

**Table 2.1** Differences Between Breathing to Live and Breathing to Speak

<b>Breathing to Live (Nonspeech)</b>	<b>Breathing to Speak</b>
Inhalation is active. The diaphragm plays an active role, which means that the diaphragm does most of the work.	Inhalation is active.
Exhalation is passive. The diaphragm plays a passive role.	Exhalation is active.
Breathing is comparatively shallow. Approximately one pint of air is involved.	Breathing is somewhat fuller and deeper, depending upon the needs of the speaker (length of sentences to be spoken, increase in loudness). Approximately one to two quarts of air are involved.
Inhalation occurs at about the same rate as exhalation. Inhalation and exhalation occur smoothly and rhythmically, about twelve times per minute.	Inhalation occurs quickly between phrases. About one-sixth of speaking time is spent taking in air. Exhalation is generally slow and irregular. About five-sixths of speaking time is spent in letting air out as sounds are produced.

## **BREATHING TO SPEAK**

Breathing to sustain life is primary and automatic—we're not always conscious of breathing. Only secondarily do we breathe to speak. In breathing for speech, we form intelligible vocal sounds (phonation) during the process of exhalation. (Try to speak intelligibly while inhaling and see what happens.) When we breathe to speak, we control the process of exhalation (table 2.1).

## **BREATH CONTROL**

In breathing to speak, then, an easy, natural, and flexible control of your exhalation will help you achieve effective vocal production.

Is there any method of breathing that will give you the right kind of control? A lot of gibberish has been written about so-called diaphragmatic breathing. It would be impossible to breathe normally without the diaphragm! Actually, it makes more sense to talk about *central* or *deep* breathing. Probably 95 percent of you breathe this way (table 2.2).

### **Central-Deep Breathing**

Most of the expansion-contraction activities occur in the abdominal area. The majority of people with good speaking voices, as well as numerous fine singers, actors, speakers, and athletes use this kind of breathing because it promotes sensitivity, flexibility, ease, and comfortableness in the control of breathing.

How about the other 5 percent?

### **Clavicular-Shoulder Breathing**

Most of the movement involves the extreme upper chest and consists of raising and lowering the clavicles (collar-bones) and shoulders while breathing. Superior voices are found infrequently among individuals using this type of breathing, because it doesn't allow for sensitivity or flexibility of control. In certain extreme activities—the 100-yard dash and the Olympic swimming races—this method may, as a breathing supplement, enable an individual to take in additional oxygen. Under most circumstances, however, clavicular or shoulder breathing may hinder the development of good voice.

**Table 2.2 An Evaluation of Breath Control Methods**

Clavicular-Shoulder	Central-Deep
Breathing is shallow rather than deep. The movements of the upper chest are too meager to provide an adequate amount of air.	The <i>control</i> of the breath stream rather than the amount of air inhaled is of primary importance. Expansions and contractions in these areas are natural, unlabored movements. Greater ease of control is possible.
Inhalation may become too frequent. Speaking rhythm is apt to be jerky. The individual is forced to pause for breath too often and at places that chop phrases into awkward, meaningless chunks.	Inhalations will generally be less frequent. The speaker doesn't have to gasp for breath. Longer phrases can be used and jerky rhythms can be avoided.
Excessive tension is created in the upper chest, straining the vocal machinery. A grating, strident voice may result.	If most of the expansion and contraction movements are in or near the midregion of the body, the throat and larynx are likely to remain free of unnecessary tensions. Experience has shown that if an individual who has an unpleasant voice quality changes breathing habits by eliminating clavicular-shoulder breathing and adopting central-deep breathing, voice improvement generally results.

## EFFICIENT BREATHING

Control of the breath must at all times be sensitive. In the following examples, don't think of *Inhale* as a sharp command. Think of it as a gentle drawing in. Don't think of *Exhale* as a sharp command. Think of it as a gentle release.

To help you relax and develop sensitivity, try Exercises 1–4:

- Flutter your lips by blowing air through them. (This is the kind of lip activity children perform when they're imitating racing cars or trucks.)
- Gently release air from your lungs. As it flows out, it should sound like a soft, effortless *ffffff*.
- Sigh three times:
  - A small, relaxed sigh.
  - A medium, happy sigh.
  - A huge sigh of relief. (You're expecting an *F* in a math course, but receive a *B* instead.)
- Exhale. Let the air flow out of your lungs. Pause, but don't tense up until you need to take in a new breath. Inhale. Let the air flow into your lungs. Repeat.

The following exercises will make you aware of the differences between efficient and inefficient breathing, and they'll help you acquire efficient habits in breathing to speak.

- Stand comfortably erect and try each of the two methods of breathing. Deliberately exaggerate the movements involved. Which method of breathing seems the most natural and comfortable to you?
  - Clavicular-Shoulder: Get the feel of raising and lowering your collarbones and shoulders.
  - Central-Deep: Place your hands below and in front of your lower ribs. Inhale. Exhale.

If you seem to be using only central-deep breathing, your breathing habits are probably efficient. If you're using clavicular-shoulder breathing, however, try to eliminate it. Exercises 6–12 will help you get rid of extreme upper-chest breathing.

6. Place your hands on your upper chest with the thumbs aimed at your collarbone. Take a deep breath, and then count from one to ten. If you are aware of any pronounced movement of your shoulders, repeat the exercise and deliberately use the pressure of your hands to prevent this kind of movement. Repeat this procedure saying the months of the year: January through June, and then July through December.
7. Sit comfortably erect in an armless chair. Grab the bottom of the chair seat firmly. Your shoulders should not be able to rise. Inhale and exhale, concentrating on movements in or near the midregion of your body.
8. (Not for the faint of heart!) From a standing position, bend over and touch the floor—if you can! All the air should be out of your lungs. Concentrate on a column of breath as if it were a light entering your body. Slowly, slowly straighten up, inhaling, the light flooding your chest. As you're doing this, spread your arms up and out. Your lungs are full of air. Now begin to exhale. Move your arms back in, slowly bend your body forward until your fingertips touch the floor again. Your lungs are empty. Repeat several times.
9. At home, lie flat on your back. Place your right hand or a book on your abdomen, and place your left hand on the upper part of your chest. Breathe as naturally as possible. You'll notice a slow and regular expansion and contraction in the area under your right hand or the book and very little movement in the area under your left hand.

The following exercises are for general practice:

10. Stand comfortably erect. As you breathe, try to keep most of the movement in the center of your body. Place your hands on your waistline, the fingers extended to the front and the thumbs to the rear. Notice the general expansion in this area.
11. Press a book against your abdominal area below the ribs. Inhale. The expansion in this area should force the book out from  $\frac{3}{4}$  to  $1\frac{1}{4}$  inches. Exhale. The contraction permits the book to go back in. Get the feel of the action.
12. Inhale deeply and, keeping the ribs raised, count to fifteen, gradually letting the ribs descend between fifteen and twenty.

## CONTROLLING EXHALATION

You make sounds, of course, as you exhale. It's especially important that you control your outgoing breath. Exhale frugally. Be a miser. You must ration, or dole out, your breath. Don't allow air to escape before you start to make a sound or word, between words or phrases, or within a word itself.

13. You should be able to read this in one breath. Try it.  
 A dog is smarter than some people. It wags its tail and not its tongue. No matter which screw in the head is loose, it's the tongue that rattles. Everybody agrees that a loose tongue can lead to a few loose teeth. A bit of advice:  
 Say nothing often. There's much to be said for not saying much. It's better to remain silent and be thought a fool than to open your mouth and remove all doubt. If you don't say it, you won't have to unsay it. You never have to take a dose of your own medicine if you know when to keep your mouth shut.

If you didn't succeed, the following exercises will help you gain control over your flow of breath:

14. Take a deep breath and release it slowly, making the sound *s*. Keep it even and regular, free of jerkiness and bumpiness. Try it with the sound *f*.
15. An interesting experiment: Hold a small, lighted candle about six to eight inches in front of your mouth. Sustain *s* and then try *f*. Keep your exhalation regular and constant. The flame shouldn't flicker and certainly shouldn't go out.
16. With the second hand of a watch to guide you, allow yourself about thirty-five seconds to count aloud to fifty. Now try the count on one breath. (It *can* be done, but don't asphyxiate yourself!) Be sure that you don't allow breath to escape between numbers.