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The Mysteries of Breath
What Do We Need and How Do We Teach It?

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Fine Arts
in Theatre Pedagogy at Virginia Commonwealth University.

by

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Abstract

THE MYSTERIES OF BREATH: WHAT DO WE NEED AND HOW DO WE TEACH IT?

By Rachel K. Hillmer, M.F.A.

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The aim of this paper is to explore the philosophies, attitudes and beliefs that surround the teaching of breath. Voice and speech teachers want students and actors to be versatile, able to adjust to the demands of any role, and each student enters the classroom with a myriad of mental and physical breathing habits. Many voice and speech trainers, however, only address a limited number of breathing habits and primarily teach “deep breathing.” Why has deep breathing dominated voice training, and how do we effectively teach breath for all students and all habits? I will examine six major voice practitioners, Arthur Lessac, Patsy Rodenburg, Kristin Linklater, Catherine Fitzmaurice, F.M. Alexander, and Jo Estill and their philosophies about breath. I will also investigate my own experiences with each practitioner, both in my own training, and in my teaching. I will conclude with my personal philosophy about breath; what an ideal breath is, and how to teach it.

Introduction

Breath is a mysterious part of life. An enigma, it is both voluntary and involuntary. We cannot live without it, it is vital to our very existence. We breathe from the moment we are born until the moment we die. Even after death, breath is still present in the lungs. Breathing should be the most natural process and yet many of us wrestle both emotionally and physically with breath and breathing for much of our lives. Why the constant struggle? It seems simple enough; breathe in and then breathe out. But the ways in which we breathe are as varied as the number of tasks we undertake. Ultimately, breathing is task-related and ideally breath should vary naturally with each task we perform. For most of us however, this does not happen; something gets in the way of a free, natural and responsive breath—our habits.

If one observes a baby or a small toddler, one will notice that many of life's daily tasks and obstacles have not yet affected the way they interact with the world. One child to the next physically uses their bodies in much the same way. But as babies and toddlers grow up, their environment has a distinct effect on the way they move, speak, and breathe. They form habits, both mental and physical. Physical habits can include activities such as brushing one's teeth the same way every day, leading with the pelvis when walking, or taking sharp gasps of air before speaking. Let me state now that habit does not mean "bad" habit, it simply means a pattern of behavior a person does again and again, often without noticing it. These habits form in response to any number of stimuli and over many years.

I encounter an immense and varying number of habits in my acting students every year. These include habits of walking, gesturing, speaking, and breathing. And as a teacher of voice and speech, I need to be able to specifically address their vocal and breathing habits that have been formed and ingrained by their life experiences or prior training before they set foot in my classroom. How do I do that? How do I teach and address their physical and more specifically, breathing habits? I thought for many years that I had it figured out. I thought I knew how to teach breath to my students. But then something happened that forced me to question all of my assumptions about how I breathe and how I teach breath.

My own habits of breathing have been primarily influenced by my singing and acting training. Interestingly before last year, I did not notice that I had any trouble with my breath. It wasn't until I began to explore sounds of speaking and singing outside my norm that I realized there was more to my story. I have always been a "belly breather." Also called "deep breathing," "abdominal breathing," or "diaphragmatic breathing," this is the expansion of the abdomen or belly when inhaling, rather than the chest. It usually requires taking in a large amount of air and filling the bottom of the lungs first. In both singing and voice training I have been praised for my breath. For much of my life, every song, monologue and scene was performed by breathing big and deep. I always focused on my diaphragm and taking in air down into my lower torso. I always took in a lot of air because I had always been told, more air is better; therefore I always assumed I breathed "correctly."

My world was turned upside down during a workshop in the Jo Estill Voice System a year ago. I was attempting to belt, a type of singing where the "chest voice" is taken higher without the vocal folds switching to thin folds. Belting was a task I had never been able to perform. All around me, my fellow workshop attendees were successful in their attempts. We

were going up the scale, and they were belting the notes higher and higher, but I was unable to do so. I went back to my years of training which told me that I needed more air; more breath was always the answer. I took a full, deep breath, and found I still could not produce a belt sound. The workshop leader then told me that I was using too much air. In high intensity singing, like belting, more air can cause serious damage. He told me to exhale until I reached the end of my breath, and allow the breath to return naturally without “taking” a breath. I tried to do as he said, but every time, my brain recoiled at the idea. “You won’t have enough air!” it said to me again and again. I could not stop listening to that voice or let go of my habit of breathing, and simply let my body breathe itself. My habit was to always take a deep breath before singing and speaking and I could not let that habit go. It came as a shock to me that there were different types of breath and breathing that I was unable to access. A deep breath had always worked for me in the past. Or had it? What else had I not been able to do? I needed to investigate.

I began with the realization that my habit of breathing had limited me in ways I never knew. I was unable to succeed in certain sounds and styles of singing because I breathed the same way for everything. I prepared for any type of performance speaking or singing by breathing big and deep, expanding my abdomen. This had served me for choral singing and in speaking long phrases and thoughts, such as appear in Shakespeare. During my first workshop in the Jo Estill Voice System, the workshop leader uttered the phrase “breathing is task related.” This phrase changed my entire world view. For the first time I thought, if I am breathing the same way for every single task, it follows that I’m going to do some tasks less well. Specifically because of the way I prepare for any type of performative sound, I have always been unsuccessful in belt singing. I realized I prepare and breathe the exact same way for every type of singing and performance speaking that I undertake. One of the main reasons this happens is

because I have been trained to always take in a full deep breath before singing or speaking. The idea has been drilled into me by many a singing, voice and acting teacher. But in actuality, certain types of speaking and singing, including belting, require very little air, and that by taking in so much air I was preventing my body from preparing for that type of sound. How could this be? My training told me that a big sound requires a big breath. I began to wonder what other beliefs people had about breath and breathing.

This past semester when I introduced breath in my sophomore voice and speech class, I asked my students to observe their own breathing over a weekend. I did not ask them to change anything about their breath, simply to watch what happened in different situations. I asked them to report back on Monday to tell me what they'd observed. On Monday, when they started talking, they were already full of ideas of what the right type of breath should be, and what they were doing wrong. They used terms that I've heard to describe breath throughout the years, but terms which they clearly had no concept of the meaning, and some terms that I had no concept of the meaning. They talked again and again about shallow breathing, about chest breathing and how that was bad or incorrect. And they talked about breathing from the diaphragm, even though none of them knew where the diaphragm was, or that it was a muscle. They talked to me about things they'd been told, picked up, and overheard throughout the years about the rights and wrongs of breathing, before I'd said a single thing about the right or wrong way to breathe.

My students already had ingrained ideas of the "correct" way to breathe, and I recognized that I too had firmly held beliefs about the right way to breathe. And more often than not, these beliefs centered around the idea of "deep breathing." I had always been applauded by my various voice teachers for taking a deep breath before any type of performance. Deep and low breathing has always been what my own singing and voice teachers advocated for in my training; but why?

Why do many teachers and voice practitioners teach primarily deep or belly breathing? I want to be versatile and I want my students to be versatile, to be able to take on any role or task. I also know that I face a myriad of breathing issues as both an instructor and student; many breathing blocks or problems that have nothing to do with not enough air. Clearly teaching one type of breathing does not help all my students in all situations. Why has deep breathing dominated voice training, and how do we effectively teach breath for all students and all habits?

In this paper, I will examine six of the major voice practitioners, Arthur Lessac, Patsy Rodenburg, Kristin Linklater, Catherine Fitzmaurice, F.M. Alexander, and Jo Estill and their philosophies about breath; what it is, what each practitioner wants breath to be, and how they teach it. There are certainly other major voice practitioners, including Cicely Berry and Roy Hart, to name a couple, but I focus and limit my examination to these six practitioners because my own vocal training has centered around these teachers and they are the creators of the leading voice pedagogies used today. Lastly, I will also look at my own experiences with each practitioner, both in my own training, and in my teaching. I will conclude with my personal philosophy about breath; what an ideal breath is, and how to teach it.

Chapter 1

What is Breath?

The preconceived notions that our students enter the classroom with are difficult to overcome. I think the place to start that re-education is to begin with what happens anatomically when we breathe. And so let us inspect how each major voice practitioner describes the anatomical breathing process. Let's start with the first practitioner we will examine, Arthur Lessac. One of the only Americans we will discuss here, Arthur Lessac taught voice training for more than fifty years. According to Lessac, breath happens first when the brain:

signals the diaphragm to contract—an action that lowers and flattens the muscle. With this action, the thoracic cavity increases in size, causing the density of the air in the lungs to be reduced. Because the air pressure within the lungs is now less than the air pressure on the outside, new air rushes into the lungs...to restore the balance (Lessac 22).

The important point to note is that the muscles first move to create space for the lungs, which causes them to expand, and this empty space causes air to rush into the lungs. This describes the process of inhalation. During exhalation, “the diaphragm relaxes and returns to its original position...the chest cavity is reduced and the lungs are compressed. The increasing density in the lungs moves the breath out...to equalize the atmospheric pressure” (Lessac 22). Essentially, according to Lessac, the process is reversed.

Our next practitioner, Patsy Rodenburg has been the Head of Voice at Guildhall School of Music and Drama in London for 26 years, as well as a foremost authority on speaking

Shakespeare. Rodenburg writes that, “As the breath enters the body and fills the lungs, feeding much needed oxygen into our respiratory system, the rib cage opens all around the center of the body...as the ribs open, the diaphragm...moves down. The rib cage and the abdominal muscles are now open and you begin to feel physically wider as the breath drops in” (Rodenburg 7).

Interestingly, Rodenburg writes that first breath enters the body, and second, the rib cage opens and the diaphragm moves down. This is different from how Lessac described the process. During exhalation, Rodenburg writes, “the [abdominal muscles] move in, regulating the voice in a number of ways” (Rodenburg 7). The focus in her description clearly lies in the inhalation.

The next practitioner, Kristin Linklater is currently the Head of Acting in the Theatre Arts Division at Columbia University, and one of the best know teachers of voice production for actors. Linklater’s approach to voice training is very imagery based and she begins her book with a section on “How the Voice Works” but includes a caveat after she details her anatomical definition, “From this point on, I shall make minimal use of exact scientific terminology...I have chosen to describe the voice by its perceivable features in metaphor and in analogy” (Linklater 14). But she does give an anatomic definition before giving over to the images. She writes that breath occurs when:

the inspiratory muscles of respiration contract to lower pressure in the thorax so that air can rush into the lungs relatively unimpeded. When sufficient air has been inspired...the respiratory system reverses itself and by a combination of elastic recoil of distended tissue and by abdominal and thoracic muscle contraction, forces are developed to push air back up the vocal tract (Linklater 13-14).

What she is saying is that first the muscles (the intercostals and the diaphragm) move the thorax to create more room for the lungs, which causes a difference in air pressure, so air rushes into the

lungs, and then the process reverses itself. We have essentially returned to Lessac's view that first the lungs expand and then the breath rushes in, rather than Rodenburg's which states that air entering the lungs is what causes them to expand.

Catherine Fitzmaurice, our next practitioner, is the creator of Fitzmaurice Voicework®, a “comprehensive approach to voice training.” Fitzmaurice's description of breath is a detailed anatomical account, with very specific images of what happens internally as we breathe. She also separates what happens in inhalation and exhalation into autonomic silent breathing, and intentional breathing for speaking. Autonomic inhalation occurs when there is a, “raised level of carbon dioxide in the blood to stimulate the phrenic nerve in the diaphragm. This causes an *active* diaphragmatic downward contraction, and a *passive* widening of the ribcage by the resulting slight enlargement of the diaphragm's circumference, thus expanding lung tissue three-dimensionally” (Fitzmaurice 3). In layman's terms, when we need air, the diaphragm moves down, and the ribs widen to allow the lungs to expand in all directions. Her description marries with her training which is heavily influenced by anatomy. Breathing for speaking she says, is slightly different than silent breathing. It is:

activated by the Central Nervous System (CNS) and is primarily stimulated by ideas formed in the mind... There is generally a quick intake in preparation for a sustained outflow which vibrates the vocal folds. In this inhalation the CNS effects the *active* contraction of the external intercostals, lifting and widening the ribcage, which pulls the now mostly *passive* diaphragm wider and down, thus expanding the lungs (Fitzmaurice 3).

The difference then in inhaling for speaking is that the thought stimulates the Central Nervous System and the breath entering the body is much quicker, and activates the muscles in between

the ribs to widen, and then the diaphragm moves down, allowing the lungs to expand. The breath is quicker and more room is made for air to enter the body. During exhalation there is also a difference between simply breathing out, and speaking:

In autonomic breathing...breathing is simply a release, with the diaphragm and ribcage returning to a rest position. The...exhalation for speaking follows the quick inhalation almost instantly. The CNS effects an *active* quick contraction (and resulting inwards movement) of the *transversus abdominis* only, which holds this contraction steady throughout vocalization (Fitzmaurice 3).

Here the distinction Fitzmaurice makes between autonomic exhalation and exhalation for speaking is more striking. When we speak, she writes, we will, or should be, engaging the transversus abdominis throughout speaking. Not everyone does engage the transverse abdominis during speaking, and training this action to occur “naturally” is a large part of Fitzmaurice teaching.

Our next description comes from Jane Ruby Heirich, an Alexander teacher, who taught voice and basic voice technique of for more than 30 years at the Residential College of the University of Michigan. She writes that during the process of inhalation, the brain sends a signal that air is needed, and:

The rib cage expands slightly upwards and outwards in all directions, while at the same time the domed diaphragm contracts and descends. The thoracic cavity thus expands in all dimensions automatically, lowering the air pressure within the lungs. Air rushes in from the outside in order to equalize the pressure—unless it is prevented from doing so (Heirich 35).

Then during exhalation, the process is “essentially a reversal of the process of inhalation” (Heirich 35). Heirich also debunks some commonly held beliefs about breathing, “Conventional thinking says that the in-rushing air is what pushes the walls of the rib cage out. *This is exactly backwards*...and contrary to popular belief, the diaphragm does its work only during the active inspiratory portion of the breathing cycle” (Heirich 34). We have seen many other practitioners’ descriptions of breathing match Heirich’s, but the belief that air first enters the body and then the lungs expand is a widely held idea.

Finally we turn to Dr. Steven Chicurel and Kerrie Obert, both Estill teachers for more than 20 years. Kerrie Obert is currently a Clinical Voice Pathologist at the Ohio State University Voice Institute, and Steven Chicurel is a Professor of Theatre/Voice Specialist in Musical Theatre at The University of Central Florida. Their description of breath is almost entirely anatomical with almost no imagery, largely due to the fact that Estill work is heavily based in research of the vocal mechanism.

During quiet breathing, thoracic muscle contraction increases the overall dimension of the ribcage. Since the lungs are indirectly held to the thoracic wall...they are also expanded. As a result, a negative pressure is momentarily generated within the lungs. This negative pressure causes air to rush into the lungs for inspiration. Similarly, when the pressure in the lungs is the same as that of the atmosphere, the muscles of inhalation cease to contract and the expanded lungs recoil for expiration (Obert 63).

The distinction is also made between quiet or autonomic breathing and conscious or active breathing. The distinction is made primarily on the exhalation. No active muscle contraction takes place during quiet exhalation, but “additional muscle activity...is needed when pulmonary

demands increase...muscles of the neck, thorax, and abdomen may contribute...[but] the amount of activity in these muscles is somewhat individualized” (Obert 63).

In all of these descriptions from the major voice practitioners, there is nothing for us to consciously *do* when breathing. At least everyone agrees there is nothing to do when we are not speaking. During silent breathing, the body breathes itself. There is certainly some discrepancy in breathing for speaking, but more on those distinctions later. It is noteworthy that almost all these practitioners write that first the muscles move to expand the lungs and *then* air rushes into the body. We so often think that we “take a breath” and “breathe out.” But we are often and ideally not active participants in the process; we are simply observers of the mystery.

Chapter 2

Arthur Lessac

All of the practitioners, or master teachers, I will discuss here have many, many years of experience researching, teaching, and practicing their methodologies. It is a daunting task to distill their work and thoughts on breath and breathing down to the few pages I will allow each practitioner. A daunting, yet necessary task. To understand why deep breathing has persisted in voice training, we must examine each practitioner's philosophy and teaching practices about breath. We start with Arthur Lessac. I begin my investigation of the major voice practitioners with Lessac because he is where my own training began. Pages from his book appeared in my undergraduate voice and speech coursepack, and his exercises of "calling" and the "y-buzz" were frequent visitors to my daily warm-up. Lessac begins his chapter "The Duality of Breathing and Posture" with the phrase, "Nothing contributes more to optimal body condition—and vocal health—than proper breathing and posture" (Lessac 20). This statement suggests that actors perform and function best when they have "proper breathing and posture." This opinion is not confined to Arthur Lessac. Many, if not all voice teachers, believe that we, both actors and humans, are healthier and in optimal use when our body and breath are free. This is not groundbreaking sentiment. But how does one get to this place of "optimal body condition?"

Lessac's philosophy is best illustrated by the first sentence in his chapter on breath, "The function of breathing determines the structure of posture at the very same time that the function of posture determines the structure of breath" (Lessac 20). "Posture" and "breath" influence each

other; they are a “duality,” two parts of the same whole. According to Lessac, if we are able to adjust our breathing to optimal conditions, optimal positioning of the body will follow, or rather occur simultaneously, and vice versa. “Mastery of correct breathing is...an essential tool that the actor uses to shape and subtly shade the interpretation of emotional moments” (Lessac 24). And Lessac says one can attain “correct breathing” by either first addressing the posture of the body, or by first addressing the breath.

Lessac writes that the two primary causes of poor breathing are: “universally poor and harmful postures” and “extreme shallow inhaling” (Lessac 20). So what is the correct way to breathe? Lessac defines good breathing as breath that is “active and instinctive” and happens during certain body postures and in the “natural and spontaneous self-absorbing actions of pleasure smelling, pleasure sighing, yawning, and laughing” (Lessac 21). He then guides readers through a series of activities designed to induce these “natural and spontaneous actions.” His exercises first focus on the imagination stimulating the breath, rather than the body. He outlines a series of “pleasure” breathing exercises and then he moves on to optimal postures of breathing.

The first exercise, or experiment, Lessac describes is entitled “Pleasure Smelling.” He asks the student to imagine a “beautiful, pleasant-smelling flower” in front of him. Then he invites the student to “squat” down and smell the flower, and then because it smells so good, inhale deeper filling the whole torso with the fragrance of the flower. He then asks the student to stand up and see another flower, and repeat the exercise (Lessac 21). He writes that one should have the feeling of a “combined, complete breath experience” (Lessac 22). The implication here is that in this pleasurable activity one will find an optimal breath, which then affects one to have optimal posture. This is an introductory activity to experience a “complete breath experience”

but many of the activities that follow are much the same. His next set of exercises are “body posture” experiments.

It becomes clear through the body posture activities that the type of breath Lessac wants students to achieve is one where they “fill [the] whole torso,” “a full inhalation...most notably in the back,” and “little or no movement in the upper chest—just an energy feel—and there is no raising of the shoulders” (Lessac 21-22). The emphasis is on feeling as much expansion of the back as possible. And in a chapter dealing with breath, and indeed with a “correct breath,” the implication is that the type of breathing that should occur is one that always achieves the largest expansion on the inhalation.

Before Lessac moves on to posture exercises, he first defines the optimal “posture of breathing.” These experiments, he says, should help one, “organically experience optimal rather than maximal expansion, extension, and use of the entire chest cavity without exertion or puffing” (Lessac 27). What he describes is very similar to the optimal balancing state of the body detailed by other practitioners. “Unlocked knees, an elongated spine...a naturally expanded thorax” all describe an optimal balancing state. And the exercises that follow this section are designed to put the body in that optimal balancing state and will assist, “the natural, instinctive breathing function” (Lessac 33). One experiment Lessac describes is “Floating, Swaying, and Wafting” where in a standing position, the student gently floats, sways, and wafts from side to side, then forward and backward, and then in a circular motion. And rather than taking a breath or attempting to change or adjust the breath, the student feels and notices the breath, feels what it is doing, without any interference (Lessac 34). The breath is affected by the body moving back and forth, constantly balancing and re-balancing. All of the exercises Lessac describes are ones

in which the participant is doing the work. There is no hands-on help here; all exercises are simply experienced through a series of instructor-led images and positions.

In a sub-section titled “Breath and sound” Lessac makes a distinction that not many of his fellow practitioners make.

Although natural breathing is a necessary support for good voice and speech dynamics, the breath stream should be understood as distinctly different and separate current from the vocal sound stream...for beautiful singing tones or beautifully projected speaking tones, conscious or impelled exhalation must be kept to an irreducible minimum (Lessac 33).

He is describing what he terms as “breath pushing,” which is forcing air up and out of the body with the goal of producing more sound. He argues that “the best tones will be felt when a minimum of breath is used” (Lessac 33). This is because more breath does not necessarily mean more sound. This distinction between a breath stream and a vocal sound stream has to do with the vocal folds. What happens at the level of the larynx controls how much breath is used.

“Remember that breath control does not regulate voice production; rather voice production regulates breath control. Put another way, voice is not vocalized breath” (Lessac 33). Breath only initiates movement at the vocal folds. After that happens, breath has very little to do with the shaping of the sound and tone. Lessac describes this process of breath changing over to sound:

The breath, coming from the lungs...build up a tiny amount of pressure behind the closed [vocal] folds. When the pressure is strong enough, the breath puffs through, setting the folds into vibration...the vibrating folds...transform the breath puff into systematic sound waves. If the vocal folds are [fully closing,] virtually all the breath puff is transformed into sound waves or voice (Lessac 12).

There is a physical shift from breath to sound and it is that sound that is able to bounce off and re-sound to produce the voice we hear. The shaping of that sound is largely affected by the muscles and oral cavity above the vocal folds, rather than the breath that initiated movement of the vocal folds. Perhaps this is why there is less focus on breath and more focus on resonance as a whole in Lessac training, when compared to other techniques and practitioners. But yet, even though he makes the distinction between breath stream and vocal stream, and even though he says that minimum breath is needed for sound, Lessac still focuses on expansive inhalation in his breath training, especially the exercises where breathing affects posture. His exercises where posture affects breath focus more on a “natural breath” without specifying the type. And it is not until the end of his chapter of breathing that he addresses exhalation. Before this, the focus has been on the inhalation. When he does explore exhalation, it is to discuss using and shaping the vocal stream rather than the breath stream. There is no discussion of what affect the exhalation might have on the next inhalation, or of how exhalation affects speaking. Almost all Lessac’s breathing training concentrates on inhalation, correct inhalation, and ultimately the majority of his teaching does not center on breath at all, but rather on resonance.

My own experience with Arthur Lessac began in my undergraduate career. My voice and speech teacher used Lessac’s book and philosophies in her teaching. During class or in warm-ups for rehearsal we would always do the y-buzz, which brings sound and resonance to the front of the face, and calls out to the back of the auditorium, first to feel the resonance in our masks and then to send that sound out into the space. In my undergraduate training there was not much emphasis placed on breathing exercises, but rather more on resonance and placement of sound. As a voice and speech teacher now, I look back on my own training and realize how foreign it is from what I teach. Back then, I did not wear movement clothes, I did not roll around on the floor

exploring my body and my breath; I was hardly on the floor at all. And I did no explicit “breathing exercises.” Looking back this was mostly due to the fact that the biggest portion of Lessac’s training is given to shaping the sound and building resonance. When I was instructed on breath, it was to feel the breath expanding my lower torso, and matching with Lessac’s exercises, specifically to feel expansion in my mid to lower back. I experienced the pleasure smelling exercises Lessac lays out in his book, and they helped me feel expansion of my torso. This expansion was helpful when I performed many classical texts because the thoughts were long and complicated, and I needed to reach the depths of my torso to complete those thoughts onstage. But ultimately, these exercises only served to cement what I already knew, that I was meant to breathe deep and to take large, pleasurable breaths.

Returning to Lessac years later and reading his work has been an enlightening experience for my own teaching. His description of breath steam changing over to voice is one that makes complete sense to me and I will use his description in my class, because it is important for students to understand this distinction in their training. They need understand that pushing air will not aid in projection or resonance because the breath has changed over to voice. I am also now able to recognize what Lessac hopes to achieve in his various activities, and I will certainly talk about resonance, and introduce the y-buzz and calling as another tool to help my students with projection. Projection is confusing for many students because so often they have been told that to be louder they need more air. But in reality projection has very little to do with breath, which Lessac explicitly states in his training. In my own teaching of breath, I feel the need to venture outside of Lessac’s philosophies. Lessac’s breathing exercises, without other practitioners to fill in the gaps would only scratch the surface for my students and my teaching.

He is the beginning, and other practitioners and other exercises are necessary to complete and uncover breath.

In the end, my own breath training utilizing Lessac was not complete. At the time, I did feel that I had full control over my instrument, and it wasn't until I was confronted with different and unfamiliar tasks that I realized my breath limitations. I never really understood my breath, how it happened and what I could do about it. I never explored the other possibilities of breath, never undid the habits I had built up over the years, both good and bad. Because breath is not fully explored or fully fleshed out in Lessac training, I believed deep breathing or belly breathing would allow me to conquer all that I wanted to accomplish.

I do not believe Lessac only advocates for a “deep breath” in his work. In fact, he advocates different types of breath, for “optimal” rather than “maximal” expansion, and even times when “minimum breath” should be used. Unfortunately, confusion begins because the activities he articulates for the reader focus primarily on bigger breath or filling the entire torso. This is how many students believe that big breaths are what they should be aiming for. The terminology Lessac uses is general and/or vague when describing breath. He uses phrases like “extremely shallow inhaling,” “active breathing,” or even “correct breathing” (Lessac 20). These phrases do not provide students with any real idea of their meaning. They could conjure up any number of images. If Lessac and those teachers who teach Lessac's work use this same vague language, it is no wonder that students, myself included, become confused and believe that one type of breath is right for every situation. If teachers do not take the time to really define these phrases in the classroom, confusion will abound. Take for example the phrase, “no physical act, speaking or singing included, can be carried out efficiently and pleurably unless it is supported by healthful breathing and by posture” (Lessac 20). This statement may be true, but it is

extremely broad. What is “healthful breathing and posture?” This phrase uses whatever image of correct breathing and correct posture is already in students’ heads and reinforces that, whether for good or bad. It does not detail what those healthful postures are and could mean any number of different things to any different numbers of people.

In addition to vague terminology, phrases like, “little or no movement in upper chest,” “no raising of shoulders,” and “correct breath” can have negative effects on students. For instance, if a student is told he should not raise his shoulders, it is extremely possible that all the release of excess tension he has found transfers directly to the shoulders, because he has been told that the shoulders should not move, no matter what. I also take issue with the idea that there should not be movement in the upper chest. The entire torso is part of the breathing mechanism, and therefore I believe the entire torso should be available for movement. Again, a student who has been instructed that there should be no movement in the upper chest is likely to create additional tension and hold the upper chest, rather than allowing for freedom of movement.

Lessac also writes, “the pleasure sigh induces perfectly smooth, natural body breathing and becomes a familiar event for organic instruction in breathing training; the sad or troubled chest-heaving sigh is definitely not such a candidate” (Lessac 26). First, the pleasure sigh does not necessarily induce natural body breathing. And second, this sends a message to the student that only pleasurable sounds produce organic breath, but sad or troubled sighs do not. How then can a student (or character) be sad and breathe “correctly?” It is certainly possible to have a full, free chest sigh that is sad or happy. I agree that there are certainly types of “chest-heaving” that are not effective, but this blanket assigning of “bad” to all chest movement is misleading and incredibly limiting.

I also question Lessac's view that breath influences posture. I agree that posture influences breath, but not necessarily the other way around. It is much more difficult to "breathe correctly" or what I would term "breathe freely" without first addressing the body. Assuming the body will follow the breath does not match with what happens internally and anatomically, which is that first the body moves, and then air rushes into the body. "If you stand properly, you will breathe well. If you breathe correctly, salutary posture will follow" (Lessac 20). I would argue that no matter what, if one is breathing naturally and freely, the body has adjusted to optimal use beforehand.

Chapter 3

Patsy Rodenburg

Patsy Rodenburg begins her actor training manual, *The Actor Speaks* with a section on “The Anatomy of the Voice.” In this beginning section she writes, “We breathe and speak as natural functions” (Rodenburg 5). Many young (and older) actors say something like this when told they need voice training. We have been breathing and speaking all our lives and have survived until now without any training. But the point Rodenburg makes is that while we have been successfully breathing and speaking all our lives, once we start to pay attention and build on what we already have, there is so much more potential, especially for a person whose livelihood depends on the voice. Her goal in training is, “An unfettered voice, powered by breath and free of tension” (Rodenburg 5). Breath, Rodenburg argues, is essential for an “unfettered voice” because the breath powers the voice and “knowing how to breathe and how to adjust our breathing allows us to produce sounds and speech of infinite variety and richness in tone” (Rodenburg 8). This is different language than Lessac uses, more open to interpretation and variation, but it still implies there is a “correct” way to breathe. The message here is that if one does not know how to breathe a certain way, adjustments must be made.

Rodenburg begins her sequence of training, like Linklater, Fitzmaurice and Alexander, with focus on first adjusting the body. This varies from Lessac, whose training focused on the body and breath together, believing that the sequencing did not matter. Here, by placing the body first Rodenburg makes the case for addressing the physical shape of the body before addressing

breath. “Through physical work and spatial exercises the actor aims: to release all useless tensions which trap the breath and the voice” (Rodenburg 14). Excess tension must first be released in the body, because those tensions block the voice. If we attempt to free the breath, without first addressing those physical tensions, all we are doing is building habits on top of habits. And without releasing the “useless tensions” we will not find a natural breath. “Tension in the upper chest will hinder the breath from going deeply into the body” (Rodenburg 17). Here we get our first clue as to the type of breath Rodenburg wishes us to strive for; a breath that goes “deeply” into the body. Here we have an instance of an advocacy of the word deep.

After Rodenburg takes the actor through exercises that will assist in releasing excess tension, she begins to delve into breath. She begins this section by saying, “the bigger the feeling, the longer the thought, the larger the acting space, the more breath [needed] to fill all three” With this in mind she says an actor needs a “flexible...organic breath and support system” (Rodenburg 38-39). Breath and breathing are fundamental in her training. She continually talks about a “lack of breath” (Rodenburg 39). This is the habit she addresses. There are various reasons for this habit, including holding the breath, speaking before ready, and breathing out before speaking. I believe part of the reason for the emphasis on lack of breath lies in Rodenburg’s training in and work with Shakespeare’s plays. Much of Rodenburg’s texts include Shakespearean passages, and are used in training the actor. And as we have discussed before, longer thoughts, such as appear in Shakespeare, require more breath. Rodenburg also believes the work to re-train the body and breath will take a long time to build and develop. She argues that the muscles, especially those around the rib-cage, including the intercostals and diaphragm, are weak and lazy from disuse. If this is true, then how do we build back the strength those

muscles have lost? Rodenburg details a series of exercises that include stretches, releases of tension, and physical activities such as pushing against a wall or holding a chair above the head.

Rodenburg's first sequence of breath exercises are what she calls "breath stretches." They are designed to "locate the breath low in the body; and to feel the first experiences of physical support" (Rodenburg 40). She asks the student to stretch the side ribs first by, "carefully flop[ping] over to one side" and in that position to breathe several times. She wants the student to feel a "pull around the rib cage, indicating that it is being stretched" (Rodenburg 40). She then proceeds with a back rib stretch, abdominal stretch, and rib-cage stretch. In each stretch the focus is allowing the breath to happen, rather than forcing it in or out. The stretches are designed to create more space and expansion in the body, to open up the body. Her idea is that by freeing the body of excess tension, we free the blocks that are preventing the breath from traveling naturally to where it is needed. We allow the ribs to swing naturally again with each breath, and allow the abdominals to move freely. "The muscles of the rib-cage and abdominal area are being awakened. As you build these muscles...you are also experiencing taking what breath you need" (Rodenburg 53). Rodenburg does not spend a large amount of time focusing just on breath. Many of her exercises after the stretches include breath into sound and breath into speaking. She asks students to extend their breath onto sound and then words, and then text, usually a monologue, eventually matching the breath with the thoughts in the monologue.

I first encountered Patsy Rodenburg during a Shakespeare class, and because so much of Rodenburg's breath training is married with text and specifically Shakespearean text, the match worked well. Rodenburg's training is geared towards acting and preparing the actor to be present while performing text. My own experience with Rodenburg is that her body and voice training and exercises are especially relevant and useful for a rehearsal process. Speaking text is essential

to Rodenburg's vocal training because the "amount of breath equals length of thought and size of emotion and space" (Rodenburg 55.) For Shakespeare, this leads to many exercises that increase capacity, as the thoughts in Shakespeare are much longer than most texts. And in Shakespeare the emotions are big and the stakes are high. It should not be surprising then, that my previous experience with large, deep breathing partnered well with Rodenburg and Shakespeare.

I was successful at Rodenburg's activities designed to increase my breath capacity and to expand my torso to allow more breath to enter my body. But through all this I struggled to find and access a free breath that responded organically to the words I was speaking. I would begin a monologue by breathing full and deep, which actually calmed me, when what I needed was to be nervous, angry, and unsettled. My body and my breath did not know how to experience the nuances of the other types of breath necessary for different emotions. And Rodenburg's activities never stayed with me; never changed my habit of always breathing deep. It was not until later that I realized that because I was always taking a deep, full breath at the beginning of a thought, that didn't necessarily match each thought, I could not fully and truthfully access certain parts of the text.

After my own experience with Rodenburg and Shakespeare, I did implement Rodenburg's work into my classroom teaching. Rodenburg suggests that every time we enter a new space, we should breathe it in and match our breath to that space. I still use this idea with actors, stage managers, and speech students. It never occurs to many young students to physically and vocally adjust to the space. Rodenburg's exercise helps all of these groups adapt by simply visualizing their breath in the space. I also have used Rodenburg's exercise of pushing against a wall or holding a chair while speaking text in class. The exercise asks students to either push against a wall with their hands, trying to push the wall down while speaking text, or to hold

a chair over their heads while walking around the room and speaking text. The goal is to release excess tension and find a balanced centered body ready to respond to the breath.

My students almost always responded immediately to pushing the wall or chair holding exercises. After either exercise they would be more centered, have better balance and alignment, and be able to match their breath to the phrase. I believe this is because an activity like holding a chair over their heads forces students to use their bodies efficiently, because the physical act of holding the chair allows them to let go of ineffectual and unhelpful thoughts. They are concerned with the physical task and can access a freer, more natural breath. Especially in the exercise of holding the chair over one's head, the body must find a balancing state, or the student cannot continue the exercise. Directly following these exercises, students would be taller, and would engage their entire body in the text. But inevitably a few minutes later they lost everything they had gained during the exercise. And even if I taught the exercise every class, the root of the problem, the body and its ingrained habits were not addressed. So, rather than spend class time on exercises that did not produce permanent results, I decided to reserve these exercises for coachings, for times when the student needs the immediate result, the quick fix. Students then additionally used the exercise during their warm-up for a show, or before going onstage for a particular scene. The repeated use of this exercise allowed them to begin to build a free, responsive instrument, and over time to carry that freedom further into a performance.

When describing exercises designed to increase capacity and flexibility Rodenburg writes, "The aim throughout is to have a breath support system that will respond to any performance demand" (Rodenburg 51). This statement opens the door for many different types of breath. It communicates to the reader that Rodenburg is looking for an actor that is versatile, an actor whose instrument is open to change. So perhaps a deep breath is not the answer to

everything. Rodenburg's exercises are extremely helpful in releasing tension and finding a free and responsive body. And she does say that it is "equally silly to take too much breath. A huge breath to say a casual 'no' is a waste of power, but you might need massive support if the 'no' were packed with passion or delivered to a crowd" (Rodenburg 48). Here Rodenburg addresses the fact that the breath should match the thought, even warning against too much air. But her wording is misleading, and still encourages large, even massive breath for a single word, if that word has large passion tied to it. In the end, Rodenburg's exercises lean more towards bigger, deeper breathing.

I want to revisit the phrase Rodenburg uses at the beginning of her section on breath: "the bigger the feeling, the longer the thought, the larger the acting space, the more breath you will need to fill all three." This is not necessarily true. This really depends on many, many other factors, including what type of sound one makes, how long the vocal folds are closed vs. open, etc. Blanket statements like this are deceiving. They make the process of breathing for speaking sound simple and straightforward when in reality there are many factors that influence how much air is needed. And like Lessac, Rodenburg's biggest hurdle in training and understanding how she explains and teaches breath is language and terminology.

Rodenburg, similarly to Lessac often writes about how there should be no movement in the upper chest. Breath entering the body, "should happen without any force or lift in the shoulders or upper chest" (Rodenburg 7). Again, there is a potential danger in phrases like, "without any...lift" because there should always be freedom and movement in the entire body. This can easily communicate to students that they must hold the upper chest still. Rodenburg also says, "The upper chest should be open and still when breathing, neither lifted, nor collapsed" (Rodenburg 17). The second half of this phrase is accurate, but again we are told the upper chest

should be “still.” Later she writes, “It is very important to remember to keep the shoulders free during this work. You should be able to move them without interfering with the breath” (Rodenburg 52). This paints a more accurate picture of what ideally is happening with the body. But it is in direct opposition to her earlier assertion that there should be “no lift” in the shoulders and that they should be “still.”

The language Rodenburg uses can create new tensions, new holding, and new blocks to the breath by reading or hearing these phrases. This fear of addressing and bringing attention to the shoulders and upper chest has led to a gross misunderstanding of the freedom and ease of movement that should be present in all parts of the body when breathing. There is movement in the shoulders or upper chest that can create tensions and blocks, for example a gasp where the chest lifts while narrowing the back, but certainly not all movement in the shoulders and upper chest are to be avoided.

It is clear that expressly defining words and phrases for other teachers and students is imperative, and something Rodenburg fails to do much of the time. Under “Key Components of Voice Work” she lists three things, “the body, the breath and support, and the free and placed voice” (Rodenburg 13). What does support mean? Breath support? Body support? Muscular engagement? She does later define support as, “the natural, muscular means of controlling breath and powering the voice” but that still does little to clarify her use of the word (Rodenburg 39). There is no attempt to define what those “natural” and “muscular” means are. Rodenburg uses phrases and words like “support” and “breath dropping in” again and again throughout her teaching. “Connecting to support,” and “breath to the lowest regions of support” (Rodenburg 25). For words and phrases that keep appearing throughout her training, there is very little effort given to describe what they actually mean. Rodenburg talks a lot about “going off support” and I

interpret this to mean when a person lets the body collapse or gives up at the end of a phrase. Not that a person runs out of air, but that he stops being in the physical “state of readiness” or “balancing state” she advocates for. But because “support” is vague and has been synonymous with “breath support” this is confusing and can easily be misinterpreted. Students and teachers might just as easily think support means using the abdominal muscles, or any and all muscles. The nature of voice work is that it is experiential, and there are teachers who do further explain and demonstrate what these terms mean in the classroom, but this very much depends on the teacher, and certainly there are teachers who do not further illuminate this language.

Rodenburg also focuses much of her training on lower breath and warns against other types of non-deep breathing. When Rodenburg talks about bad habits an actor might have, one of the habits she describes is “breath held too high” (Rodenburg 10). She details an exercise to shift the breath lower. She asks the student to speak a low sound “on a low position of the breath and support” and then she asks to “take the breath higher up in the body or tighten the shoulders which will lift the support.” She writes, “you will notice that ...the lower support feel[s] freer and sound[s] richer” (Rodenburg 51). There are numerous issues with this exercise. She tells readers in her directions which will be the desirable outcome. Rather than simply allowing the breath to only enter higher in the body, she asks the student to manipulate the body into a place of excess tension. And of course the conclusion to draw is that breath higher in the body is bad, because the student has tightened and blocked the breath before the act of breathing. What if he remained free and open and then took a breath higher in the body? What possibilities would open up? Leading our students to our own desired answer is not always helpful in learning. And awareness and specificity of language in the classroom is essential to a student’s understanding of the work.

Chapter 4

Kristin Linklater

Kristin Linklater teaches through imagery. Her teaching manual is full of descriptive imagery about the voice, the body, and the breath. She believes imagery is the best approach for training actors because, “the anatomically accurate fact is that...the lungs exist in the space between the collarbone and the bottom of the ribcage. But when the imagination extends the dwelling-place of breath to the pelvic floor or even to the legs and feet, the actual lungs respond with an expansion of their capacity” (Linklater 15). Imagery, she suggests, allows students to explore places they have never thought about before and to experience things like breath in ways they never thought possible. Linklater’s progression, similar to Rodenburg’s, begins with the body. In her training, Workday One is “physical awareness: the spine.” Then in Workday Two she covers “breathing awareness.” Linklater’s philosophy on breath differs slightly from the practitioners we’ve discussed so far. She explicitly states that in her training, “You will not find rules for correct breathing. There is no one way to breathe that is correct for all purposes” (Linklater 43). She wants her actors and students to be able to “transform into other characters in performance” and she understands that the breath might be different for each one. Her goal is to make actors flexible and available to any role, and it is habits and inflexibility that can hold us back from fully inhabiting a character. “As long as the actor’s breathing patterns are inflexibly held in habitual muscle usage, the hoped for transformation will only be skin deep” (Linklater 43). She wants spontaneity from the actor, and aims for a breath that is free, natural and uninhibited by tension or emotional blocks.

The first step in Linklater's breath training is to simply observe the breath; and more than this, to observe the breath without controlling it. "The aim is to remove habitual muscular controls and allow your involuntary processes to take over." This is a difficult task, and one that takes time to be successful. But "conscious control of the breath will destroy its sensitivity to changing emotional impulse...natural breathing is reflexive, and to restore its reflexive potential, the only work you can do is to remove restrictive tensions and provide a diversity of stimuli" (Linklater 44). To find a free, natural breath a student must first remove "restrictive tensions." How to remove tensions are addressed during Workday One when the focus is physical awareness. The next stage in Linklater's works to train the breathing muscles back to their natural responsiveness.

The breathing progression Linklater describes begins with the student standing and "allowing awareness to move inward and down so that [the] focus rests deep inside the center of [the] body" (Linklater 45). She asks the student to "tune in" to the small movements that are happening and to let the breath do what it wants, while thinking a release of tension. She asks the student to breathe out, and "let the breath be replaced—do not actively 'breathe in'" (Linklater 46). This is an activity she wants students to spend some time on, working on letting the body "breathe itself" rather than consciously "doing" anything. Similar to Lessac and Rodenburg, this is part of the re-education of breath, trying to get out of the way of a free, natural breath.

Next, Linklater's progression begins to include more imagery of what is happening inside the body. We can affect what is going on inside our bodies by picturing the movements. "Picture the diaphragm moving upward as the breath releases out, and falling downward as the breath drops in" (Linklater 49). Then she invites a "sigh of relief." This "sigh of relief" or "pleasurable sound," which we also saw in Lessac's teaching, is a recurring theme in Linklater's progression.

Linklater though, unlike Lessac, uses the “sigh of relief” much more frequently. Adding emotion and thought to the action is important to her training because emotions and thought are present in acting. “The energy of the sigh’s release depends on the size of the entering impulse” (Linklater 53). The breath and sigh should match the thought or impulse. The implication here is that one need only take in as much air as the thought or impulse. The exercises that follow continue by adding other emotions, including large or painful feelings, and releasing them out on a sigh of relief, all the while continuing to strive for a free and natural breath. Linklater wants the student to find and maintain the free, responsive breath in any emotional situation so that varying emotions don’t cause unnecessary tensions that will again block the voice.

In this exploration it has been suggested that the involuntary nervous system does things best. That if you allow your breathing to tell you what it wants, you will not have to waste energy controlling or sustaining it consciously. That the ultimate controls for the breath are thoughts and feelings” (Linklater 63).

This matches with what our next voice practitioner, Catherine Fitzmaurice says in her training, that thought and impulse drive the breath.

Linklater and I have had an interesting journey together throughout my voice training. I was very much connected with her work in the beginning of my graduate study. I found I could let go into her exercises and imagery very easily and I could go on whatever journey was being described and feel transformed at the end. But I noticed it was difficult to maintain this transformation. I remember one exercise where I explored emotion and breath located in different parts of the body. Immediately after the exercise I had access to all different types of emotions and breath, but because I had been so immersed in the exercise, I had no idea what I was actually doing. And when I approached the piece again later, I did not know how to get back

what I had found the day before. The connection between experiencing the exercise and maintaining the shifts I discovered was missing.

I have also observed that much of Linklater's breath work focuses lower in the body. The recurrent images are ones that emphasize the belly, the pelvis, etc. For someone who always takes a breath as if breathing into my pelvis, this only reinforces what I already do. This imagery does not address my habit; it only serves to cement it. Additionally, once I began to explore the anatomy of the body and breath, Linklater's work had a disconnect for me. The imagery became confusing because I was focusing on the anatomy of the body, and many times during an exercise, I was taken out of it because I thought about the fact that they breath does not actually live in the pelvis or the legs. I have difficulty at this point in my training with pure Linklater work.

I have done Linklater exercises with my students, and very often they connect to the work; they respond to the images because their minds are open to pure exploration. Additionally each student responds and connects with different types of learning. There are those who think in images and this work speaks to them. It allows certain students to connect with parts of themselves they have shut off or shut down. It lets them release tension and access breath in parts of their body they never thought possible. The exercises encourage students to think outside the box of what they know. Students who have never felt a full breath or a deep breath, can experience those things most easily through Linklater work.

Where students can have trouble with Linklater is in transferring the work back to their performances. They have difficulty, very much like I have, bringing the changes they found in the exercises into their performances. If the work is purely image based, without any other supplement, the student will very likely have only half the picture. Pure imagery can invite

anatomically incorrect and confusing images that can derail a student's understanding. Many students do not understand where the lungs or the diaphragm actually are. They believe that when their stomachs extend out during inhalation it is because there is breath in their stomachs. Similarly I have observed my students connect to an imagery exercise and be changed at the end of the exercise, their breath free, responsive, and alive. But they have no way to recreate this freedom, they have no idea what actually occurred within their bodies to allow the change and therefore cannot experience it again. This can be adjusted depending on the teacher in the classroom. I do know Linklater teachers that do include and supplement anatomy in their teaching, and this seems to help students bridge this gap.

The end of Linklater's chapter on breath awareness says, "It takes longer in the beginning, but once reprogrammed, you will find the newly found natural way [to breathe] more efficient than anything you could consciously devise" (Linklater 63). She claims there is no correct way to breathe, but I believe the exercises in her progression tell a different story. Almost all of Linklater's exercises ask the student to have big or pleasurable sighs or emotions. And she continually asks students to fill their torso and the progression is teeming with imagery of extending the breath down, deeper. What she implies by asking the student to envision breath extending to the pelvic floor is that the more breath and the deeper the breath goes, the better. She repeatedly asks students to imagine their breath deep in their bodies. The continued use of the word "deep" and the imagery used can easily create confusing and an inaccurate understanding of breath. "Feel the relief go deeper inside your body – perhaps as far down as the pelvic floor" (Linklater 50). Students can potentially have an anatomically incorrect view of how breath works, and where it lives. And ultimately, Linklater does not fully address other

possibilities of breathing that students and actors might have, because her focus is always on lower and deeper.

During her beginning breathing exercise Linklater writes, “Consciously, all you can do is keep releasing tension from your stomach area, your shoulders, and lower belly” (Linklater 45). Again, the focus of releasing tension is all low. She mentions the shoulders, but there is no mention of the chest or the back. Throughout her work these elements are largely ignored, as if they are not truly a part of the breathing mechanism, yet the shoulders and chest carry a lot of tension and can both block and assist the breath. She does finally address this later in her book in her chapter on “Breathing Power.” She writes:

You may, in the previous exercises that paid total attention to the diaphragm and inner abdominal breathing, have allowed the ribs to give in to the nether regions. You many have even become quite sunken in the chest as you focused more and more on the satisfactory depths of the lower belly and pelvis. Without losing that deep access, it is now time to add upper expansion (Linklater 215).

This is too little too late. Until this chapter there is a complete lack of focus anywhere else but the “lower belly and pelvis.” And even in this statement, there is clear favoritism for the “satisfactory depths” the previously explored lower area gives.

Linklater and her imagery work are also susceptible to misinterpretation. The work encourages the student to create her own images and connections to the body, but those are not always accurate. And like each practitioner discussed before, Linklater uses vague and general terminology. When describing breath she writes, “picture the diaphragm moving upward as the breath releases out, and falling downward as the breath drops in” (Linklater 49). And later she says, “Breath will automatically drop back in” (Linklater 73). This phrase “drops in” is one that

is heard a lot in voice training. But what does it mean? Does it mean inhalation, or inhalation with freedom, or naturally, or low? There is never a clear answer. And I have heard from my students and other teachers time and time again, breathe from the diaphragm, or breathe from here (as they point to their stomach.) Here it is evident that vague teaching has led to a misunderstanding of the anatomy. “Feed the resultant relief deep into your breathing area and feel breath being drawn in” (Linklater 52). Where is the “breathing area?” It is not defined for the students. Linklater often asks her students to place a hand on their “breathing area” which for the moment she writes she will define as “the section below the front ribs and above the navel” (Linklater 57). I understand that she is not saying here that this is the only breathing area; that she is just drawing awareness to this area now, but one does not breathe into the stomach or diaphragm, which is where the hand is. The imagery encourages a bastardization of the actual understanding of breathing, so it is easy to see how confusion starts, and how students believe there is breath in their stomachs, and that deep breathing is always the answer.

Chapter 5

Catherine Fitzmaurice

Catherine Fitzmaurice is interesting because of all the major practitioners examined here, she is the only one who has not written—or had her trainees write—a book or teaching manual, on her voice methodology. Despite this, her technique is widely practiced and taught today, and she has written articles specifically addressing her thoughts on breathing. Her article “Breathing is Meaning” indicates how important breath is in her training. “Breath occupies the most active place in the human vocal production...breathing, then, makes an essential difference in quality of vocal production” (Fitzmaurice “Breathing” 113). Because of this belief she has searched for what she believes to be the “optimal functioning of the breath energy, as a power source” (Fitzmaurice “Breathing” 113). She was looking for a “faster” and “more radical” way to reduce body tension, and for, “optimal functioning of the breath energy, as power source” (Fitzmaurice “Breathing” 113). Her training method is the result of her search and it can be divided into two sections which she titles, “Destructuring” and “Restructuring.”

Fitzmaurice training begins, like Rodenburg, and Linklater, by first addressing the physical habits of the body. Her method of releasing excess tension in the body is a process she titles Destructuring. Destructuring is a “deep exploration into the autonomic nervous system functions: the spontaneous, organic impulses which every actor aspires to incorporate into the acting process” (Fitzmaurice “Breathing” 114). It is a series of “exercises and interventions” Fitzmaurice has created in order to “directly affect breathing and vocal sound” (Fitzmaurice

“Breathing” 114). This is largely accomplished by putting students in positions which cause “tremoring.” “Tremors are vibratory, quivering motions that affect the breathing and also act as a diagnostic tool that allows for consciousness of where there is flow of energy and where there are blocks” (Morgan 133). Through the process of tremoring, a student and teacher can discover and unlock tensions or blocks in the body. This is another way, and for Fitzmaurice a more effective way, of addressing excess tension in the body that blocks the breath. An induced tremor is accomplished through, “hyper-extension of the body’s extremities only, thus leaving the torso muscles free to respond with a heightened breathing pattern. At the same time a great deal of unaccustomed energy, waves of tremor, and ultimately, relaxation flow throughout the body” (Fitzmaurice “Breathing” 115). Tremors can produce all different types of breath and sound. They ask for chaos in the body and breath, to let them both do and go with whatever the tremor causes. Chaos is used here to describe the body and breath being placed in a state of confusion, not knowing what to expect. The body and breath are put into chaos so that the body is free and open for Restructuring.

After having gone through the Destructuring process, which is much more loose and open to change based on the student’s habits and needs, the training moves to Restructuring. “When the autonomic movements of the ‘Destructured’ muscles of respiration are less inhibited it becomes easy to ‘Restructure’” (Fitzmaurice 115). Much like Rodenburg and Linklater, Fitzmaurice believes the body must be relieved of excess tension before any new habits can be attempted. The method of releasing the excess tension may differ, but the end goal is the same. Restructuring is “not only the introduction of intercostal and abdominal breath management into the act of speaking, but is also the harmonizing of that pattern with the individual’s physical and/or emotional needs for oxygen at the moment” (Fitzmaurice 116). Fitzmaurice wants the

breath to follow the impulse of the moment and by achieving a “restructured” breath, she believes students can accomplish this.

One can “restructure” the breath through conscious thought and repetition.

Structured breath coordination must be conscious, involving the transverses and intercostal muscles. With repetition they become automatic and synchronized so the actor can operate with the full immersion in the situation, while simultaneously maintaining precision concerning the breath support process (Morgan 84).

Students practice this “restructured breath” engaging the transverse abdominis on the exhalation and then speaking. The transverse abdominis is the deepest layer of abdominal muscles, located deep in the abdominal wall behind the internal oblique muscle. “Structur[ed breathing is] the preferred pattern of a free torso when speakers are engaged in speaking from their own imagination (Fitzmaurice “Structured” 1). Fitzmaurice believes “structured” breathing to be *the* method of breathing. This type of breath, she argues, will assist the student and prepare her for any type of speaking and performing. “Structured” breath is not for autonomic, or silent breathing because remember, Fitzmaurice draws a distinction between breathing for life and breathing for speaking. For Fitzmaurice, the thought matches the breath. Like Linklater, she is adamant that “structured breathing” or breathing to speak always begins with the thought, with the impulse. “In either case breathing for speaking is always activated by the [Central Nervous System] as the result of thoughts one wants to express, and its size and rhythm depend on the thoughts” (Fitzmaurice “Structured” 4). Thought and impulse are what affect the Central Nervous System to know how much breath to take in. The student thinks the entire thought before she speaks, so that thought allows the body to take in the amount of air needed for that thought.

My own personal experience with Fitzmaurice has been considerably less than with the other voice practitioners. I have participated in workshops, observed Fitzmaurice work taught to undergraduates, and used some tremoring exercises in my own coaching. The focus of much of the Fitzmaurice work I have experienced in various workshops has focused on Deconstructing and the tremor work. Overall I have found the activities I have done to be useful and effective. The Deconstructing work has shifted my breath and allowed me to find movement and freedom in my torso which affects my breath so I can find buoyancy and movement. That being said, I personally do not enjoy the tremor work as a daily practice. While there are some positions and stretches I can connect with, there are others which I find painful and frustrating as I cannot achieve a tremor. But while I personally do not find the Deconstructing work to speak and connect with me, I have seen it open up and free others. For instance, I have observed a student who was holding excess tension in the upper chest, near the sternum. A tremor-position allowed him to release the tension he was holding, and caused his entire rib-cage to swing freely and his entire thorax had movement. The tremor work makes available those types of specific and directed results.

Restructuring work has been an obstacle in my own training and teaching. On a very personal level, I find the type of breath used in Restructuring very limiting. I experienced Restructuring at a time when I was looking for free and natural breath, responsive to any stimuli, and the structured breathing that was taught to me seemed very rigid. I found myself especially frustrated in one workshop on Restructuring. I was attempting to do as the workshop leader asked and engage my transverse abdominis on the exhalation into speaking. But I could not feel that anything different was happening in my own body, and I became confused and distraught. The workshop leader assumed I was upset because I was experiencing this breath for the first

time. But I realized later after doing more Fitzmaurice Restructuring work that I was engaging my transverse abdominis, and that I do it easily, so it did not seem at all different to me. But it never occurred to the workshop leader that my frustration might not be because I was breathing in a way I had never breathed before, but because I did not understand what he was describing. In almost all Fitzmaurice workshops I have taken, the reverence for this one type of breath is astounding. According to Fitzmaurice teachers I have studied with, it is the type of breath that should be used onstage at all times. But the veneration for the Restructuring work, and the breath that engages the transverse abdominis can be extremely off-putting. I understand now, reading Fitzmaurice's work that this is not necessarily what she teaches. She writes that all types of breath are valuable, and the breath needs to be able to change and shift. But clearly many of her certified teachers focus on this restructured breath and the message to me, the student, has been this is THE breath one should be using for speaking.

Clearly I have had my own challenges to overcome with Fitzmaurice work as it relates to breath, but I have used Fitzmaurice work in my own coachings, and I have seen Fitzmaurice teachers able to connect with students using this training. I have both seen and used tremoring in coachings when I can see the breath trapped in a part of the body and the student needs a physical release there. Often there is an immediate release and the student frees the breath they were holding. And I tell the student to do that specific tremor before a show or scene so she is able to access that breath when needed. I do find that the physically flexible students have a more difficult time connecting to this work as they have to hold a tremor position for a much longer period of time to achieve any tremor that actually releases tension and is able to fully affect their body and breath.

Fitzmaurice does not use the term “deep,” or even advocate against “chest breathing” all the time. However, she still focuses on bringing air to the lowest part of the lungs that allows for the fullest expansion, for the most air. The Restructuring work, “expands the chest cavity where the lungs are largest, in the lower third of the ribcage, thus bringing in as much air as needed phrase by phrase without undue effort in the upper chest, but also without inhibiting any movement that might occur there” (Fitzmaurice “Breathing” 116-117). There is a clear message here that one need only use as much air as is necessary, phrase by phrase, and that might be very little air on a small phrase. And she makes a distinction that “undue effort in the upper chest” does not mean no movement. But the emphasis is still on the lowest part of the lungs, and still implies the lower part of the lungs should fill first.

What is especially interesting about Fitzmaurice breath training is that the philosophy does not quite match up with the training. She wants the breath to follow the impulse of the moment, but then specifically teaches one type of breathing for speaking. The breath is encouraged to be chaotic and responsive in Destructuring, but in Restructuring, Fitzmaurice essentially asks her students to form a new habit of breath for speaking, a re-structured breath. And Fitzmaurice asks for repetition of that breath until it becomes natural and automatic, a habit. Then a student’s breath is not honestly responsive to impulse because it has been trained to respond in one way. For most every situation, Fitzmaurice advocates the use of “structured breath.”

‘Structured breathing’ ...is also useful when no extraordinary demands are placed on the voice, as in speaking with a microphone, or in small spaces... The inhalation with the lower third of the external intercostals is simply the fastest and most efficient way of taking in the appropriate amount of air needed for vocalization, because it directly

expands the lungs where they are largest. The exhalation when speaking, using the described abdominal action, engages the speaker at the center and expresses authenticity, with directed focus (Fitzmaurice “Structured” 7).

The idea that the “lower third” of the external intercostals, of expanding the largest part of the lungs, is the “most efficient” way of taking the right amount of air to speak is limiting. She assumes that there is no situation that this type of breath will not serve. This is probably because this breath does work for a large number of situations. And it is possible, even likely that filling the lower third of the lungs all the time does not appear to hinder many or most types of speaking. But it does not allow the freedom for any true variation of breath or acting impulses.

Fitzmaurice claims structured breathing is simply a choice, to be available when needed, but clearly she believes this type of exhalation for speaking to be the best choice. It is the one type of breath she outlines in her teaching. There is very little discussion of a free and natural breath, responding to whatever the situation calls for. And she still advocates for a deep breath, “It is important not to get stuck in the chest for the reason outlined in the *Science of Breath*... ‘nerves and mind will be ineffective unless chest breathing is replaced by deep, even and steady diaphragmatic breathing’” (Morgan 89-90). She wants to ultimately get away from “chest breathing” and for “structured breathing” to become the habit, the *one* habit. Instead of finding of free, natural breath, the breath in Restructuring is all manufactured by training the mind and the muscles to respond in one way for speaking. “The initially consciously monitored breathing actions of Restructuring become finally an automatic response to an actor’s need to communicate” (Fitzmaurice “Breathing” 117). She asks students to create a new type of breathing, to learn and consciously “do” breath. They must be constantly thinking about it, until it becomes natural. The problem is that this one type of breathing becomes natural at the expense

of any other type of breath. What happens when a different breath is needed? What happens when one does not want that?

Additionally, there are a couple of things to be aware of with Fitzmaurice training. First, Fitzmaurice asks her students to continually release what she terms “fluffy sound” on every outbreath. The reason for this is to begin to integrate breath impulse and tone, but also because “it tends to use only semi-approximated vocal folds resulting in ‘fluffy’ released, *feeling* sounds which are very soothing to over-used, tense vocal folds” (Fitzmaurice “Breathing” 116).

Approximated vocal folds are not soothing. There is much more going on at the level of the larynx to soothe the vocal folds, and it has nothing to do with approximating the vocal folds. As another practitioner, Jo Estill, has shown in her research, it is the retraction, of the false vocal folds, or bringing the false vocal folds away from the true vocal folds, that soothes the vocal folds. While fluffy sound is helpful in integrating the breath and voice, it is not because it always soothes the vocal folds.

Lastly, Destructuring work focuses on “hyper-extension of the body’s extremities only, thus leaving the torso muscles free to respond with a heightened breathing pattern” (Fitzmaurice “Breathing” 115). In this training it is necessary to remember that everything is connected, and the teacher must be trained and aware because of the risk of injury. Because the body is being put in extreme positions to achieve chaotic breath, and the goal is to jolt the body out of its norm, there are serious hazards involved. Some of the positions can put students in pain, and there is a possibility of injury. Therefore, the utmost care must be taken by the teacher. If the teacher is concerned with the “heightened breathing pattern” over the student’s safety, this can create major problems. In my experience, this type of training the teacher can sometimes push the student past the point of comfort and even safety. It is imperative that the teacher be aware of a student’s

existing injuries, and understand the body and breath so that injuries and new blocks for the body and breath are not created.

Chapter 6

F.M. Alexander

F.M. Alexander is an intriguing study. The oldest of the practitioners examined here, his writing can be hard to digest. For this reason, while I will be using some of his writings and lectures, I will primarily be examining the books of three Alexander teachers, Jane Ruby Heirich, Kelly McEvenue, and Michael Gelb. Alexander's work, more than any other practitioner, integrates the mind, body and voice. There are many Alexander practitioners that are "movement" teachers, rather than "voice" teachers, but the technique is useful and applicable to both. After all, Alexander developed his technique because he was continually losing his voice. Because the mind, body and breath are so integrated, it is more difficult to separate out how exactly Alexander practitioners teach or train breathing. Jane Ruby Heirich perhaps puts it best when she writes that the technique, "is not about learning deep-breathing exercises, but about relearning the elasticity of the entire thorax and of the muscles involved in breathing. It is not about *posture* as a static concept, but about dynamic *poise* in movement" (Heirich 7). It is important to note that Alexander never trained just the breath. He always addressed the whole person. "His treatment is always directed towards Use as a whole, not towards a specific symptom" (Gelb 29). Unlike other practitioners who address first the body, then the breath, or vice versa, Alexander never separated them in his training, they were fluid.

The Alexander technique is not about doing, but rather about undoing. In this respect, there are many parts of training that are not about attempting to do an exercise to fix a problem

or habit, like breathing, but rather, undoing a pattern of behavior that is preventing a natural breath. “In some voice training, exaggerated importance may be attached to breath manipulation as the solution for a variety of ills...In Alexander teaching...there is an almost universal need to undo habitual and systemic interference that is preventing a natural breath from happening” (Heirich 33). The phrase “systemic interference” gets to the heart of what any Alexander training should do, address the entire system. Alexander firmly believed that everything is connected. If one is addressing the breath, one must start with the whole mind and body. “Breathing is a natural function, and the only way it can be improved is to create the right conditions in the whole organism by changing unnecessary tension patterns within the body that interfere with it” (Gelb 130). The “whole organism” must be changed if the breathing is to be changed.

During Alexander training, many of the exercises have to do with discovering one’s own anatomy, being able to picture what is going on inside the body. “The actor is better equipped for performance if he has a sound working knowledge of his anatomy and physiology...[because] the more the actor knows about his physical instrument...the more he will enhance his clarity of thinking when he attempts to use and challenge himself in movement” (McEvenue 35-36). There are many Alexander exercises like finding the bottom of the ribs, feeling where the lungs live, so the student knows where air can exist in the body, and know the possibilities of the entire torso, including the chest, back, thorax, etc. There is also an element, similar to Linklater, of imagery and visualization. Students are often asked to “visualize [their] head[s] floating like a helium balloon.” But while these images are used, the primary focus is on the body, and its directions of movement. “Creative visualization is not a substitute for direction, but it can be a valuable supplement” (Gelb 77). Here imagery is used as a “supplement” and there is an attempt to reach and communicate with different types of habits and different types of learners.

Like Lessac and Fitzmaurice, Heirich draws our attention to the relation of breath to vocal sound rather than to simply breathing. She writes:

There is a common belief that ‘pushing more breath out’ is our primary means of getting more power for speaking or singing. It is often thought by singers and actors to be the only way to be heard at the back of the theater. The quantity of breath used is only a modest part of the solution, because it is not actually breath that carries the sound to the back of the room. Breath becomes a sound wave at the vocal fold level (Heirich 16).

This understanding of the differences between breath and a sound wave is vital to training because the mind affects our actions. If students think more air is necessary to reach the back of the room, they will “push breath out.” But if students understand the difference between breath and sound wave, they will be more likely to use their breath efficiently. “More breath pressure with more muscular work is not necessarily better; in fact, more breath pressure with more muscular work may well mean the voice goes less distance” (Heirich 55). Here is the possibility that too much air can be damaging; that taking in too much air and building up “breath pressure” beneath the vocal folds can cause constriction of the false vocal folds. Breath is not the same as sound, and the sound is shaped and amplified above the vocal folds, when breath has already changed over to sound.

Heirich lists in her book the “seven misconceptions that interfere with natural breathing.” Five out of the seven have to do with taking in too much air. Here we address habits other than “lack of breath.” Number two is “take a big breath before singing or speaking anything” And under her explanation Heirich writes, “We actually need only the breath required for the task” (Heirich 71). If a student is constantly taking a big breath, this can stiffen the body, and create more blocks in the voice. Alexander believed that if we stopped doing the wrong thing, the right

thing would happen. Because sound carrying to the back of the room is not reliant on breath, there is no reason to take more air in, or to push a lot of air out. All of these things are doing, or trying to fix the problem. “If we observe the breath without interfering, we can allow the mechanism to do its stuff—the stuff, of course depends on what the task is” (Heirich 37). Similar to Linklater, Alexander is looking for a free and natural breath. And, like Linklater, he believed that not interfering with the breath is the way to let the breath do what it naturally should do, depending on the task.

Much of the breath training, or re-education in Alexander work focuses on the exhalation. The focus is on the exhalation because using the air effectively on the exhalation while speaking or singing can affect the sound, and also the following inhalation. Heirich argues that there are two things a student needs to begin thinking about on the exhalation, “One is to permit the diaphragm to *relax back* into its domed shape, rather than forcing it back with extra push from the abdominal muscles. The second is to allow the intercostal muscles slowly to go back to their starting place rather than trying to squeeze the air out of the lungs forcefully” (Heirich 37). There is a tendency to collapse, or pull down at the end of an exhale or the end of a phrase. What Alexander asks, is that one maintains the length and space and “thinks up” at the end of the exhale to allow the next natural inhalation to occur.

The place to start this re-education, according to many Alexander teachers, is in a lie-down; lying on the floor, face up in semi-supine position, which is where the knees are bent. This position allows the body the opportunity to release excess tension because it reorganizes the head, neck and spine, so the body is free to explore without extra effort. The first step, like Linklater training, is simply to observe the breath. The next step is to whisper the vowel “ah.” “The ‘whispered ah’ [i]s a way of applying Alexander’s principles of inhibition and direction to

the breath” (McEvenue 96). Heirich writes that Alexander chose the whispered mode, “because...we don’t usually have a lot of habits surrounding whispering, whereas we do have well-grooved in...habits of speaking or singing” (Heirich 86). He asks the student to think of something amusing or mischievous, so there is slight smile on the face. The exercise begins with an unprepared exhalation on “ah.” This means that the student does not begin by “taking a breath” but rather using what air he already has. Whisper “ah” until the end of the breath, and “avoid tightening or pushing at the end of [the] breath...[and] allow [the] lips to close.” Then allow the breath to return without taking a breath. Repeat those steps again. (McEvenue 96-97). “Whispered ah” can also be done in a sitting or standing position, and should be carried into other positions. The goal is to let the breath be free and natural in any situation or setting and to allow the breath to find a natural rhythm without interfering.

Alexander training rarely emphasizes “deep breathing” but rather centers on the elasticity of the entire torso and re-educating the thorax and ribcage for muscular flexibility. There is very little doing and more, letting things happen. In her book Kelly McEvenue has a section entitled “Voice Work and the Alexander Technique” and she includes one actor describing how she feels after an Alexander lesson.

I feel larger and open in all my cavities...You can feel your chest unlock and your back free up...It allows you to breathe more easily so you are not fighting through tension to breathe. You often see actors muscling their breath down or forgetting to breathe. When you open up...you don’t have to think of the breathing so much. You are just doing it and it seems to go down further, down below the belt, into the groin (McEvenue 89).

This student describes space in all areas of her body. There is still the mention of feeling the breath “below the belt, into the groin” but there is also the inclusion of the chest and the back

free and unlocked. She also talks about how she does not have to *do* anything to her breath, she does not have to force air into a certain part of the body, or even consciously inhaling, her breath just *is*.

My Alexander training began about a year and a half ago, when I began taking private lesson with a certified Alexander teacher. I began the training because I had observed a fellow graduate student exploring the work with herself and with her students and I saw how she and her students responded to the work. During my year and a half of lessons I have made some remarkable discoveries about my own breath; what my habits of breathing are, and how they might have been affected by my previous training. My biggest breakthrough came when one day during my lesson, I felt so much space inside my body; I felt light, yet stable. And during this I realized that my entire torso was flexible and as I was breathing, my upper chest and shoulders were moving. I told my Alexander teacher that this was the first time I was aware of movement and breath in my chest and asked her if this was normal. She said of course it was; that my lungs went all the way up past my clavicle. In that moment I knew that I had been holding tension in my shoulders and chest because I had been told time and time again that my shoulders should not rise in breathing, and that the movement should be in my lower torso.

My upper torso had been ignored in most of my training. I had always been told to focus down, on my belly, or diaphragm, or pelvis, or middle to lower back, but rarely, if ever had anyone brought my attention to my upper torso and the place where my lungs were actually housed. Before starting Alexander lessons, I was able to expand my belly and lower back but at the expense of my chest and upper back. And now I understand, I needed to view them together, because they are all a part of the breathing mechanism, and the entire torso, including the chest and shoulders can move. I realized that it was okay to breathe and to move my clavicle or

shoulders as long as I was not sacrificing the width or length of my whole torso. I do not always need to breathe into my belly. This has entirely changed the language I use when I talk to students, and we as instructors need to be vigilant with our words and terminology, and remove the words “wrong” or “bad.” My teacher once told me that Alexander said, “I see, when I stop breathing, I breathe.” When she said that, I realized that my previously rewarded habit of taking deep breaths did not serve me and that when I stop doing the wrong thing, the right thing happens. I am no longer simply a “belly breather;” there are moments where I can find movement and breath everywhere.

This past semester, in my sophomore Voice and Speech class, I employed Alexander’s principles as the basis of my teaching. I began with the anatomy of the body because I wanted my students to have an image of where each part of the breathing mechanism is actually housed and what its function is in breathing. We began each day on the floor in semi-supine position and for the first half of the semester we simply focused on the body. When I introduced breath to them it was always with awareness on the body, always thinking and working on the two together. And it was not until we had spent a large amount of time becoming aware of the head, neck, spine, ribs, etc. that we explored the elasticity of the lungs, and the different ways the body affects the breath. I had an Alexander teacher tell me that if we ask students to breathe or do breathing exercises before they undo their previous habits, we are putting habits on top of habits, and can force them to push breath. But if they undo their habits first, the body can breathe itself. I want my students to begin undoing their habits before we start any “breathing exercises.”

When I did start to focus on breath in my class, the exercise I used most with my students was the “whispered ah.” I only began to implement this exercise after we had spent a number of weeks just focusing on the body. The students had an understanding of their own physical habits

and a foundation in the Alexander principles before I introduced breath. Once they were familiar with the exercise, we did “whispered ah” on an almost daily basis, and transferred its use when we began working with text. What I noticed most often was that a student’s breath would shift back to their habit once they began speaking performance text. But if they used “whispered ah” between each line, they would have the right amount and the right type of breath for the next thought. It allowed them to bring awareness to the breath without trying to “fix” it. The other thing I saw with “whispered ah” is that it addressed many types of breathing habits. Because the exercise allows a natural breath to return while the student is thinking the next thought, the next inhalation can respond organically to the thought.

I noted a number of things using Alexander as a foundation in my teaching. First, by the end of the semester I could clearly see a difference; see a shift physically in my students’ bodies and breath. They were aware of their entire use and of their own habits, especially as it relates to breathing. They were also aware of what their habit is during performance. The second thing I observed was the amount of time that is necessary in this work, and the dedication of the student to really focus on the self. Unfortunately, this technique is not a quick fix. This technique is designed to forever affect a person’s use, and that is not going to happen in one class, one week, or even one semester. At the end of the semester, my students’ breath certainly had shifted, had become more aware and more available to changing stimuli, but it was just the first step.

The biggest hurdle in breath training with the Alexander Technique is time. The amount of time it takes to teach this method can be tedious for some students and teachers, and sometimes not useful for a shorter class or as a “quick fix.” Alexander training requires much more time and dedication from both the student and teacher. It is very slow and often very subtle work that requires an extended period of time that many students and teachers do not have. And

in this method, more than any other, teachers cannot simply read the instructions from the page and have students perform the exercises. This technique relies on the ability of the teacher to place hands on the student and the patience of both teacher and student. The technique is simply not for everyone and certainly not for every situation.

The amount of time required by the technique does allow for more specificity of habits of breathing. It is especially interesting that the ways in which some Alexander teachers describe habits are much more specific. Kelly McEvenue writes, “The actor may have a habit of sitting in his hips, or gasping breath through the mouth, pushing the chin out when making an argument, or locking the knees” (McEvenue 14). The phrase “gasping breath through the mouth” paints a much clearer picture than “shallow breathing.” This is not to say that Alexander teachers do not also fall back on vague, generic terms. There are times when the teachers do use words like, “shallow, superficial breather” (Heirich 33). And these general images and terminology that have been seen time and time again are not helpful because they can cause locking or holding in the shoulders and upper chest.

Alexander teachers, like the previous practitioners, uses general terminology without ever defining it. “When you are breathing on support or breathing down, you have a sensation of the breath in the lower belly” (McEvenue 33). Like Rodenburg, McEvenue uses terms like “breathing on support” and “breathing down” which does not really describe what is happening. All voice teachers seem to easily fall into this trap of using language that has been in use and heard so often that it has lost any real meaning. Interestingly, McEvenue often works with Rodenburg, and she wrote the forward to McEvenue’s book. They both use the same vague terms, which surely have meaning for them, and probably for some of their students. But it has

been my personal and professional experience that these words are easily misinterpreted by students and laymen alike.

The final thing to be aware of in any type of Alexander training, and in reality, any type of voice training, is the teacher. The quality of the teacher and the amount of time they have spent with the technique is a huge factor, especially in the Alexander technique. I am not a certified Alexander teacher, and my hands-on work with my students are not Alexander procedures. Because of this, while I can employ many of Alexander's principles in my teaching, my students cannot feel the experience of an expert or master teacher's hands. I know this because I have felt the difference a trained teacher can make with the use of their hands-on work. The experience of the work is affected by the experience and training of the teacher. And this is not a technique that a student can effectively explore and experience by themselves. Especially in the beginning of the work, an experienced teacher is necessary; otherwise students will have difficulty fully addressing their habits, and as stated, undoing habits is essential in Alexander training.

Chapter 7

Jo Estill

My next and last study, Jo Estill is not quite considered a major voice practitioner, at least not by the voice and speech world. But her method, the Estill Voice Training is highly sought after in the singing world. I am including Estill in this paper because it was my experience taking an Estill workshop that entirely changed my perspective on breath.

A singer and performer, Jo Estill began her work and research after asking herself, “How am I doing this?” She began to learn about the anatomy and physiology of the voice, and do her own research on the vocal mechanism and this led her to create the “figures” for the voice, which include “isolation exercises” for each of the structures of the voice, including the larynx, vocal folds, false vocal folds, thyroid cartilage, cricoid cartilage, aryepiglottic sphincter, velum, tongue, jaw, lips, head and neck, and torso. “Estill Voice Training teaches isolated control of individual anatomical structures with the voice production system” (Estill “Level One” 5-7). If we look back at the list of figures, breath is not on this list of structures. This is because Estill has another model for the entirety of vocal production called the “Power-Source-Filter Model.” Breath is the power, tone, the vocal folds are the source, and the vocal tract is the filter. But the emphasis in the training is not on this model, but rather on the different structures and how one can manipulate and control them to produce sound. “Breath draws the true vocal folds into vibration” (Estill “Level One” 5). The breath starts the vocal folds moving, it does not make sound. Breath is simply the power to move the vocal folds.

Estill writes in her first training manual that breathing can be both voluntary and involuntary. She aligns with many of the previous practitioners we've examined. We breathe without thinking, but we can also control our breathing.

In most physical states, breathing is naturally governed by the involuntary nervous system...during speaking and singing, breathing is regulated by the voluntary nervous system...In the service of a long musical phrase, the singer's voluntary control of the exhalation overrides the natural biological imperative to inhale (Estill "Level One" 13). In singing and speaking we often go below the "Resting Expiratory Level," the "physiological balance point where pressure within the lungs equals the pressure in the atmosphere" (Estill "Level One" 15). Once below the Resting Expiratory Level, we naturally breathe in, but in singing and speaking, this can change. And according to Estill, our bodies and breath should change with each task we do. "Dynamic systems change: they do not operate in exactly the same manner under all conditions" (Estill "Level One" 13). Breathing is task related. Estill wants students to be able to perform any type of singing at any time. She wants versatility. And it is her belief that the breath should follow that versatility. Breathing is task related.

It is difficult to describe how Estill teaches breath. In many ways, she does not. "There is no Compulsory Figure for Breath in the Estill Voice Model, nor is there one correct way to breathe" (Estill "Level One" 18). There are not many traditional exercises to explore for breath in Estill training. She asks students to explore many different types of breath to see what might be helpful for different types of singing, and also so they can discover their "attractor state" or habit of breathing. However, Estill does discuss what she terms a "recoil breath." "Recoil is a term that describes this sensation of breath rushing in without having to actively breathe" (Estill "Level One" 16). This is something I have observed and experienced during Estill workshops,

where the teacher will ask the student to exhale or spit out a [p]. This allows the right amount of air to return without the student “taking” a breath. This is similar to attempting to find the free, natural breath of Linklater and Alexander, but more of a “quick fix” in the moment. This exercise is most often employed when a student is taking in much more air than is needed for a particular singing passage.

Many teachers and practitioners talk about “support” without defining it, and therefore it remains a mysterious term. Most believe it generally refers to “breath support,” although again, what that really means, is never really defined. Estill uses the term “support” to refer to “anchoring.” “The term support has traditionally been associated with breath, but may also involve the use of larger muscles of the head, neck and torso to gain maximum control of the smaller muscles of the larynx” (Obert 63). Support, or anchoring, in Estill terminology means using larger muscles to assist the vocal folds so they do not have to do all the work of sustaining tone, producing large sounds, or producing high intensity sounds.

During her training, Estill takes the student through the different types of singing and what is needed for each type. She also talks about what to avoid. While training the voice to be able to produce a variety of speaking and singing qualities, the number one thing to be avoided is “breath effort” or “pushing.” In certain types of speaking and singing, including high intensity singing like belting, the vocal folds remain closed longer. And

the longer the true vocal folds remain closed during each vibratory cycle, the more intense the glottal source tone can become...increased movement of breath...will tend to blow the true vocal folds open, dropping the pressure. Production of high intensity sound...with increased breath effort will almost certainly trigger false vocal fold

constriction to help hold the true vocal folds closed long enough to make the sound intense (Estill “Level One” 61).

The false vocal folds live above the true vocal folds and when they become involved in speaking or singing, they cause constriction and tension in the true vocal folds. Continued involvement of the false vocal folds is what causes vocal nodes and nodules. Too much air can cause the involvement of the false vocal folds. The reason too much air is often a problem is that high intensity sound requires very little air, but we often think, the bigger the sound, the more air that is needed. “Forcing the scale to be equal in amplitude (intensity) with the breath may lead to overblowing resulting in rise in pitch, a distortion of tone, and/or trauma” (Estill “Level Two” 16). Especially in singing, where the true vocal folds are closed more of the time because there is a sustained tone, less air is needed. And when there is a purer speaking sound, or “thick folds” as Estill terms it, less air is needed than when producing a “breathy sound” or in Estill terms, “stiff folds.” Too much air can cause just as many problems as too little air, depending on the activity.

The Estill Voice System was first introduced to me during a class on Vocal Extremes. One of my classmates presented on belting and how to belt safely and effectively. I have been a singer for years, in choir throughout elementary, junior and high schools, and in musicals during college, but I had never successfully belted. I assumed my voice was not cut out for that type of singing. But during her presentation my classmate said something that shocked me. Belting requires very little air and taking in too much air and using that air would prevent me from belting. It was very difficult for me to get past the psychology of not taking a deep breath before performance singing or speaking. I did not succeed in belting during that class. But I was intrigued enough to take other Estill workshops and explore this possibility of too much air.

I discovered during subsequent workshops that I and many others (especially those trained in classical singing) had incredible difficulty not taking in a large amount of air for any type of singing. For some types of singing, this was useful and effective because they required more air, but for the majority of styles of singing and speaking, I needed much less air. At one point in a workshop, I got up in front of everyone and performed a song while the workshop leader coached me. Again and again she told me to exhale before I began singing because when I was taking in more air, it was building up pressure beneath my vocal folds and causing me to constrict and potentially cause damage to my vocal folds. It was extremely challenging for me to not take a deep, full breath. I felt every time that I would not have enough air. Then another participant got up and performed, and she had the same problem. Both physically and psychologically she had difficulty not taking a full, deep breath before each phrase. I could hear the excess air in her tone and when she took in less air, the tone cleared up and was bright and resonant. That was a light bulb moment for me because I saw the results of using one's body and breath efficiently. What I realized is that my students would have as many varying issues and habits regarding breath as myself and my fellow workshop participants.

During this same workshop, the teacher explained the difference between "speech" breathing and "performance" breathing which I found especially enlightening. In speech breathing she said, we take breath whenever we need it, but in performance breathing, we go past the point where we need to breathe and instead manage our voice with other parts of the body. This is why breath training is needed in performance disciplines. Certainly people in everyday life will benefit from body and breath training but it is essential to performers because their livelihood depends on efficiently managing and using the body and breath.

Since being introduced to the Estill Voice System and taking the workshops, I decided to implement parts of the technique in my teaching, and I assisted another graduate student in her course based in the Estill Voice System entitled “Singing for the Actor.” In my own class, I used the Estill Voice System in conjunction with other methods. But I approached the work with the philosophy that breathing is task related, and that there is no one correct way to breathe. We discussed the vocal mechanism in detail and experimented with how different types of breath prepare the body and voice to do different tasks. They were excited to experiment and explore, and were able to discover many possibilities and different breathing for activities like yelling, crying, and laughing. But what this technique did not solve was each student’s own habits of breathing. It did not address *how* to allow each student to find a breath that is able to respond to any stimuli.

What I witnessed in the “Singing for the Actor” class was fascinating. The students, like me, believed that bigger sound meant more air, and they too believed that they should always breathe deeply. Many of these students were seniors with years of voice and speech training and the same problems that faced me during the Estill workshop were present in them. Many of them struggled because they took the same type of breath for every style of singing. They did not allow their breath to change with the style of song, and many of them could not get away from the deep breath they had always been trained to do. And like me, they struggled mentally to overcome the idea that more air is needed for more sound. But when the students were able to adjust their breath, or allow their breath to shift with each style, the results were astonishing.

Estill is the first training program that says “there is no one correct way to breathe” and truly believes it. The training absolutely matches that phrase. During one of the Estill workshops I attended, the teacher said that the way the vocal folds prepare for sound changes the way one

breathes. The body knows what to do, she said, and breathing is dynamic. Each Estill teacher that I have observed addresses the student's breath and needs for each style of singing and speaking. "Each individual may employ a specific pattern during quiet breathing, or speech. This pattern would be called the attractor state [habit] for breathing...some attractor state breathing patterns will serve well for particular speaking and singing tasks; others will not and will need to change" (Estill "Level One" 18). It is clear that Estill strives for a breath that is responsive to change. Very little time is spent addressing or training breath, most likely because there are so many different possibilities. This is where I think the training can get fuzzy and muddled. There are ways of breathing that do not serve for most performances. Holding the breath, gasping in air while narrowing the back are examples of types of breathing that do not serve performers.

Breath is largely ignored in Estill training with the idea that if the structure of the vocal mechanism is correct, the breath should happen naturally. Estill goes into detail about things one does to make the vocal mechanism produce the sound desired, but not about the various types of breath needed for each one. She addresses the head and neck, and torso, but she does not discuss putting muscular habits that assist with vocal production, on top of other habits that are interfering with the voice. If students are jutting their necks forward and then try to engage large muscles to assist the voice on top of that habit, they will not be successful and will constrict and cause damage to themselves. Breath may be able to adjust to varying conditions and impulses, but there must be some work done with the body and breath before this can happen naturally. The body and breath cannot simply be ignored completely with the hope that the right thing will happen. As Lessac stated, optimal conditions must be created for a free breath to happen.

Additionally Estill does not address body habits in any detail. She teaches anchoring specific muscle groups to engage which will aid the vocal folds, but does not discuss how the

physical habits a student already has will affect the breath, other than in very general terms. “Posture can affect breathing. Quiet breathing will change for sitting, standing, and lying down. The brain and body are adept at making these adjustments” (Estill “Level One” 13). Posture absolutely affects breathing and the brain and body do adjust to various postures, but not always in a positive way. Estill never addresses how the way students use their body before anchoring, speaking, or singing can affect the voice and breath. And when anchoring is described and taught, the entire body is not addressed. Sometimes there is so much focus on the individual parts of the vocal mechanism that how the entire body works together is taken for granted. There is a very real possibility that anchoring in the head and neck or torso without first addressing the body and breath’s habits and blocks will cause vocal damage.

Even with the specificity of Estill training, and the large focus on anatomy, she still uses general and vague terminology, especially when it comes to breath. “Generally, individuals can be sorted into two categories: belly breathers who experience abdominal expansion/contraction during breathing, and, chest breathers who experience a rise/fall in the chest and sometimes even the shoulders” (Estill “Level One” 16). This simplifies things too much. There is much more nuance to breath and breathing than “belly” and “chest” breathing. In addition to this, “belly breather” and “chest breather” are unclear terms; they have no real meaning. There are infinite types and variations of belly and chest breathing. Estill almost goes too far in the other direction from typical voice practitioners; she does not advocate for deep breath, and indeed advocates for all breath, but then oversimplifies and does no concentrated teaching or training of breath. It is important to note that during Estill workshops, the master teachers I have observed do address a performer’s breath based on the style of singing. But there is no specific method of training breath in the Estill Voice System.

Chapter 8

How Do We Teach Breath?

Overall, the biggest problem all these practitioners share is language. The language barrier can sometimes be overcome or lessened by knowledgeable teachers who do explain and teach the specifics of what these practitioners write. But in general, what and how we, as teachers, communicate the complex idea of breath is important and we should not settle for good enough. We know language is inadequate, but there must be an attempt by teachers and practitioners to define vague and inaccurate terminology.

When I began to approach teaching breath with the philosophy that breathing is task related, I started to see many more habits of breathing than are addressed in any of the voice practitioners' books or training. When I changed the way I viewed breath and the so-called "bad" habits I began to see many more distinctive issues and blocks in breathing. For example, especially among the females in my class, there was a tendency to stack their breath, which is taking in breath every few words and while doing this, lifting the chest and narrowing in the back. This habit could be titled "chest" or "shallow" breathing, but it is much more specific than that. They were not taking shallow breath, but more accurately they were taking gasping breath where the chest lifts and narrows and the back also narrows. And what is going awry in that habit is not that the breath is located in the chest, but that obstructions are being created that prevent any air from traveling throughout the body. I have seen "chest," "shallow," or "shoulder" breathing that is effective and maintains a balancing state and does not narrow the back. I have

experienced such a breath. Ultimately, what I realized was that my students had such varied habits that I needed every tool in my arsenal available to me.

I can see now how the emphasis on deep breathing has been passed down from generation to generation of voice teachers.

Personally, I consider the term ‘deep breathing’ is a misnomer...In [an] article [I read]: ‘What is deep breathing? It is the opposite of shallow breathing.’ Then I answer that both ‘deep breathing’ and ‘shallow breathing’ as expressions of fact and process, are both misunderstood and misleading (Alexander 72).

This quote from F.M. Alexander exemplifies much of what I think goes awry in the various practitioners’ teaching and training. The language used is not descriptive enough, and even if they do not intend it, many of the major voice practitioners we have seen, describe and teach with an emphasis on the lower lungs, the belly, the pelvis. Even when they claim they do not want the breath to live only low in the body, most still gravitate towards low and deep breathing in their exercises and progression. Or, if they do not advocate for a low breath, they do not advocate for all types of breath. There are times when a large breath or a breath that fills the entire lungs is useful and necessary. During speaking, long phrases do require more breath. In both speaking and singing, when the vocal folds do not completely come together, more air is needed. But how do we, as teachers, become advocates for different types of breath for different situations? How can we reach all students and all habits of breathing? I believe the curriculum of breath must change. We cannot always use one practitioner. Therefore, here is the ideal progression for teaching breath, specifically in an undergraduate setting: Alexander as the foundation, supplemented by Linklater, and also Fitzmaurice, followed by Estill and Lessac, and ending with Rodenburg.

It is clear by now that my own sensibilities lean towards a curriculum based in Alexander work. This is due to the fact that I have experienced the work, and working with Alexander teachers has opened me up to infinite possibilities. Alexander teachers have encouraged me in my journey for finding a truly free, natural and responsive breath. And that is my own goal for my students. I want them to experience all types of breath and be able to access any type of breath when called for. I want them to be adaptable, malleable, and able to adjust according to the character they play, and the demands of the role. In my own curriculum design, and realistically this would be fit best in a conservatory setting, the first year of breath training (and ultimately voice training) would be based in Alexander work.

Alexander must be the beginning, the foundation for students' breath training because they come into any training with years and years of their own breathing habits. They usually have at least 18 years of breathing their way. I cannot expect to teach them any other way (or ways) to breathe, or any other possibility of breath if they are stuck inside their own habits. I need them to undo their blocks, to undo their physical and mental habits that obstruct the breath and prevent breath from accessing all parts of the body. I would not even mention breath until they became more physically aware of their entire instrument. All breath training must start with this focus on the entire physical body. Everything in the body, from the toes, to the torso, the breath, the head, the voice, is truly connected and must be treated as a whole in training. Additionally Alexander is based on the anatomy of the body, and it is essential that students understand the basic anatomy and functions of the body and breath. This is why Alexander must be the foundation because if a teacher only addresses the so-called "breathing areas" there will be problems later in training.

Alexander training is so vital to breath in the beginning of training because the attention is not on the breath. I truly believe Alexander's mantra, "when we stop doing the wrong thing, the right thing happens." Many breathing blocks can be addressed through Alexander work without the student even realizing they are addressing their breath. There is no fear of not feeling breath where the teacher says it should be because the training is not prescriptive. Because of this, Alexander does really address many types of breathing, and welcomes many types of free and natural breath. I want to train my students to get out of their own way and to ask the body and breath to do what they do naturally. I do not want my students to "do" breath, but instead allow their bodies, free of excess tension to breathe them. After time has been spent becoming physically aware, the next step is the "whispered ah" work. Students can begin to notice what the breath is able to do when the body is in optimal use, when they are using themselves efficiently. It is so important that students do not get confused and think that one type of breath is the answer. It is important to stress that what is wanted is a breath that is truly responsive and open to any stimuli. And with Alexander, any new habits are not being built on top of existing habits.

Once the students begin to become aware of their own physical habits, and begin to undo them, then I would introduce Linklater imagery work. I think Linklater is an excellent supplement to an Alexander foundation. Younger students, and students new to breath and voice work often are able to connect with the imagery that Linklater uses. But they will have a foundation in Alexander and understand how their body and breath function anatomically. There are some students who cannot visualize their breath in simple anatomic terms. Linklater can open that door. So while students can explore with imagery the possibilities of breath Linklater focuses on, like imagining breath extending down to their legs, they will understand that breath does not actually live in the stomach or the pelvis. Another supplement to Alexander work

during this first year can be Fitzmaurice voice work. The Deconstructing work can be an additional tool to release excess tension in specific parts of the body and find a truly chaotic and responsive breath. A student who continually holds tension in their upper torso can experience release with the tremor work. But again, with a solid foundation in Alexander work, students can more easily understand how that release relates to their entire body, breath and voice.

The other major voice practitioners come into play when speech and breathing for speaking is introduced. The foundation continues to be Alexander, but now the focus narrows and Estill training and the specificity of the anatomy of the vocal mechanism is crucial. Through Estill work, students can make the connection between how the body and breath function to directly affect the voice. They can see how to control their sound using specific parts of the vocal mechanism so they do not push or force air. The relationship between the breath and voice is so important for students to absorb. This is also when Lessac training should be introduced, and the difference between breath stream and vocal stream. Using both Estill and Lessac together students will realize that projection is not all about breath, that louder sound does not necessarily mean more breath. And again, because students have already addressed their own habits and discovered a body and breath that is free and responsive, they can focus on the specificity of the voice, and those tiny muscles of the voice. Their breath is longer in their way, no longer blocking, but assisting in the entire process.

The last element in breath training is Rodenburg's work. Her philosophy that the breath matches the thought is so important to actors. They need to marry their acting with their training. Rodenburg's breath training utilizes text and intention with breath. She helps students make the connection, and helps them synthesize what they have learned in training with the text and acting. What is missing from all these practitioners is the next step; the bridging of the gap

between exercises and performance. Rodenburg begins to bridge the gap, but does not completely marry her exercises and performance. Bringing breath work into performance is where I hope to continue my own examinations.

Utilizing parts of all of these practitioners can be incredibly helpful to both teachers and students. Students can see how many different breath possibilities there are, and how many different breath possibilities are needed. They can understand why one type of breathing is not the answer for everything, and see that their body and breath need to be free and available for any situation.

Conclusion

Many of the practitioners we examined in this paper have adjusted and changed their training since their writing has been published, or since I have experienced their work. Voice training is ever-changing, and my own thoughts and beliefs about teaching voice and breath are changing to incorporate new ideas and new research. And this is as it should be, we as teachers must constantly evolve and adjust our teaching. This is perhaps a reason that certification has become so prevalent in voice and speech training. The master teachers do not want their work to be misinterpreted, or misunderstood. Voice work is experiential, and the best way to understand each practitioner and their work is to experience the work in person, rather than reading about it.

Ultimately, no one methodology, or practitioner is the answer for all breath habits and situations. As a teacher, it is my job to be prepared for any habit that walks into my classroom. I believe it is so important for all teachers to not get stuck in one type of training, or to treat all breathing habits the same, with the same exercises. There is no “one size fits all” in breath training. For too long deep breathing has been the focus of voice training, whether or not voice practitioners intended it to be that way. Deep breathing does “fix” or help a large number of breathing habits. There is a reason that I did not realize my own breath limitations until very far into my training. “Deep breathing” hides a lot of habits, and allows for a lot of situations, until it doesn’t. And if we do not have available to us other tools, we will be lost. We need to adjust our thinking. We need to recognize and address all habits and tasks. Breath is still, in large part, a

mystery to me, but I hope to continue learning and exploring. And I hope that we as voice teachers encourage our students to experience the infinite possibilities of breath.

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Vita

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