

Utilizing Soap Bubbles to Teach Children to Achieve Abdominal, Slow, and Full Breathing

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Abstract: Children learn more effectively when age-appropriate play is utilized as a teaching strategy. This exercise teaches children abdominal breathing in a more entertaining and enjoyable fashion, using soap bubbles. This approach is clearly beneficial for early elementary children, but appeals to many older children as well.

Children who display learning disabilities, dyslexia, and attention deficit disorders (ADD/ADHD) in the first years of elementary school frequently display breathing problems, although they often remain unaware of these problems.

In these cases, I have used standard breathing re-education techniques to teach correct abdominal breathing.

Unfortunately I found that the usual explanations and demonstration bored the children and drained their energy. In many cases I was unable to guide the child to breathe adequately. The children were not ready to utilize and master the Heart Math Freeze Framer, which requires smooth, full, slow abdominal breathing in order to create the high levels of respiratory sinus arrhythmia necessary for positive results.

Seeking a playful method to achieve a more successful breathing education, I began using soap bubbles to teach children better breathing.

The results were wonderful!

First, I gained the full attention of the child. As a result, the children also welcomed the opportunity to practice this method at home as well.

The skill of breathing abdominally and in the correct fashion can be learned quickly with this approach. I also gained the full cooperation of the child in making supervised adjustments in their manner of breathing.

Another interesting discovery was that there is no age limit for this approach. The older children saw me utilize soap bubbles with younger children, and complained that I had not used the bubbles with them!

Method

First I give the soap bubbles to the child to make bubbles with no guidance or explanation at all. (I have found out that even producing simple soap bubbles seems to be a challenge, difficult to achieve at the beginning).

Next I instruct the child to blow strongly in order to be able to make bubbles.

The result is usually a large number of small bubbles.

As the child gains confidence in the bubble making process, I explain the difference between chest and abdominal breathing.

I ask the kid to create a big bubble using abdominal breathing with one hand on the tummy, to get the feeling. Then I instruct the child to count from 1 to 6 (and eventually up to 9) while blowing through the mouth, producing a single large bubble, and making sure it does not explode. Then I ask the child to inhale through the nose for the same number of counts to let the bubble shrink. If the bubble explodes during the exercise I say that this is not a problem and the child makes a new one.

The child then takes the bubble supplies home to practice until our next meeting.

In further sessions we shift to a slower rate of breathing -- 6 up to 10 times a minute according to the age and personal fit.

Using this technique I find that the child is calmer. Mastering the Freeze Framer also becomes easier, with many children producing good results fairly quickly. This eliminates frustrations related to more standard breathing re-education schedules with hyperactive children. Speech also improves with this method.

In summary I find that soap bubbles provide a beautiful, attractive and cheap tool leading easily and effectively to successful breathing re-education.