
Relaxation and Deep Breathing Exercises for Patients on a Psychiatric Inpatient Unit

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Introduction: Relaxation and deep breathing exercises are helpful for relieving anxiety and insomnia and you should include them in your repertoire of therapeutic tools on the inpatient unit.

How to introduce these exercises to patients:

- Which patients will benefit most? Just about any patient can benefit but you will generally give highest priority to those with significant anxiety and insomnia—including those with depression and PTSD. Be more cautious with psychotic patients since relaxation exercises can increase focus on delusions or hallucinations.
- How to introduce these techniques: Say something like... “Today, we're going to explore some relaxation and deep breathing exercises designed to help reduce feelings of anxiety and improve your sleep. These are simple techniques you can use anytime you're feeling stressed or unable to sleep. Let's start with something that can help you feel more at peace and grounded.”
- Which exercises should you teach? Start with basic techniques that are universally beneficial, like diaphragmatic breathing and progressive muscle relaxation, as these form the foundation for mastering more complex exercises. Evaluate the patient's response to these initial techniques and use their feedback to guide the introduction of more specialized practices, like guided imagery or the 4-7-8 breathing technique. Your goal is to equip patients with a variety of tools so they can discover which methods provide the greatest relief from their symptoms.

Relaxation Techniques:

- **Guided Imagery:** Start by having patients sit or lie down in a comfortable position. Guide them through a visualization of a peaceful scene, like a beach or a forest. Encourage them to engage all their senses in this imagery to enhance the relaxation experience. Say something like, “Close your eyes and imagine you're walking down a peaceful path in a beautiful forest. With each step, you feel more at ease. The sounds of the forest, the soft rustling of leaves, and distant bird calls surround you. Breathe in the fresh air and feel the tension melting away as you become more relaxed with each breath.”
- **Progressive Muscle Relaxation (PMR):** Teach patients to tense and then relax different muscle groups, starting from the toes and moving upwards towards the head. Say something like, “Let's start by focusing on your toes. Tense them as much as you can, hold for a few seconds, and then release. Notice the warmth and relaxation spreading. Now, gently move your attention up to your calves. Tense, hold, and release. We'll continue this up through each muscle group, gradually bringing relaxation to your entire body.”

Deep Breathing Exercises:

- **Diaphragmatic Breathing:** Instruct patients to breathe deeply from the abdomen, not just the chest. This encourages full oxygen exchange and can trigger a natural relaxation response. Say something like, “Place one hand on your chest and the other on your abdomen. Take a slow, deep breath through your nose, feeling your abdomen rise more than your chest. Hold it for a moment, and then slowly exhale through your mouth. Let's repeat this a few times, each breath helping you feel more relaxed and centered.”
- 4-7-8 Breathing Technique:** Patients breathe in for 4 seconds, hold the breath for 7 seconds, and exhale slowly for 8 seconds. This method is particularly effective in reducing anxiety and helping with sleep disturbances. Say something like, “Breathe in quietly through your nose for 4 seconds. Now, hold that breath for 7 seconds. Next, exhale completely through your mouth, making a whoosh sound, for 8 seconds. This process is a natural tranquilizer for your nervous system, reducing anxiety and aiding in sleep.”

Encourage patients to integrate these relaxation and deep breathing exercises into their daily routine while on the inpatient unit, suggesting they set aside specific times each day to practice in their rooms or any designated quiet space available. Emphasize that these techniques are not just for moments of acute stress but are also valuable as daily practices to maintain a baseline level of calm and manageability.

When patients approach the end of their inpatient stay, have them identify specific times and places that they'll be practicing these routines after discharge, like as part of their morning routine in their home garden or during lunch breaks at a nearby park. This proactive planning will help embed these practices into their lifestyle, making it more likely that they will enduring habits.