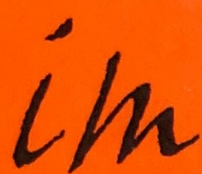


*Second Edition*



*The*  
INTEGRATED  
MUSICIAN

# INDIRECT PROCEDURES

PEDRO DE ALCANTARA

*A Musician's Guide  
to the Alexander Technique*



## CHAPTER 10

# THE WHISPERED "AH"

Lips, Tongue, Jaw, Breath, Voice

In this chapter we'll study the whispered "ah," a seemingly simple exercise that hides layers of complexity. The exercise merits and requires preparation. Before we perform it, we need to look at breathing first, and then the behavior of your jaw.

In a two-volume, 1,600-page work on the physiology of breathing we read this statement:

Surely no organ or system of the human body is at present completely understood anatomically or physiologically. It would be difficult, however, to single out one vital organ concerning which more has been written, on which more lively differences of opinion are still expressed in print, and of which more remains to be learned, than the mammalian lung.<sup>1</sup>

... With the evidence produced from many sources, the external and internal intercostals have been considered either expiratory or inspiratory, both inspiratory and expiratory acting simultaneously and alternately, and, finally, only regulating the tension of the intercostal space.<sup>2</sup>

To put it differently, breathing is so multifaceted that people can't agree on many of its characteristics. "Lively differences of opinion" are apparent when two or more singers, for instance, discuss breathing. The differences of opinion are greater still if a singer, a yogi, a physical therapist, and a drill sergeant share their views on breathing. Their views might be as divergent as to be mutually exclusive.

There are many reasons for this.

First, what we feel we're doing is often different from what we're actually doing. It's likely that the drill sergeant has no idea he's stiffening his neck every time he sucks in air through his nose.

Second, what is called *normal* breathing (according to a statistical average) is not necessarily *natural* breathing (according to the laws of nature, ideal), and yet in dis-

cussion we tend to take one for the other. If a large group of people breathe in a certain way, we tend to call their way of breathing normal even if everyone in the group happens to gasp for air. In this context, normality is easily misunderstood.

Third, it's difficult to observe natural breathing. The act of observing an environment causes the environment to change. Regardless of how skillfully you observe your breathing patterns, you'll inevitably change them by the simple act of observation:

Individuals unaware of breathing commonly breathe at rest between 15 and 20 bpm [breaths per minute]. As respiratory test subjects they usually breathe more slowly, between 10 and 15 bpm. Experienced test subjects tend to breathe more regularly than untrained subjects. . . . But regularity does not necessarily imply spontaneity.<sup>3</sup>

Fourth, even if you have accurately felt or observed ideal breathing, it's possible for you to describe the experience in a confused way. Some singers, for instance, speak of the diaphragm when they mean the abdominal muscles. Cornelius L. Reid explains this particular problem: "Pedagogic procedures initiated with the express intent of pushing the diaphragm 'up' or 'in' mistake diaphragmatic action for abdominal muscular tension. What creates the illusion of diaphragmatic activity is that the abdominal wall is pulled inward during expiration, and consequently moves the abdominal contents upward."<sup>4</sup>

Fifth, breathing straddles the line between voluntary and involuntary bodily functions. Reid posits that "in common with all such systems, the following rule applies: if but one member of a complex muscular system is involuntary, all members of the system must be treated as though they, too, were involuntary."<sup>5</sup> In other words, breathing escapes total conscious control. Attempting to impose control upon it can undermine its proper functioning, aspects of which are necessarily unconscious.

Sixth and most important, breathing highlights the complete inseparability of the physical, the psychological, and the metaphysical. Mystics in every culture talk reverently about the breath, calling it *prana* in India, *qi* in China, and *ki* in Japan. These words, however, are by no means the same as what a physiologist might call "breath" or "breathing." In English they would be translated as "spirit," "air," "circulating life force," "the universe." Breath means one thing to a yogi and something else to a physiologist—and, for that matter, to a yogi in India who devotes a lifetime to the study of *prana* and an informal student of yoga in the Western world.

In sum, breathing is ungraspable. It's too big a subject for us to seize unambiguously and encapsulate in a way that everyone can agree on. Breathing, the most important thing in our lives, may actually escape understanding or control.

Early on in Alexander's teaching career, many people referred to him as "the breathing man," and it's true that his teachings mitigated or eliminated many so-called breathing problems. Counterintuitive as it may seem, however, Alexander himself recommended that you not think about breathing and not work on it directly. He wrote that "the act of breathing is not a primary, or even a secondary, part of the process. . . . As a matter of fact, given the perfect coordination of parts as



required by my system, breathing is a subordinate operation which will perform itself."<sup>6</sup>

Instead of working on your breathing, Alexander invites you to work on how you use yourself—that is, how you perceive the world, how you react to a situation, and how you choose to do or not do any one thing. A positive change to your use will cause a positive, indirect change to your breathing. Given a deep enough change to your use, all your breathing difficulties would disappear without your addressing them in the first place.

It's OK for you to disagree with Alexander, since the subject of breathing is ungraspable anyway. But understanding him could be useful in practice.

## DOING AND ALLOWING IN BREATHING

What happens when somebody makes breathing primary and voluntary, rather than subordinate and involuntary?

Ask an unwary friend to take a deep breath.

Most likely you'll see your friend tense the neck and depress the larynx; raise the upper chest and the shoulders to inhale, and collapse the chest and spine to exhale; and suck air into the lungs by gasping or sniffing. These misuses are exaggerated by the self-consciousness inherent in the performance of the exercise, but they are equally present in most people most of the time: in movement or at rest, while speaking or while silent, in rehearsal or in performance, in a yoga class or in a physiotherapist's office.

Pulling the head back and down and crowding the larynx affects your throat and tongue directly, and your whole coordination indirectly. In truth, "back and down" is an entire psychophysical state, as you know from studying the primary control in Chapter 2. There's no way around it: if your head goes back and down, so goes your life.

Gasping and sniffing are nearly universal. Listen to radio and television announcers, singers, people who speak to you, even the outgoing message in your own answering machine, and you'll notice how often people gasp or sniff audibly when they speak.

When you gasp or sniff, you're aspirating air much as a vacuum cleaner does. The intake of breath can (and perhaps must) happen differently.

Alexander wrote:

Inspiration is not a sucking of air into the lungs but an inevitable instantaneous rush of air into the partial vacuum caused by the automatic expansion of the thorax.<sup>7</sup> . . . If the thorax is expanded correctly the lungs will at once be filled with air by atmospheric pressure, exactly as a pair of bellows is filled when the handles are pulled apart.<sup>8</sup> . . . *It is not necessary . . . even to think of taking a breath; as a matter of fact, it is more or less harmful to do so.*<sup>9</sup>



Your ribs move, thereby creating an expansion of the lungs. Air then rushes in automatically. Once you learn how to let your ribs move, you won't have to suck in air through the mouth or the nose.

Depending on how you think about it, breathing out is actually more important than breathing in, since the ideal out-breath instigates or permits the ideal in-breath to occur reflexively. But breathing out isn't something that you need to do, any more than breathing in. You can drive air out or you can allow it to escape—and the choice is yours to make.

People sometimes try to expand the chest and increase the intake of breath in order to alleviate the multiple symptoms of a perceived lack of breath. Yet the effects of hyperventilation, or overbreathing, are if anything worse than those of underbreathing. These effects include "abnormal sensations such as numbness, deadness or 'pins and needles' . . . hyperactivity, tension, emotional sweating and instability, . . . visceral disturbances of heart, gut and bladder . . . dizziness, faintness, visual disturbances and altered states of consciousness."<sup>10</sup>

When you breathe out, you allow air to escape; when you breathe in, you allow air to enter. The passage from one to the other can occur without thought. Husler and Rodd-Marling wrote that "once the air has been expelled the diaphragm automatically switches over to breathing in, a process that needs no attention or conscious effort; either, indeed, would be more likely to disturb this perfectly natural control."<sup>11</sup>

Traditionally one accords a lot of importance to the diaphragm in breathing. In reality, the diaphragm doesn't have proprioceptive nerve endings, and for this reason it's impossible for you to control it directly. Alexander wrote that in all the contractions and expansions of the thorax during breathing, "the floor of the cavity (diaphragm) plays its part, moving upward or downward in sympathy with the particular adjustment of the bony thorax."<sup>12</sup> You don't breathe because you move the diaphragm; rather, your diaphragm moves because you breathe. The diaphragm, then, is another element in breathing that you're better off leaving more or less alone.

The most important thing about breathing, then, is for you not to *do* it, but to *allow* it to happen of its own: allow your ribs to move, allow your lungs to inflate and deflate, allow the diaphragm to do what it will, allow air to come in, allow air to come out. This is called "letting be and letting go," and from a metaphysical perspective it's the hardest thing in the world.

## SUPPORT AND THE VOICE

Two issues in breathing deserve closer attention: the notion of breath support, and the relationship between the breath and the voice.

Cornelius L. Reid points out that vocal tone "is nothing more than pressure variations created by an oscillation movement of the vocal folds whose frequency determines pitch. It is a physical impossibility to 'support' these vibratory patterns."<sup>13</sup> In other words, support is an image or metaphor, rather than an actual physical process.



You may of course put images and metaphors to practical use, but if you become convinced that support is a physical process that you can manipulate and control directly, you're likely to tie yourself into a knot.

Michael McCallion manages a useful definition of support in *The Voice Book*: "To put it simply, it is the refusal to collapse."<sup>14</sup> Seen in this light, support isn't something that you do, but something the contrary of which you avoid doing. Enter a state of balanced tension; open your mind and your ears; breathe, sing, breathe, sing; and, moment by moment, refuse to lose your state of balanced tension. You may feel as if you're supporting your breath or your voice, but in fact you're "supporting yourself."

When it comes to the relationship between the voice and the breath, most singers are convinced that they need to control their breathing in order to control their voice. The singing voice, however, is made of certain muscular actions that, in themselves, regulate the flow of breath. Husler and Rodd-Marling wrote that "*a properly functioning larynx regulates and trains to a high degree (by means of the ear) the respiratory muscles needed in singing.*"<sup>15</sup>

The real question in singing, Reid writes, is "improving the coordinate relationship of a highly complex system of laryngeal muscles, which lies beyond volitional control."<sup>16</sup> To put it differently, it's not the breath that controls the voice, it's the voice that controls the breath—with the added complication that you can't quite control the "highly complex system of laryngeal muscles" directly. Instead, you have to figure out, through your ears and your psyche, what kinds of sounds you need to make in order to trigger the laryngeal muscles to work properly, in order to get your breathing automatically sorted out. Every step along the way you'll have to work indirectly, using creativity and cunning to subdue habit.

In principle, it's unnecessary for you to do any breathing exercises whatsoever. You don't need to change the mechanics or the speed of your breathing, to count while you breathe in or out, to hold your breath or force it out. All good breathing instruction might be summarized in two complementary bits of advice:

1. Stop constricting your breath.
2. Stop forcing your breath.

You can, of course, bring breathing into the arena of self-awareness, and use breathing exercises to sharpen your coordinative skills. A badly constructed breathing exercise seemingly invites you to misuse yourself and do something unnatural. How do you react to the invitation? Perhaps by doing nothing to begin with, and then approaching the exercise with a playful attitude: "This exercise is kind of crazy, but let me see if I can navigate it and get something out of it."

● The companion volume *Integrated Practice* makes a further study of breathing and its relationship with music making. Chapter 14 of that book proposes several "non-breathing exercises," thanks to which you can work on your breathing seemingly without working on it. *Integrated Practice* also contains a detailed study of the *messa di voce*, or the art of making sounds louder and softer. You can use the *messa di voce* to conquer breathing through indirect means. The pertinent chapters are 18, "The *Messa di Voce*: Virtuosity of Contact," and 19, "Practicing the *Messa di Voce*."



The messa di voce is illustrated in three video clips: number 66, "Messa di Voce I: The Basics"; number 67, "Messa di Voce II: An Application"; and number 68, "Messa di Voce III: At the Flute."

## THE IMPORTANCE OF THE JAW

Talking, singing, chewing, playing woodwind or brass instruments, brushing your teeth, and many other activities require that you move your jaw. Think of how many syllables you say in the course of a normal conversation, and how many normal conversations you have. Although it's theoretically possible to keep your jaw still and speak through clenched teeth, habitual speech involves a tremendous number of jaw motions.

In short, you move your jaw several thousand times per day.

When it comes to the jaw, you have less leeway to misuse it than you might think. Since your jaw is connected to your skull, misusing your jaw will affect the skull directly, and the rest of the body indirectly. Very small misuses of the jaw, multiplied by thousands every day and sustained for weeks, months, and years, have a strong negative effect on your health.

Many people open their mouth by moving the skull away from the jaw, rather than moving the jaw away from the skull. Sit at a table. Put an elbow down on the table with the palm of the hand facing you. Rest your chin on your hand, and lean your head gently into the hand (which of course is supported by the elbow and the table underneath it). Now open your mouth. Since your hand is blocking your jaw, it's the skull that moves instead, scrunching the neck and spine. This is how most people open their mouth most of the time, even when there are no physical barriers to the movement of the jaw.

Poise your skull up on top of your spine. Keep the skull mobile yet magnetized toward the ceiling or the sky. Now open and close your mouth without disturbing the magnetized, poised skull. You don't need to hold the skull rigidly in place; you can move it at will as long as the skull doesn't bear down on the neck and spine. Place a soft hand on the back of your neck, with the fingertips touching your skull. Now speak. Your hand will help you monitor the behavior of your skull and neck as you move the jaw without scrunching your neck.

Counterintuitive as it may be, a completely relaxed jaw is a hindrance to good coordination. Let your jaw flop, village-idiot style. You might notice that the floppy jaw makes the soft palate collapse, interferes with the free flow of breath in the nasal passages, and crowds the throat. In a bid to free the jaw, singers and other people sometimes do a version of the village idiot, with harmful effects to the breath, the voice, and the rest of the body.

Good coordination requires not relaxation but the dynamic opposition of many tensions throughout the body. Ideally, the jaw and the face oppose each other: as your cheekbones move up and out when you smile, the jaw moves forward and down in opposition to the cheekbones. If the pulls are balanced you might feel as if your



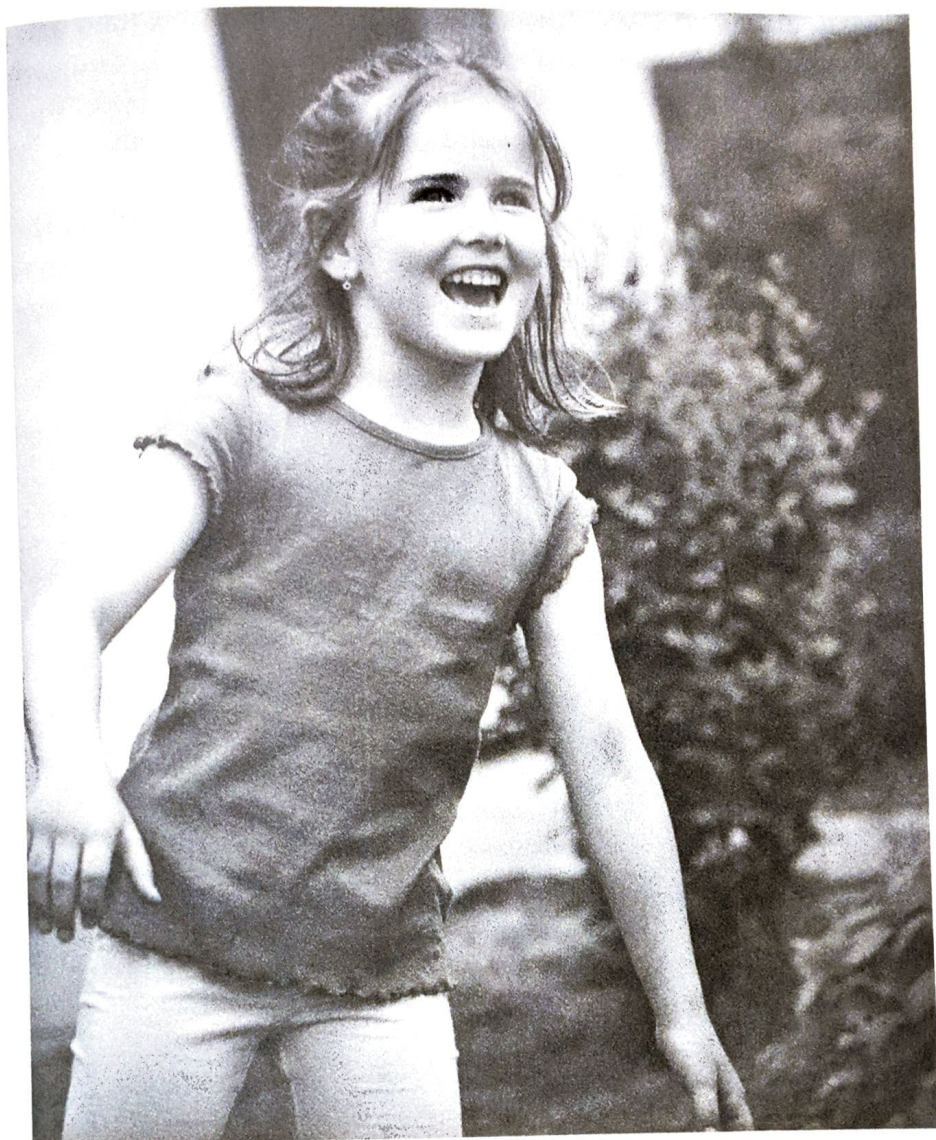


FIGURE 10.1: Oppositions between the face and the jaw

face is completely relaxed, which is an illusion of sorts since the face is in fact suffused with needed tensions (Figure 10.1).

## TWO OPPOSITIONAL EXERCISES

Get a shoelace about 30 inches in length, or a long elastic band like one used to keep together a sheaf of papers. Wrap it around the base of your skull and above your ears, and tie the ends under your chin, more or less like a helmet strap. You can vary the tightness of the knot, the precise place of contact on your chin (closer to the lips or to the tip of the chin), and the path of the shoelace on your skull (closer to its base, or toward the crown).

Students, don't do this.



Wear the shoelace and smile, speak a few words, sing a short tune, yawn, or otherwise move your jaw. The shoelace holds the jaw and skull gently together, while speaking or yawning moves them gently apart. Thanks to this opposition of forces, your jaw is likely to become energized and directed, pushing itself outward against the inward pull of the shoelace.

The exercise enhances your perceptions of how the jaw, the skull, the lips and tongue, and the rest of the face all relate (Figure 10.2). Your job is to create an imaginary or latent shoelace permanently tying your skull to your jaw, inviting an elastic opposition of forces.

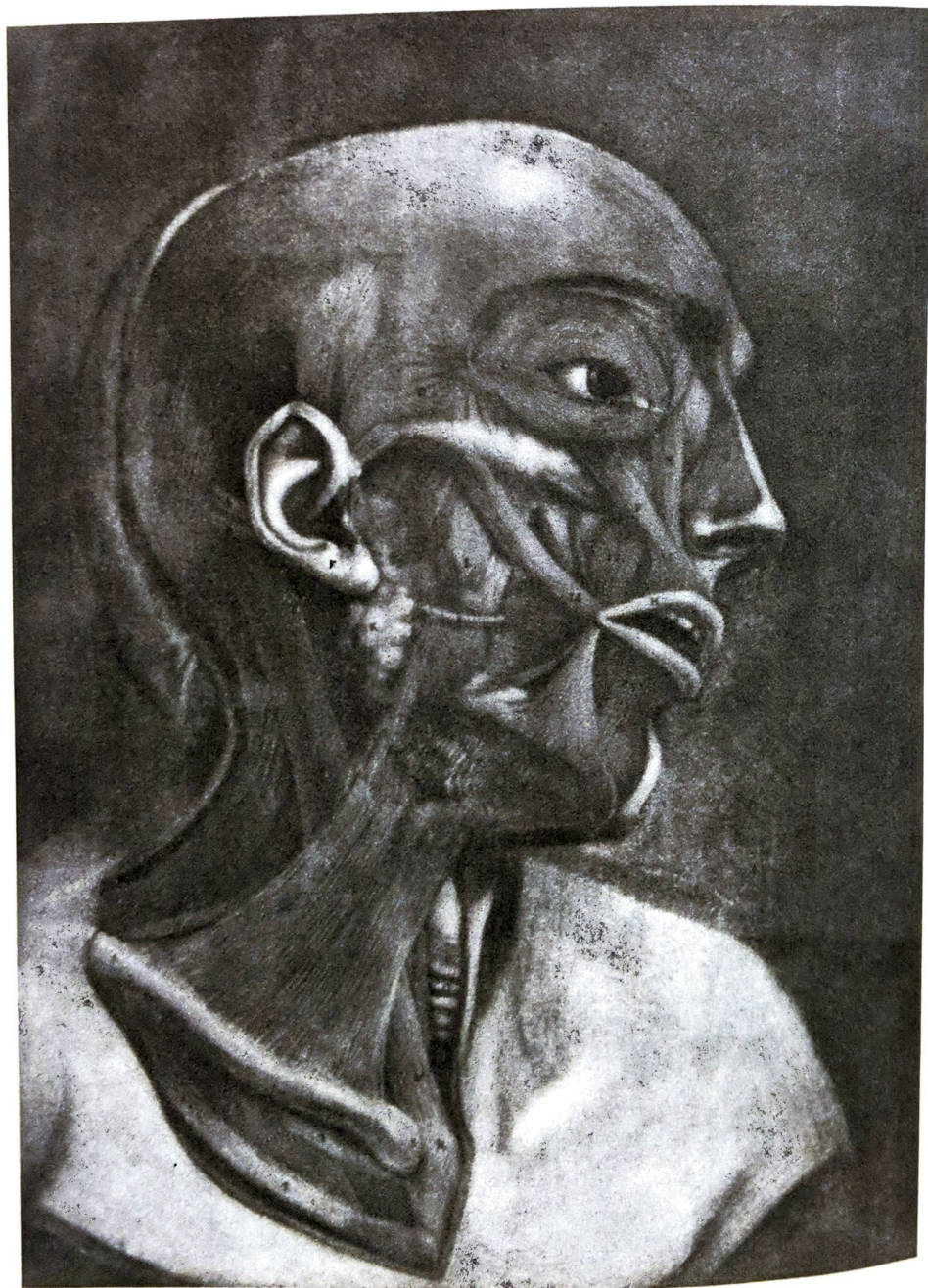


FIGURE 10.2: Muscles are Interconnected