Visual orientation with one object

Purpose and choice: a simple focus outside your body, perhaps for a screen break or when breath attention is unwelcome. Choose another route if looking is inaccessible or causes eye strain, sensory discomfort or distress. Do not use this attention task while driving, cycling, operating machinery or doing a task that needs your full awareness.

Steps

1. Stay in a comfortable, supported position. Keep your head still if moving it is uncomfortable. Leave your breathing alone.
2. Choose one ordinary object already within easy view: a book, a doorframe or a cup, for example. Avoid bright lights and searching for something special.
3. Notice one or two details, such as colour or outline. Do not count objects, stare or hold your gaze in place.
4. Finish whenever you want. A few moments may be enough; an optional 10 to 30 seconds is a starting guide, not a required dose.

Adaptation: briefly notice one familiar, undemanding sound already present if that is comfortable. No added audio, eye closure or effort to hear is required. If sound is uncomfortable too, consider reducing one sensory demand, familiar rest or no practice.

Stop: end the attention task for strain, dizziness, anxiety, distress or preference. Return to a familiar comfortable activity or position without adding another exercise.

Help: call your local emergency service for severe breathing difficulty; a tight or heavy chest; sudden chest pain that persists, spreads to an arm, back, neck, jaw or stomach, or comes with sweating, nausea, light-headedness or breathlessness; unusually pale, blue or grey lips or skin; sudden confusion; or sudden facial drooping, arm weakness or speech difficulty, even if these stroke signs stop. Do not drive yourself or delay help for this card. These are examples, not a complete list. [13 to 15]

Sudden, unexpected breathing difficulty needs immediate medical help. Other new or worsening breathlessness needs urgent medical advice. Do not assume the practice explains symptoms. [13, 22]

If you cannot keep yourself safe, seek emergency help now. Chapter 10 gives fuller support guidance.

Check: was it comfortable enough and useful for your purpose? Include noticeable later effects if relevant. An unchanged immediate result does not establish safety.

Keep if comfortable enough and useful. **Adapt** one detail only if wanted after ending the trial. **Pause** when uncertain, uninterested or out of capacity. **Stop** for discomfort, worsening or preference, with no obligation to retry.

Evidence and limits: the studies cited here do not establish treatment benefit or a clinical dose for this exact task. It cannot explain symptoms. Chapter 3 gives the baseline; Chapter 5 expands the choices; Appendix G lists sources.

Reduce one source of sensory demand

Purpose and choice: reduce one identified interruption or demand. Choose another action if a change is beyond your control, adds discomfort or removes information or awareness you need.

Steps

1. Identify one optional demand you can change safely: an optional notification, screen glare or unnecessary sound, for example.
2. Make one manageable change using what is already available, or ask for a change where appropriate.
3. Leave the setup alone and return to your task or rest. No timed trial or physical calm is required.

Adaptation: ask for a quieter moment or written information if you cannot change the setting yourself. Preserve essential alarms, communication and awareness of traffic and hazards. No special equipment is required. If asking or changing is too demanding, choose another practical response or no practice.

Stop: undo or leave a change that increases discomfort or compromises safety. Do not keep adjusting in search of a perfect environment. Breathing remains unchanged.

Help: call your local emergency service for severe breathing difficulty; a tight or heavy chest; sudden chest pain that persists, spreads to an arm, back, neck, jaw or stomach, or comes with sweating, nausea, light-headedness or breathlessness; unusually pale, blue or grey lips or skin; sudden confusion; or sudden facial drooping, arm weakness or speech difficulty, even if these stroke signs stop. Do not drive yourself or delay help for this card. These are examples, not a complete list. [13 to 15]

Sudden, unexpected breathing difficulty needs immediate medical help. Other new or worsening breathlessness needs urgent medical advice. Do not assume the practice explains symptoms. [13, 22]

If you cannot keep yourself safe, seek emergency help now. Chapter 10 gives fuller support guidance.

Check: was the burden reduced, and was the change comfortable enough? Include noticeable later effects if relevant. Immediate neutrality does not establish safety.

Keep if comfortable enough and useful. **Adapt** one detail only if wanted after ending the trial. **Pause** when uncertain, uninterested or out of capacity. **Stop** for discomfort, worsening or preference, with no obligation to retry.

Evidence and limits: an environmental action, not a validated vagus nerve treatment or an assurance of relief. Different sensory needs may conflict. Chapter 5 explains this family; Appendix G lists support guidance.

Supported rest

Purpose and choice: pause with familiar support without adding a posture-holding or relaxation assignment. Choose another position or seek individual advice if support worsens breathing, pain, dizziness or other symptoms.

Steps

1. Stay in, or safely choose, a familiar comfortable position with support if helpful. It may be seated, reclined or side-lying. No position is required.
2. Use support already available and suitable for you. No floor access, raised legs, precise angles or added weight is needed.
3. Rest without a body scan, breathing rule or requirement to remain still. Adjust as needed. No required time applies; finish whenever you want.
4. Return to activity according to your usual care and mobility needs. Do not rush a transition; ask for help if needed.

Adaptation: if moving or arranging support adds too much effort, choose no additional practice. Follow individual care advice for positional symptoms, breathing conditions or restricted mobility. During pregnancy, follow maternity positioning advice, including advice about lying flat and sleep. No position is required by this card. Heat, cold and weighted items are not required.

Stop: if the position worsens symptoms, end the optional practice. Change position only as safely as you can, following care advice and asking for assistance if needed. Do not stand suddenly or keep testing different positions. Leave your breathing alone unless following prescribed instructions.

Help: call your local emergency service for severe breathing difficulty; a tight or heavy chest; sudden chest pain that persists, spreads to an arm, back, neck, jaw or stomach, or comes with sweating, nausea, light-headedness or breathlessness; unusually pale, blue or grey lips or skin; sudden confusion; or sudden facial drooping, arm weakness or speech difficulty, even if these stroke signs stop. Do not drive yourself or delay help for this card. These are examples, not a complete list. [13 to 15]

Sudden, unexpected breathing difficulty needs immediate medical help. Other new or worsening breathlessness needs urgent medical advice. Do not assume the practice explains symptoms. [13, 22]

If you cannot keep yourself safe, seek emergency help now. Chapter 10 gives fuller support guidance.

Check: consider comfort and usefulness separately, including noticeable later effects when relevant. A comfortable result does not establish medical safety. This card does not limit ordinary rest, pacing or clinician-advised care.

Keep if comfortable enough and useful. **Adapt** one detail only if wanted after ending the trial. **Pause** when uncertain, uninterested or out of capacity. **Stop** for discomfort, worsening or preference, with no obligation to retry.

Evidence and limits: no universal therapeutic posture or duration is claimed. The card cannot identify the medically suitable position for you or guarantee sleep or symptom relief. Chapters 5 and 6 explain support and access; Appendix G lists relevant guidance.

Gentle muscle adjustment

Purpose and choice: ease one unnecessary grip or make one ordinary comfortable adjustment. Choose another route if movement, touch or body attention is painful, tiring, distressing or contrary to care advice.

Steps

1. Choose one adjustment already obvious to you. Do not scan your whole body for tension.
2. If comfortable, ease an unnecessary grip or let a hand rest on familiar support.
3. Finish after that one adjustment and return to your task or rest. Leave your breathing alone.

Starting amount: one adjustment only, with no required repetitions or holding time. Do not tense first, press against a surface, stretch, roll the neck or force a joint into position.

Adaptation: you can put down an object you no longer need to hold, if manageable. If any body task is unwelcome, a sensory-demand change, accessible external focus or no practice is a genuine non-breath alternative. No new movement is required.

Stop: end the adjustment for pain, dizziness, strain, distress or preference. Do not push further to obtain a release. Repeated discomfort is a reason to seek advice rather than repeat modifications.

Help: call your local emergency service for severe breathing difficulty; a tight or heavy chest; sudden chest pain that persists, spreads to an arm, back, neck, jaw or stomach, or comes with sweating, nausea, light-headedness or breathlessness; unusually pale, blue or grey lips or skin; sudden confusion; or sudden facial drooping, arm weakness or speech difficulty, even if these stroke signs stop. Do not drive yourself or delay help for this card. These are examples, not a complete list. [13 to 15]

Sudden, unexpected breathing difficulty needs immediate medical help. Other new or worsening breathlessness needs urgent medical advice. Do not assume the practice explains symptoms. [13, 22]

If you cannot keep yourself safe, seek emergency help now. Chapter 10 gives fuller support guidance.

Check: was the adjustment comfortable enough and useful for its purpose? Include noticeable later effects if relevant. An unchanged immediate result does not establish safety or require repetition.

Keep if comfortable enough and useful. **Adapt** one detail only if wanted after ending the trial. **Pause** when uncertain, uninterested or out of capacity. **Stop** for discomfort, worsening or preference, with no obligation to retry.

Evidence and limits: this is not progressive muscle relaxation or a rehabilitation programme. Evidence for those interventions cannot validate this one-adjustment version. Chapter 5 explains the family; Appendix G lists support guidance.

Natural Exhale Awareness

Purpose and choice: briefly observe an ordinary breath for a pause. Choose another route if attention is unwelcome, distressing, too demanding or conflicts with care advice. Do not use this attention task while driving, cycling, operating machinery or doing a task that needs full awareness.

Steps

1. Remain in a familiar comfortable position. Leave your breathing as it is.
2. If you want, notice one ordinary out-breath. No particular sensation is needed.
3. Let the next breath proceed without a rule about depth, speed or pause. You may notice a second ordinary out-breath or finish already.
4. Let go of observation and return to your activity or rest.

Starting amount: one or two ordinary breaths, fewer if wanted. No count, breath hold, depth cue or target length applies. If observation becomes controlling, end the task rather than repeatedly correcting yourself.

Adaptation and non-breath alternative: you can finish earlier or leave this practice aside. If it becomes uncomfortable, stop rather than switching immediately to another breathing exercise. At another time, you may choose an object focus, an existing undemanding sound, one sensory-demand change, familiar support or no practice. Card 5B is a separate option, not a correction for difficulty with this card.

Stop: end breath attention for discomfort, dizziness, breathlessness, pain, anxiety or preference. Do not add large breaths, holds or another exercise to correct it. Follow prescribed symptom-management guidance where applicable.

Help: call your local emergency service for severe breathing difficulty; a tight or heavy chest; sudden chest pain that persists, spreads to an arm, back, neck, jaw or stomach, or comes with sweating, nausea, light-headedness or breathlessness; unusually pale, blue or grey lips or skin; sudden confusion; or sudden facial drooping, arm weakness or speech difficulty, even if these stroke signs stop. Do not drive yourself or delay help for this card. These are examples, not a complete list. [13 to 15]

Sudden, unexpected breathing difficulty needs immediate medical help. Other new or worsening breathlessness needs urgent medical advice. Do not assume the practice explains symptoms. [13, 22]

If you cannot keep yourself safe, seek emergency help now. Chapter 10 gives fuller support guidance.

Check: consider comfort and usefulness separately, including noticeable later effects if relevant. Not noticing a change does not establish safety or effectiveness.

Keep if comfortable enough and useful. **Adapt** one detail only if wanted after ending the trial. **Pause** when uncertain, uninterested or out of capacity. **Stop** for discomfort, worsening or preference, with no obligation to retry.

Evidence and limits: the cited studies do not establish treatment benefit or universal suitability for this exact short version. If you have a respiratory or cardiovascular condition, unexplained breathing symptoms or prescribed breathing instructions, ask your healthcare professional whether this option fits your care. Do not change prescribed instructions to match this card. Chapter 4 and Appendix G explain the evidence limits.

Gentle Extended Exhalation

Purpose and choice: explore mild pacing only if wanted and comfortable. Choose another route during breathing distress, after repeated discomfort or when care advice makes it unsuitable. Do not use this attention task while driving, cycling, operating machinery or doing a task that needs full awareness.

Steps

1. Begin in a familiar comfortable position. Take an ordinary, unforced in-breath through a comfortable route; do not enlarge it.
2. If easy, let the out-breath last a little longer than usual. No ratio or number applies. Do not squeeze, push with your abdomen or try to empty your lungs.
3. Allow the next in-breath whenever you need it. Do not hold your breath or delay the inhale to finish a target.
4. Finish here, or try one more comfortable paced breath if still wanted. Then leave your breathing alone.

Starting amount: one or two comfortable paced breaths, fewer if wanted, not a treatment dose. If extension makes you strive or wait for air, stop rather than increasing it.

Adaptation and non-breath alternative: stop first. Reconsideration is optional; repeated discomfort calls for advice. Instead, choose an accessible object focus, one sensory-demand change, familiar support or no practice.

Stop: end deliberate pacing for strain, dizziness, breathlessness, tightness, pain, panic, discomfort or preference. Do not add breath holds, larger breaths, humming or repeated sighs to correct the result. Follow prescribed care advice.

Help: call your local emergency service for severe breathing difficulty; a tight or heavy chest; sudden chest pain that persists, spreads to an arm, back, neck, jaw or stomach, or comes with sweating, nausea, light-headedness or breathlessness; unusually pale, blue or grey lips or skin; sudden confusion; or sudden facial drooping, arm weakness or speech difficulty, even if these stroke signs stop. Do not drive yourself or delay help for this card. These are examples, not a complete list. [13 to 15]

Sudden, unexpected breathing difficulty needs immediate medical help. Other new or worsening breathlessness needs urgent medical advice. Do not assume the practice explains symptoms. [13, 22]

If you cannot keep yourself safe, seek emergency help now. Chapter 10 gives fuller support guidance.

Check: consider comfort and usefulness separately, including noticeable later effects if relevant. Comfort does not establish medical safety or justify increasing the amount.

Keep if comfortable enough and useful. **Adapt** one detail only if wanted after ending the trial. **Pause** when uncertain, uninterested or out of capacity. **Stop** for discomfort, worsening or preference, with no obligation to retry.

Evidence and limits: the cited studies do not establish treatment benefit or universal suitability for this exact short version. If you have a respiratory or cardiovascular condition, unexplained breathing symptoms or prescribed breathing instructions, ask your healthcare professional whether this option fits your care. Do not change prescribed instructions to match this card. This practice is not medical vagus nerve stimulation. Chapter 4 and Appendix G explain the evidence limits.

Transition pause and practical next action

Purpose and choice: choose one manageable action between tasks. Choose direct action or help when a pause is unnecessary, distracting or too demanding. No exercise needs to come first.

Steps

1. Stop an optional task briefly if safe and workable. Stay in a familiar comfortable position.
2. If you want a pause first, use one familiar card that already fits you. You can skip this step and leave breathing alone.
3. Ask, “What is the next manageable action?” It may be a task, deferral, help, rest or healthcare.
4. Choose that action, or leave the decision for later if nothing extra is manageable. Finish the sequence.

Starting amount: one brief decision, with no required time. If using another card, follow that card's amount and stop guidance; do not combine the practices into a longer routine.

Adaptation: ask someone to help with a practical decision or request. “Which task takes priority?” and “Could you handle the errand?” are complete next actions. No-practice and no additional task are available.

Stop: end the sequence if it creates distress, strain, excessive checking or a distracting demand. Keep attention available for driving, machinery, traffic and other safety needs. If a situation is unsafe, seek protection or help.

Help: call your local emergency service for severe breathing difficulty; a tight or heavy chest; sudden chest pain that persists, spreads to an arm, back, neck, jaw or stomach, or comes with sweating, nausea, light-headedness or breathlessness; unusually pale, blue or grey lips or skin; sudden confusion; or sudden facial drooping, arm weakness or speech difficulty, even if these stroke signs stop. Do not drive yourself or delay help for this card. These are examples, not a complete list. [13 to 15]

Sudden, unexpected breathing difficulty needs immediate medical help. Other new or worsening breathlessness needs urgent medical advice. Do not assume the practice explains symptoms. [13, 22]

If you cannot keep yourself safe, seek emergency help now. Chapter 10 gives fuller support guidance.

Check: was the pause comfortable enough and useful for the decision? Include noticeable later effects if relevant. No useful answer means you can Pause rather than search harder.

Keep if comfortable enough and useful. **Adapt** one detail only if wanted after ending the trial. **Pause** when uncertain, uninterested or out of capacity. **Stop** for discomfort, worsening or preference, with no obligation to retry.

Evidence and limits: a practical decision aid, not a validated treatment or direct nerve-stimulation protocol. Chapter 8 develops situations and requests; Chapter 10 and Appendix G cover support.