

Relaxed Breathing Technique Larry Barnes, SLP.D. CCC-SLP

The Relaxed Breathing Technique was developed in response to a controversial voice improvement technique initiated by a well-known and respected voice teacher, Manuel Garcia (1805-1906). Garcia (1855, p. 408), in an effort to assist opera singers in finding the “brilliance” of the voice, taught a glottal technique called, *coup de la glotte*. Through numerous experiments Garcia discovered that when the firm closure of the arytenoids brought the vocal processes into deep contact, a full and vibrant sound was created. He concluded from the finding that the brilliance of the voice results from the firm closure of the glottis after each pulsation. This was taught by firmly squeezing the glottis before the onset of phonation (*coup de la glotte*). Today, speech scientists would agree that such a technique is abusive and would lead to a variety of vocal pathologies if persisted. This was also the opinion of a noted scientist in Garcia’s day, Dr. Henry Holbrook Curtis of New York.

Curtis (1909, p. 159) expressed outrage over Garcia’s technique referring to it as the “shock” and condemning it as “death to the voice”. In response Curtis developed an aspirate onset with a loose throat, and gave exercises for what he called, “Acquisition of Relaxed Throat”. Thus the Relaxed Throat Breathing technique used today was born and has been widely used to teach professional singers how to acquire a quality voice and preserve it for a lifetime.

Curtis’s theory was that by flooding the tone with breath and beginning the tone with an aspirate the vocal folds would draw together by means of the Bernoulli effect rather than the hard glottal stress advocated by Garcia. Curtis advocated creating the same “brilliance” in voice using principles of myoelastic-aerodynamics rather than tensing the vocal mechanism. Speech scientists of the next century would take the concept further by applying the technique to voice disorders. The modern concept behind the Relaxed Throat Breathing technique is primarily psychogenic (Dworkin & Meleca, 1997, p. 131). As the patient focuses on control of breathing there is less mental focus on the vocal structures allowing them to relax. Distracting the patient from the larynx to the diaphragm assists in relieving tension in the circumlaryngeal structures thus producing a more natural and less abusive voice.

Dworkin & Meleca reported that typically patient’s with strangled, harsh vocal qualities characteristic of spastic dysarthria, psychogenic voice disorders and spasmodic dysphonia, benefit from muscle relaxing and breath support techniques (1997, p. 131). Vocal conditions which depict hypertension and hypofunction vocal fold activity have shown significant results from Relaxed Throat Breathing type therapies. Mathers-Schmidt (2001) documented specific case studies that demonstrated the Relaxed Throat Breathing technique was effective in trials involving Paradoxical Vocal Fold Motion (PVFM), characterized by laryngeal tightness. Treatment efficacy of Relaxed Throat Breathing technique was documented by Sullivan, Heywood, and Beukelman (2001) while addressing the expiratory stridor and diplophonia characterized by PVFM also known as Vocal Cord Dysfunction.

The Relaxed Throat Breathing technique consists of a few steps that focus attention away from the tight larynx and emphasizes control of diaphragmatic breathing. The patient is first encouraged to relax the jaw, lips, tongue and shoulder area. When these structures have become more relaxed the clinician instructs the patient to inhale and exhale in the following manner as described by Martin, Blager, Gay, & Wood (1987):

Inhalation – The lips remain closed, breathing occurs through the nose, while the tongue remains relaxed and forward on the floor of the mouth. Nasal inhalation increases full glottal abduction. With hands on the abdomen, take in a deep, easy breath allowing the abdomen to expand outward pushing the hands noticeably away from the body. Emphasize the relaxed shoulders in order to encourage maximum diaphragm involvement.

Exhalation – With a slow, and fluid movement let the air out while phonating the /s/. It is helpful to allow a small amount of air to escape prior to phonating. Instruct the patient to silently count the seconds passed during exhalation. Gradually extend the exhalation by increasing the count to 10 seconds. Increasing the count facilitates lung volumes to around normal resting exhalatory levels. Exhaling to normal lung volumes establishes pressure-volume relationships that are conducive to optimal respiratory patterns. Do at least five trials several times a day and at any sign of tension, tightness, or stridor.

Having attempted the technique himself and instructed the technique on one patient, the author finds the treatment beneficial in relaxing the entire head and neck area. In addition, it proves to be beneficial in reducing the rate of speech. The deep, easy inhalation, followed by phonation and a brief rest establishes a moderate pace for speaking. It also is an easy, simple tool that patients of all ages can understand and readily experience the benefits from.

References

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