

# “THE BREATHING COSTUME”

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## THE BREATH AS A VEHICLE FOR CHARACTER DEVELOPMENT

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*Inspire: To infuse an animating, quickening, or exalting influence*  
*Inspire: To infuse breath or life by breathing*

American College Dictionary

It's a perpetual problem: Macbeth stiffens and gasps for air. Cleopatra narrows her ribs and holds her breath. Falstaff's internal collapse causes him to breathe with an audible sniff. These familiar patterns of tension interfere with many actors' ability to express themselves. They are often the result of a misunderstanding of the use of the respiratory system.

For the past five years, I have been working at Yale Drama School with some of the most talented young actors in America. The acting program is part of the three-year graduate school. I am the only Alexander teacher on the faculty, so I work with all the students during the course of their training. The actors study in group classes and have private lessons. I have a unique approach to teaching actors. An actor's objective is to communicate and express the feelings and emotions of the character they are portraying. My work helps the students become familiar with their breath as it conveys emotion, supports the voice and fuels movement. Many actors and directors say that an actor can draw inspiration from a small gesture, a prop or a special piece of clothing. I believe that the awareness and use of the breath can inspire inventive and imaginative interpretations of characters by influencing frame of mind, alignment, flexibility

and vocal quality.

Awareness and function of the breath has always interested me. For the past two decades, I have been incorporating the principles of respiratory mechanics into my Alexander lessons. I often ask myself whether efficient breathing begins with dynamic alignment or if balance and coordination rely on efficient breathing. While I maintain an awareness of the student's head/neck and back relationship I place my hands on the torso, and listen to their breathing rhythm. It's at this moment, that I realize just how many people think they have to do something to breathe. I become aware of where the breath goes in the torso; the speed at which it moves and the mobility of the ribs. With my hands, I encourage the breath to become a rhythmic function, which unifies the current of the primary control, fueling the length of the spine and giving support to the back. It is the breath that gives us a three-dimensional experience of the torso and it is the breath that supports our muscular/skeletal framework. Breathing is not mechanical. It is constantly changing, adapting to the individual's shifting needs: physically and emotionally. It is best not to think about the breath as a sequence of events, but as the simultaneous, multi-dimensional interdependence of breath and body.

## INTERFERENCES

We've been indoctrinated with so many suggestions like: "Take a breath," "breathe into your belly," "don't let your chest move," "hold your ribs out," "relax and breathe." These common misconceptions suggest that we need to do something to breathe. Actually, nature regulates our breathing. It is reflexive and under autonomic control. In reality, our job is to do nothing. Any attempt to make the breath occur or change will feel forced and therefore have the effect of producing tension. Rather, all we have to do is to learn to let the breath out. Then autonomic regulators go to work increasing our chest volume and decreasing pressure, which allows for the new, fresh air to rush in and fill the vacuum created by the out-breath. The most common pattern of interference is to hold the breath. Everyone holds their breath from time to time, and certainly during physical and emotional stress the breath is momentarily held.

When the system is healthy, a brief stop in motion will not aggravate the coordination. However, if this response becomes habitual it will weaken the respiratory system by interfering with the muscles of respiration, which need to move in order to maintain strength and tone. Another pattern I frequently observe is that of over-breathing. This is when people take in more air than they let out which actually increases the sensation of breathlessness. Contrary to general belief it's neither necessary nor efficient to take in great volumes of air. Breathlessness does not indicate, as is often supposed, the need to fill the lungs. I call the amount of remaining air "residual volume." Only when this air has been removed in sufficient quantity can the automatic inhale occur and satisfy the person's need for oxygen.

Of course, it is only through indirect means that we can re-develop our breathing coordination. If the lungs are not reasonably emptied, trying to take air in is like wiping a counter with a waterlogged sponge. Learning to fully extend the breath out will ensure that the body's need for oxygen will automatically occur and be satisfied.

As I trained to be an Alexander teacher, I was drawn to the fact that Alexander referred to himself as “a specialist in respiration.”<sup>1</sup> F.M. Alexander was concerned with how respiration affected the whole person. He said, “We shall probably find the best practical illustration of the need for correct sensory experiences in guidance and control if we consider sensory appreciation in its connection with the psycho-mechanics of respiration.”<sup>2</sup> When I completed my training in 1977, I wanted further to expand my knowledge about the breath, so I turned to breathing pioneer Carl Stough (1926-2000). Just as in Alexander's understanding of non-doing, Stough's principles of breathing coordination require that one “gets out of the way of the breath.” Thus began my twenty-year association with the man who explored the function and redevelopment of the diaphragm.

Ever since, Stough's principles have informed my work as an Alexander Teacher. Carl's journey into the uncharted waters of respiratory science led him to note that anything that was alive had two basic ingredients: breath (respiration) and sound (resonation). “The respiratory system is the balance wheel of the body, and sound is the gauge of the respiratory system.”<sup>3</sup> Stough believed that resonating sound affected every living cell in the body by delivering higher levels of oxygen, thereby keeping the body healthy.

Nurse: “Do you not see that I am out of breath?” Juliet: “How art thou out of breath? When thou hast breath to say that thou are out of breath?”

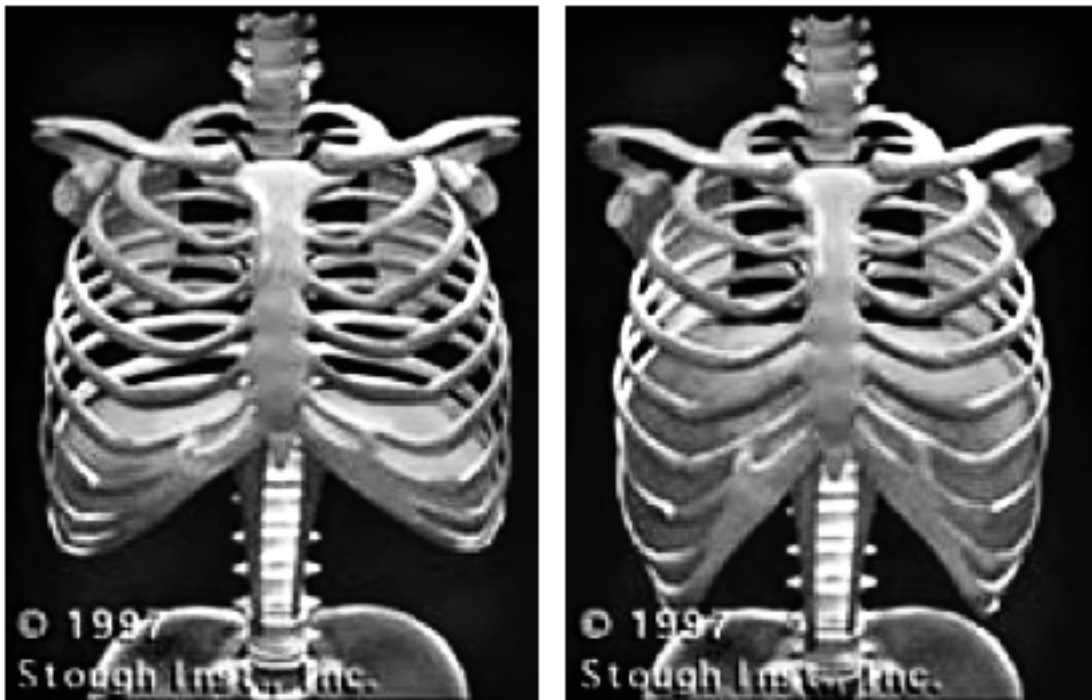
Shakespeare: *Romeo and Juliet* (Act 2. scene 3)

Like Alexander, Stough's attention was on promoting a long and relaxed exhale. Stough's work with emphysema patients, United States Olympic athletes and Metropolitan Opera singers convinced him “that contrary to general belief, the more important phase of breathing is the exhale, the movement of air from the lungs.”<sup>4</sup> Carl encouraged his clients to fully extend their exhalation with a long sigh, counting aloud and by singing a sustained single vowel. When I teach, I use both Alexander's whispered “ah” and Stough's sequences of prolonging the exhale to identify inefficient head, neck and back patterns and jaw and tongue interferences as the student prepares to speak.

Coordinated breathing is a combination of parts and movements. The internal landscape involves the diaphragm, the large breathing muscle that fills the ribs from front to back and from side to side. Carl classified the diaphragm as a muscle/organ because he thought it had a specialized function. Stough's thinking was that the diaphragm's specific function is as a life-sustaining organ and that traditional and standard definitions of the diaphragm described it

as a muscle. Yet the voluntary aspect of the diaphragm is extremely subtle. Any attempt to exercise voluntary control over the breathing will bring voluntary muscles into play. Viewing the diaphragm as completely involuntary has profound and beneficial consequences. The lungs, the ribs, the intercostals, the extensor muscles along the spine and the abdominal muscles are the secondary muscles or what I call: the supporting actors in the breath play. The excursion of the diaphragm, the filling and emptying of the lungs, the swinging of the ribs and the expanding and falling of the abdomen, must all occur for the respiratory system to be working efficiently. The whole torso and from the soles of our feet to the top of our head participates in both the inhalation and exhalation.

Stough referred to problems dealing with the breath as respiratory faults.<sup>5</sup> He believed that respiratory disease was on the rise with the pollutants in the environment and elevated levels of physical and emotional stress in daily life. Toxins taken into the lungs have an overall negative effect on the body: both by damaging lung tissue and directly affecting all the systems of the body. Stough's knowledge has been successfully applied to diseases like asthma, chronic bronchitis and emphysema. It is useful for people suffering from neurological problems such as multiple sclerosis and Parkinson's as well as muscular problems like scoliosis and general back pain. Vocal cord problems like nodes and polyps are helped by finding ease in the throat and in the muscles around the larynx. Higher levels of oxygen have a healing effect on the whole body.



*Diaphragm and ribcage at maximum inhale (left) and maximum exhale (right).*

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Breathing coordination does not require active “doing” but it most definitely requires intention. Breathing happens spontaneously in response to all our thoughts and feelings. Our body moves in response to the breath - we never have to move our body to breathe. I encourage my students to visualize the breath as a fluid current capable of creating a visceral massage, internal support and on-going regulation and exchange between oxygen and CO<sub>2</sub>. Now conversely, from the outside in, the body’s muscular skeletal framework will directly affect the quality of the breath. When we experiment with the effects of shortening the stature by collapsing into a slump or by hollowing the back, we instantly notice the need to give our body space for the breath to occur. We know that unproductive movement that collapses the spine and challenges the poise of the chest reduces muscle flexibility. The same goes for stiffening the chest and bracing the shoulders, the mobility of the breath is always compromised. The springiness of the system depends on a dynamic balance of structural support and flexibility and a well-coordinated use of the whole body.

The redevelopment of the diaphragm must occur through indirect means, and the most direct way to accomplish this is by learning to breathe out. Rather than working with any kind of “breathing exercise,” I use sound to redevelop the diaphragm and this becomes fundamental to the strengthening of the respiratory system. In speaking and singing, the diaphragm regulates pressure, assisting as the breath moves out of the lungs and up through the vocal cords which creates a healthy resistance to the air.

The respiratory and nervous systems are intimately connected. I think the diaphragm is the main muscle of emotion. It gets a good workout when we laugh or cry and it clenches when we get a knot in our stomach. Fear always evokes the startle reflex and a response in the diaphragm. As we communicate and express our feelings, our diaphragm is set in motion. Access to our inner life, what is happening in the landscape under our skin, encourages us to make choices about how to use and how to think about the breath. We have only to look at what happens to our bodies when we hold our breath and, conversely, what happens when the breath is fluid. The breath responds organically to the person’s needs and at the same time, the body shapes itself around the breathing mechanism. Shape changes are affected by the psychological problems of anxiety and depression, which also have a profound impact on the respiratory system. Holding the breath—a common response to emotional problems—reduces the turnover of air causing the excursion of the diaphragm to be reduced, which negatively affects posture and disrupts the coordination between the breath and the voice.

“A human being can only be understood by turning toward nature. As man has within himself bones as a stay and framework for the flesh, the world has the rocks which are the supports of the earth; and as man has within him a pool of blood wherein the lungs as he breathes expand and contract, so the body of the earth has its ocean, which also rises and falls every six hours with the breathing



of the world. As from the said pool of blood proceed the veins, which spread their branches through the human body in just the same way the ocean fills the body of the earth with an infinite number of veins of water.”

Leonardo da Vinci

## THE BREATHING COSTUME™

For an actor, the magic of theatre is in the capacity to respond truthfully to imaginary circumstances. This ability depends on being present as each moment unfolds and I think that this moment is enhanced by an awareness of the breath. There is nothing more immediate than our breath. Although the vital function of breathing happens involuntarily, the demands of all performing artists often require conscious control of the breath. To teach my students at Yale Drama School how to work with the breath, I created the concept I call ‘The Breathing Costume™.’ The actor literally uses the “Breathing Costume™” to shape the character. Just as the actor would choose a costume to fit a character, they must choose a breathing pattern that is right for that character. Breathing awareness helps individualize a character and its physical aspects can fuel the transformation. You would not expect the actor playing Lear mourning his daughter Cordelia’s death to be using the same breathing pattern as the actor playing Othello during his murder scene. These heightened moments of feeling actually set in motion and coordinate the complex system of breathing.

When an actor is playing multiple roles in one show, awareness of the breath is useful in helping to distinguish and personalize each character. Character development then becomes more subtle and organic, leading to a more nuanced performance. A student once commented that knowing about his breath “kept him in charge—not just on a runaway train.” He said, “It’s great when the muse is inspired, and my creativity is flowing, but when it’s not I reach into my imaginary tool chest and retrieve my breath.” Another actor feels that knowing his breath has a calming effect and allows him “to steer the boat.” A young actress says her secret is in her ability to renew her breath whenever it is necessary. She thinks of it as a continual resource.

The breath is always available for actors to use in exploring and experiencing the world as it is on stage and to respond to the stimuli within the scene. Everything evokes feeling in us and since we can’t know when and what will be the exciting moment, we must keep searching. The breath may point the way and help make choices that lead the actor to the psychology of the character. A breathing pattern can easily change the whole body and personality of a character.

# THE METHOD

In teaching my acting students to wear the breathing costume, I ask them to pair off and to find a partner. One person lies down; the other sits beside them. The listener places hands on the breather: one hand on the lower abdomen and the other on the sternum. The task is to observe, by seeing and feeling the movement of the breath. The person lying down is encouraged to allow the breath to be easy and natural. Trying on the breathing costume is always presented in a neutral and non-judgmental way. This is not about the breather's breath. Rather it is the interpretation of the listener and the creative choices that are inspired by initiating character study with the breath.

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*Jessica Wolf training actors at Yale School of Drama.*

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To highlight the variability of breath, I liken its rhythmic changes to those of the sea. The rise and the fall of the tides are similar to the movement of the breath. The breath moves in and out of its own accord. Some breaths will feel huge and full like the crashing of a wave, while others will be gentle and small, like the lapping of water onto the shore. Breaths may come one right after another or after a pause. There is no single “right” way to breathe.

I tell the actors to observe their partners' whole three-dimensional torso and to breathe in as similar a manner as possible. If their partner's breath is rapid, then they must breathe rapidly: if the breathing is slow, they stay with that rhythm. They must locate where their partner is breathing: in the abdomen, the chest, or the neck and shoulders. As they imitate it, they must notice its affect on them. Then, each actor lightly peels her hands away from her partner's torso, but stays with the breathing pattern. I tell them to think about this exercise as trying on a costume: How does it feel to wear it? Where is the breath? Is the breath primarily in the abdomen? Is the breath in the chest? Do the ribs have mobility? Is the air being pulled in or pushed out? Does the torso have flexibility? What is happening to the head/neck/back relationship?

I have the actors separate from their partners and walk around the room wearing their partner's distinctive breathing pattern. They must decide what to do to wear this costume and recognize where the breath is moving. I instruct the actors:

- Notice their head/neck/back relationship
- Experience how their torso feels
- Experience the degree of mobility in the ribs
- Notice which body part leads
- Notice whether they collapse or pull up
- Notice if the breath causes them to accelerate or decelerate
- Notice whether the breath supports or restricts their movement?
- Notice mood
- Notice rhythm

As they wear their Breathing Costumes, I ask the actors to describe their experience and identify it as a character—gender, age, culture, and class.

Outside of class, the actors meet several times over one week and gather breathing information about their partner. I ask them to record their observations. As the actors begin trying on their costumes, kinesthetic experiences accumulate and a subtle transfiguration occurs. The fresh internal sensations spark the actor's imagination and a character is born. By the time we view the performance in class, energy, voice, gesture and movement patterns emerge, creating a new physical and emotional life for this character.

The actor learns the power of building a role from the inside out. The challenge then becomes greater when, without a partner, the actor is able to make choices about the breath in order to develop a real character for a new role. The actors greatly enjoy the ability to shed their own identity and feel the stirring of another being. This delight is motivated authentically through the breathing coordination.



A rather unique and fun example where the literal costume and the breathing costume became intertwined follows:

A male student of mine was playing the Lusty Widow in an all male production of *The Taming of the Shrew*. He wore a corset as part of his costume. Not only did he enjoy the back support that the corset afforded him but he found that the corset informed his breath in a forceful and explicit way. He spoke about the experience of rib motion as the air filled and emptied through the whole of his three dimensional torso. He commented: “I know that the metaphor is thrown around a lot, but I never felt the breath as viscerally as I did while corseted.”

I am excited to have found this method for exploring character work. Using the breath emphatically brings the actor closer to the uniqueness of themselves and their characters and to the differences among all living beings. The process helps them to expand their range of communication while staying very close to their core. Human life begins and ends with breath and we can never afford to take it for granted. Breathing is as fundamental as the beating of our hearts. But breath, unlike the involuntary heartbeat, is something we can bring under conscious control.

## ENDNOTES

1. Jean Fischer. *Articles and Lectures Mouritz*: London (2001) p. 49.
2. F.M. Alexander. *Constructive Conscious Control of the Individual*. Centerline Press (1985) first printing p.193.
3. Carl Stough. *Dr. Breath, The Story of Breathing Coordination*. William Morrow and Co.: New York (1970) p. 125.
4. Stough, op. cit.. p. 201.
5. “Breathing: The Source of Life.” Documentary Film Stough Institute of Breathing Coordination Inc.: New York (1996) 60 minutes.

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