your other hemisphere, the right side does. That's why I try to make certain that we don't get too left-brainy with people. That we spend a significant amount of time getting them to shift into the realm, into that hemisphere, where a 3-D hole can be grasped in its completeness—all at once.

That mode of functioning gets related to the breathing as well. The diaphragm is a muscle that creates a 3-D shape change in both cavities, and that's the key to understanding the process by which we can free all the restricting forces that restrict those dimensions. You know, the belly breath that people teach and call "diaphragmatic breathing" is just one dimension of the breath. It's just one dimension of shape-changing in your cavities. It's the thoracic cavity getting bigger from top to bottom, but what about the width from side to side, what about the depth from front to back?

TS: It seems, Leslie, that in your work you're referring to various misconceptions—whether it's the yoga world or the way that people approach diaphragmatic

breathing—and I'm wondering, just because our listeners may not know the misconceptions that you're pointing to, if you would summarize what you think are the key misconceptions in the way that people are taught to related to the breath.

LK: Sure. Key misconception number one is that there's a right way to do it, which is why I never use the term "proper" or "correct" breathing. There are certainly techniques that can be taught and learned that have a proper way of being executed. It's important not to confuse the two concepts. There is a proper way to do certain techniques and that's what we coach people to do, but I'll come back to that in a moment.

But it's very misleading to give someone the impression, whether implicitly or explicitly, that this technique that they're learning is THE right way to breathe: this is now the proper way for you to breathe, this is the right way for you to be breathing, and this is how you should be breathing all the time. That's absurd! That's an impossibility, because we do different things with our body all the time, or are in different positions. And here I am, sitting in a chair with my feet up, and I'm talking to you and I'm holding the phone with one hand and I'm actually gesticulating with my other hand. These are all breath movements. These are all body movements. There's no right way to be breathing when I'm doing this.

The question is, is my system free enough to be doing this without any kind of undue restrictions? So getting it right is a mode of thinking and functioning that we're always having to pull people out of, because yoga and the things we teach is not about getting it right, it's about being free. Those are two distinctly different goals, primarily because if you want to be free—well, I think the first thing to be free of is this idea that you have to get it right.

Now, that does not in any way take away from the fact that yes, there are certain techniques that we teach, and yes, there are ways to do these techniques properly and correctly so that they are safe and effective. And yet, I would say that the benefit you get from a properly executed breathing technique is not from properly executing the breathing technique. It's that in the process of learning that technique, this new way of breathing, you have to unlearn your old way of breathing. That's where the benefit is.

So it's all of the little bits of tension and habit and all of those things in the system that you have to identify and resolve in order to do this crazy new pattern that you're learning. That's what you're after. You're after that, because once you learn this new pattern and this new technique and you're able to do it properly, then it's pretty much served its purpose. That's not the right way to breathe. And what you don't want is that becoming a new habit that you have to get out of at some point.

And so one of these habits—and this would be the second misconception, the first one being that there's a right way to breathe—is that the proper way of breathing is belly breathing, that the diaphragmatic breath is this bulging of the upper belly.

TS: Now, when you're referring to the upper belly, what part of the belly? I want to make sure we all know what you're talking about here.

LK: Let's just say from the base of your rib cage to the top of your navel. I would say the lower belly would be below the navel.

TS: So you're saying that there are some schools that teach that the proper kind of breathing is breathing from the upper half of your belly?

LK: Breathing into the belly. I wouldn't say some, I would say most.

TS: OK.

LK: Because that's the way the action of the diaphragm is understood in most, not just yoga schools, but people who teach breathing—whether it's a voice teaching, or acting, or martial arts or whatever. There's this idea that when the diaphragm contracts, it is shutting downward on your abdominal viscera in your upper abdominal cavity and causing them to bulge forward.

Most people who teach this don't suffer from the misconception that it's filling with air, that that's why your belly is bulging. In fact, they don't even say bulging, they say expanding, which in itself is a misconception, because the abdominal cavity doesn't actually expand in the process of breathing because it doesn't change volume. It's like a water balloon, so it bulges, but that's a detail. A lot of people, though, without being corrected, do think that the reason their belly is bulging is because there's air going in there. It certainly isn't. It's going into and out of your lungs. This is a pressure that's exerted on your abdominal cavity by the diaphragm, which can cause this particular type of shape change that is called "belly breathing," which is equated with diaphragmatic breathing.

One of the things that we are always demonstrating and teaching people is that the diaphragm is fully capable of moving the rib cage also. Yes, it can create a downward bulging pressure on the upper abdominal cavity, but it can also create a lifting, opening action at the base of the rib cage, which creates chest movement. Now, a lot of people are told that chest movement is not diaphragmatic breathing, that it's some other muscles that are moving the chest. This creates a very damaging misconception, and a dichotomy between belly breathing, which is created with the action of the diaphragm, and chest breathing. People are told that chest breathing is something else, and it's not good. Diaphragmatic breathing is good, which means belly breathing is good. Chest breathing is not diaphragmatic, which is bad, which means chest breathing is bad. This is kind of a damaging sort

of syllogism that gets promoted in the breath-training world that we've been doing our best to torpedo over in the West.

TS: OK. And in your view, can you tell me what the healthy or freeing relationship to the diaphragm is?

LK: Recognizing its three-dimensional potential and making the most of it and getting the hell out of its way. You're not going to get me to tell you what proper breathing looks like.

TS: Now, this idea of getting out of its way, in the program *Freeing the Breath*, there is a very interesting line that I want to repeat here. You know, I thought this was like the breath koan in a sense. So here's the line: "Is it possible to observe your breath and not control it?" And I'm wondering how you might explain this, and how somebody might work with that idea. Is it possible to observe your breath and not control it?

LK: First of all, it is, and second of all, it's very difficult. So do you want me to explain it, and then tell how to work with that?

TS: Yes.

LK: OK. By way of explanation, I would say that most of the time, most people are not aware of their breathing, yet they are breathing. And this is why I say thank goodness that it's also autonomic. So usually when we are not aware of our breath, we are not controlling it or consciously manipulating it in any way.

When we are aware of the breathing, it's because something is happening that requires our attention and control over the breathing, like for example there's a bad smell in the room and you don't want to inhale so deeply because something stinks. So you instinctively, but certainly consciously as well, won't breathe deeply. Or let's say you're an actor who needs to learn how to project to the back of the theater. You need to take control over your breathing mechanism so you can do that, and work out the relationships between those cavities and those vocal cords and your head spaces and all of that, but that takes some conscious training and manipulation and control. What I'm saying is that generally speaking, when we're not aware of the breath, we're not controlling it, and when we are aware of the breath, we are controlling it.

What almost never happens is becoming aware of the breath and attempting not to control it. And that's what happens in this sort of meditative contemplative state that I would call a *svadhyaya*. *Svadhyaya* is a term we get from yoga, particularly from Pantajali, who compiled the *Yoga Sutras*, as this idea that the *sva*, the self, can be gotten next to. *Dhyaya* means "to get next to." So *svadhyaya* means "to get next to oneself." It's about self-study; it's about introspection. It's one of the

fundamental legs of the three legs. There's this tripod that supports yoga practice in the *Yoga Sutras*, and this is one of the legs.

The other is about control. It's about the things that we can take some control over. It's called *tapas*. It's about changing habits or changing habitual ways of operating.

The third leg is about the things that we don't control. It's about that which is beyond us, beyond our ability to control, beyond our individual volition. It's called *ishvara pranidhana*. So I consider the breath to be the ultimate teacher of these principles, because it's both voluntary and autonomic. This awareness, this *svadhyaya*, if you will, is what we need to employ to understand this and have the proper attitude toward both, toward that which we can control and that which we cannot. So all of that is packed into that koan of "Can you be aware of your breath and not control it?"

Or another way to phrase it is, "Are you in control of your tendency to want to control your breathing? Or is your control out of control?" It's a mind thought; there's no way around it, but that's what a koan is. Eventually, the whole process shuts down your brain and something else starts happening.

TS: OK, so I'm going to take our conversation to a slightly less technical arena.

LK: It doesn't get more technical than mind fuckery.

TS: That is true, Leslie.

LK: So yes. There's nowhere we can from there.

TS: Exactly. We're going down.

LK: OK.

TS: We're going down. Let's say I find myself in a situation where I clearly feel like I'm breathing in a rapid and shallow way.

LK: And you don't want to be.

TS: And I don't want to be.

LK: And you don't want to be in a yoga class.

TS: No. I want to be more calm and balanced and centered. What would you suggest in that sort of situation?

LK: There's two things. What you can suggest to somebody when they are in the midst of a kind of panic attack is very different than what you would suggest to that person when they're not, and you're trying to help them not have them. So just taking slow, deep breaths is the worst thing that you can try to do.

TS: You're contradicting everything that everyone has ever said about breathing that I know so far. But that's good, Leslie! I like. So why would you not want to take slow, deep breaths if you find yourself anxious?

LK: Because if you could simply take slow deep breaths, you wouldn't be having the panic attack in the first place. The assumption there is, if it is an attack and it is something that is disturbing, that the pattern has gotten beyond your ability to control it. If you had the ability to control, you would simply stop and take slow deep breaths. The more control you try to seize over that situation, probably the tighter you're going to get, and the more the pattern is going to be rooted in place.

What I would say is, at that point, what you need to do is stop trying to take more air into your body. It's totally counterintuitive. Stop trying to breathe deeply. Exhale, blow it out, and hold it out for as long as you can. And then relax on the inhale. That's basically it. Blow it out [*sound of air being blown out*], and hold for a moment if you can, because it will be very difficult because everything in your system is screaming for more oxygen and we equate inhaling with getting more oxygen.

What's probably actually happened at that point is that you have too much oxygen in your bloodstream already. You've hyperventilated. The problem is that the oxygen is not getting out of your bloodstream into your body's tissues, particularly into your brain because you've blown off too much CO₂. You have released too much carbon dioxide from your system, and it's the CO₂ that allows the oxygen to be transported via the hemoglobin into your body's tissues.

So what you want to do is [*sound of strong exhale*] exhale and hold. During that hold, your body is going to start building back up its reserves of carbon dioxide, and you're going to feel less suffocated. It's completely counterintuitive, to get more oxygen delivered to your body's tissues by exhaling and holding out rather than trying to inhale, inhale, inhale.

Now again, this is something that people are more able to practice when they are not in the midst of having a panic attack. And yet, if I encountered someone who was having one, that would be the advice that I would give them. Just exhale, exhale, exhale. Stop struggling to inhale, and when you take care of the exhale, the inhale takes care of itself. That's sort of one of the aphorisms that we work with breathing.

TS: That's interesting. When you take care of the exhale, the inhale takes of itself.

LK: In other words, make the space in your body, and the universe will fill it. It always does, it always will. Someone who has a chronic breathing disorder does not live in that universe. They live in the universe of "I need to take this next breath because it's not there for me and it's my effort, my inhale that's filling me up." But that's actually not true. The energy that gets the breath into your body is not in your body at all. It's outside of you. It's the atmospheric pressure. It's the weight of the air molecules that we live inside of, which is pretty heavy. It's 14.7 pounds per square inch at sea level. And those molecules want to push their way into your body. All you need to do is make the space.

Remember I said earlier sometimes just hearing a concept can shift your whole perspective including your body and your breath. I've had people who've had lifelong breathing disorders, when I explain that to them that the universe has helped them take every single breath that they've ever taken—whether they recognize it or not—and they can just relax and let the universe do its job of filling your body with air molecules, you'll have a whole lot less of a struggle. And you can just see something shift. And they relax. And they finally, for the first time maybe, are trusting that the breath is going to be there for them.

TS: Let me see if I understand what you are saying. You've said that space itself, that a measurement of space has weight to it.

LK: Well it's not space it's air. In space there's no air. So it's not space, I'm talking about atmospheric pressure. We live in a sea of air molecules. We don't notice it because they're there all the time and they're transparent but they have weight and they're there. We know when there's less of them there. Go up into the Rocky Mountains and breathe air at 12,000 feet. You recognize right away there's less of that sea of air pushing down on you. And it wants to push its way into any available space that it can find. So what we're doing inside our body when we breathe, is we're making that space. That's all we do. We make the space and the universe fills it. It's when we think we're doing the filling that we get in trouble.

And to go back to that tripod of yoga practice, the ishvara pranidhana part is surrendering to the thing that is bigger than you. It relates to this idea of being breathed by the universe. There's a certain surrender to that fact that can happen which is very transformative once we grasp it. I've seen it happen over and over again with people with even severe lifelong breathing disorders. Sometimes you just have give them a friendlier universe to live in—a universe that wants them to breathe, that wants the air to come into their body because that certainly hasn't been their experience for whatever reason. It doesn't change the facts of physics that every breath they've ever taken was because the universe wanted them to have that air in their body. It's when we start trying to do the job of the universe for it that we get in trouble. You know? That's silly.

TS: Now...

LK: We're not that big! We're not that strong. We're not that powerful.

TS: Yes.

LK: We need to surrender to that. You know, I'm an atheist and you know I can have this conversation very comfortably. This is a spiritual conversation. That's just reality and grasping it and living in it. There's nothing woo-woo about that. It's basic physics.

TS: Is there something you do, Leslie, in your own life, let's say you find yourself like, "Wow, I'm not being breathed by the universe! I'm clenching in this way or holding in this way or tense in this way or whatever." What do you do when you notice that?

LK: I listen to my riding instructor and breathe. I ride. I have horses. I don't consider myself to be really, really good at it because I know people that are really, really good at it and have been doing it their whole lives and they're natural—like my riding instructor. And you know, here I am this breathing guy and I do all of this work and I do these CDs and DVDs and I teach this and I teach that. And here I am having someone reminding me to breathe. It's very humbling.

And the other thing about that is that you're on a 1000-pound animal with the illusion that you are in control of this animal. [*Laughs*] You're trying to use every resource you have to make this large animal, which is a prey animal, you're training them to ignore any instinct that they have, to do the things you want them to do. You're gonna use every resource at your disposal including the illusion that holding your breath is somehow going to help. So that's when I find myself needing to remember to breathe and to be able to use my inner thighs and my pelvic floor and my abdominals in the way I need to use to communicate with the horse. You're not controlling the horse, you communicating with it. It doesn't go one way. You have to feel what the horse is doing. You have to be able to feel like it's on the right lead or not or which way it's leaning or in the case of my horse, is he on the right lead in the front or the wrong lead in the back because he does that too. You know experienced horse people can feel this through their legs but you can't be gripping. So that's my challenge with breathing. It takes a thousand pounds of prey animal under me to get me to not hold my breath but it works. I do my lesson and I get a little better each time and there's always something new to be learned. It's something that you can never master enough—even the people who've been doing it their whole lives. They're reaching for more. It's a quite extraordinary thing with horses.

In the classic literature, of course, they didn't have cars. I use a lot of car analogies when I'm teaching about the breath but they didn't have that in the old

days, they talked about horses and chariots and things like that. The horse thing goes way back with yoga, too, in the ancient teachings.

TS: Now there's one part of our conversation that's kinda niggling at me which is when people move into...

LK: Did you say niggle?

TS: Yeah, niggling. When people move to feeling they're in control of their breathing or they're breathing in a shallow way, underneath it often there's deep emotion or deep fear about really letting go in the way you're describing. And I know from your work one-on-one on the table, I'm sure you've encountered the depth of people's emotional process around really letting their breath go and I'm wondering if you can touch on that some because we've been talking about it lightly and even glibly in a way, and yet there's a lot in that constriction for people.

LK: There's everything in that constriction. It's how we learn to regulate effect. You don't just throw a switch or find the volume control somewhere in your nervous system when you're young that allows you to survive your own internal states. You do it with your breathing. So when you start changing that, you're basically opening emotionally spaces in your system that you learned long ago to modulate. And it's good thing that you learned to modulate. It's not a bad thing. It's just how we survive. Children who don't learn to regulate effect end up becoming extremely damaged. There's lots of studies about all this. So it's all there. The breath is the emotion. You can see the depth of what's going on with someone via the degree of control they've erected around it. Everyone who comes in—whether it's with a back issue or a neck issue or a breathing issue or whatever it is, even if they come in saying they're having a kundalini crisis, I get those people too—this is the emotions.

The emotions are an incredibly powerful part of it. And I'm of the opinion that our self-protective mechanisms are so robust and so deeply rooted in our own need to survive that people don't let go of tension, that they don't allow themselves to experience emotions, that they are not capable of integrating for the most part. That is assuming that the work we're doing is gentle and appropriate to that person. There are very aggressive breathing things that some people get into and this goes more into the whole kundalini crisis thing and these pranayamas and techniques that people sometimes misapply which can create extreme emotional imbalance. But for the most part if you are not dabbling in those realms, the work that I'm suggesting, this awareness and this shifting of patterns with an attitude of self-study, unveils things in their own time and pace in a way that can be integrated. And they need to be integrated. It's about boundaries and space. It's about dissolving some of the internal boundaries that we've erected around our own emotional spaces—but we can't survive without boundaries.

For every internal boundary that we dissolve, we have to erect one that's external. We have to do it in our relationship with others and with the world. For every "no" that we stop saying inside ourselves to our own emotions, there's a "no" that we have to be willing to say outside to other people because "no"—all of a sudden we are vulnerable and we're sensitive to the effects that other people have on us and our relationships have. And we need to create that protection out in the world, which is what an adult can do but certainly not what a child can do. Children can only erect the internal boundaries and so it's not about dissolving all boundaries, it's about having them live in the right place so that we can function more freely.

TS: That's very, very interesting, Leslie. I have to say that I've never heard anybody say that, that when we dissolve internal boundaries we need to erect external ones. I've never heard anyone say that.

LK: Again, it's simple physics. We need boundaries in order to survive. Adults need adult boundaries. We need to sort of replace the internal ones that they erected as children with more adult ones. Think about the early relationships we have with members we are attracted to. Eventually we realize that certain traits that made them attractive probably were traits that people had that we grew up with. In other words you end up replicating your family dynamics in these other dynamics. The reason for that is quite simple: we already had the defense mechanisms in place that can deal with them. These people are familiar for that reason. Eventually we catch on and we start saying "no" to certain types of people because we don't like how we feel inside when we're around them because it reminds us of whatever we had to do when faced with similar sorts of relationships. I'm not going off the assumption that everyone's upbringing was in a dysfunctional household. It's just that we are very, very sensitive when we're young. I often say it doesn't matter if you were raised by Ozzie and Harriet, or Ozzy Osbourne. You're going to have a hard time growing up because you're sensitive and you learn to create these boundaries and you have to at a certain point identify it, recognize it, and replace them with something more functional. There's this New Age-y thing where it's all about having no boundaries and opening to everything. That's just a recipe for insanity.

TS: Now just a couple of final questions for you. We talked previously about the misconceptions that there are about how to free the breath. How is it that so many people out there have it wrong but you, Leslie Kaminoff, and the people you are training have it right. What's going on with that?

LK: [*Laughs*] I'm smarter than everyone else in the world! No, actually I don't think that everyone has it wrong. There are some people who really do wonderful work who really do understand this and I happen to know a few of them, people whom I consider friends and colleagues. And some of the deeper teachings from the spiritual traditions speak of this very beautifully, poetically, and symbolically.

Not necessarily explicitly in a way that you would understand upon first hearing or reading. There's two parts to your question. Why is there so much misconception? And how did I come to understand it the way I do?

TS: Yes.

LK: I think there's a lot of misconception because particularly when it comes to breathing the deepest principles that govern it are really counterintuitive. The reason for it goes back to what I was saying earlier—that the universe fills us and that's really where the energy is that gets breathed into our body. It's coming from outside of us. We think it's something we're doing. I have a thing on my desk and I want to move it from the left side of the desk to the right side of the desk. It's perfectly obvious how to get that to happen. I see it, I reach over, I grab it, and I move it. And that's how we're accustomed to getting things accomplished. You exert some energy and you do it. If it's a hard thing, then you exert more energy and you get it done. The harder the thing, the more energy you exert to get it done and that's basically what we've learned. Now if I wanted to get that thing on my desk to move from one side of my desk to the other in the same way that my breath works, I would have to go over to the place where I want the thing to be, and somehow create a vacuum that's strong enough to suck the thing into that space. That's how breathing works, but that's not how I rearrange my desk. It's not how I do anything out here in the world. I accomplish things by doing them. When you use that way of accomplishing things in your breathing, if you apply that to your breathing, you get in your own way and you end up fouling yourself up. So this is a very counterintuitive situation when it comes to breathing and yet a lot of people don't grasp that, because it is counterintuitive. Again in the esoteric literature and the spiritual teachings that have come to us, they all point to this idea—this idea of doing through non-doing and getting out of your own way. I've just have been trying to make it explicit based on these simple anatomical principles of breathing.

This goes to the second part of the question. I've been focusing on this stuff for three decades now and it's kind of an obsession that is never far from my thoughts or my mind. So breathing and the principles behind breathing is sort of the filter through which I view just about every issue in my life, whether it's personal or professional, and every person I encounter that I work with professionally certainly. It's sort of like a lens through which I'm viewing all the things I encounter and it helps me to sort out what's really important. Oh, is this something I really have control over or something that I don't. Maybe I need to surrender to it. So this process of contemplation about all of these things, this swatyiya if you will, has turned into a kind of samyama, which is another term we get from the sutras which is when you bring your powers of concentration and focus onto a singular subject or object for a certain length of time, certain things start revealing themselves to you. This is what they talk about in the third chapter of The Yoga Sutras. Stuff just shows up. Stuff starts making sense when you're viewing things

through a filter like breathing that helps you to sort things out. That's I think the best explanation I can give on how I come up with this stuff.

TS: Which does lead me to my final question, which is that I was curious what was going on in your life and how you became so obsessed with the breath.

LK: [*Laughs*] Well, I didn't have a breathing disorder, at least nothing that manifested obviously. I was teaching yoga and had been trained to teach yoga by the Sivananda organization originally way back in 1979. And I was beginning to notice that not everyone's body is the same. Even though I was teaching the same class and the same asanas to everybody that came to the class, everyone was responding to these practices differently and I began what it was that was underneath this. That's how I initially got interested in the anatomy and I first started thinking about the breath in a deep way in relation to that after I was told by my friend Larry Payne who one of the founders of the International Organization for Yoga Therapists. This is way back in 1981, I guess when I was in Los Angeles. I was told by Larry that this one teacher that he had encountered in India who had impressed him the most said that it's all in the breathing. That's what he told me about Desikachar as a teacher. He was talking about Desikachar. And I asked him what made his teaching so special, what impressed him. He had visited a lot of the top teachers in India and he said it's all in the breath. That's all he told me. And it resonated with me for whatever reason so I began really watching people breathe more carefully and even watching myself breathe more carefully when I was practicing. That was the beginning of it. So by the time I met Desikachar, I guess six years later in 1987, I had already been focusing on it for quite awhile. So that was the beginning of it.

What I find encouraging about the work that I do and that we do in the yoga world is that—everything that I've observed over the past 32 years now in this field encourages me—because what I've noticed is that the vast majority of the benefit that people get from what we do is from the simplest things that we teach them. To me, that's wonderful. By that I mean, the minute you ask a human being to raise their arms over their head and reach for the sky as they inhale and bend forward and reach down toward the earth as they exhale and then do some other movements that are similarly connected with this process of breathing—in other words as soon as you ask somebody to move their body and their breath and their mind in a coordinated and integrated way—magical stuff starts happening. I think that's what distinguishes yoga from other forms of physical culture, is the breath. I think it's at the core of what makes yoga, yoga. And the simple act of asking a human being to coordinate their bodily movements, with their breath, and their attention, their mind, yields spectacular benefits. And it's so simple and I find that incredibly encouraging. And it also explains why you don't have to be a super duper highly qualified yoga teacher to get pretty great results. All you have to do is ask people to inhale and exhale and move their bodies and amazing stuff starts unfolding.

TS: Wonderful. It's all in the breath. I've been talking with Leslie Kaminoff. He's created a new two-session audio program from Sounds True called *Freeing the Breath: Health, Relaxation, and Clarity Through Better Breathing*. He's not an expert, but he's sure does love the breath! Leslie, thank you so much!

LK: [Laughs.] Thank you. It's been a lot of fun. I appreciate it.

TS: SoundsTrue.com: many voices, one journey. Thanks for listening. ###

Leslie Kaminoff is the co-author of *Yoga Anatomy* (175,000 copies in print; Human Kinetics, 2007) and a yoga educator with more than 30 years experience in the fields of yoga and breath anatomy. He has led workshops for leading yoga associations, schools, and training programs in the U.S., and has also helped to organize international yoga conferences. He currently teaches yoga and anatomy in New York City and around the world. He lives in Great Barrington, Massachusetts. Leslie is the founder of The Breathing Project, a New York City non-profit dedicated to teaching the principles of individualized, breath-centered yoga.

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