

Bodymapping and Asthma...

Probably one in ten singers coming into the studio say that they have some kind of asthma. I looked up the word asthma, which is defined as a spasm in the bronchii, with many possible causes; the most common cause being an allergic reaction to something airborne. There's also an activity-induced asthma, a stress-induced asthma and a chronic asthma, at least from what I've seen as a voice teacher.

It's probably pretty straightforward to say that teaching an asthmatic to breathe better is going to be helpful to them; whether the ineffective breathing process came first or the bronchial spasming came first doesn't really matter. Asthmatics are already seeking ways to overcome their breathing difficulties, so they are already manipulating or interfering with the natural process in an effort to help themselves. They create a set of compensatory muscle movements for breathing that may or may not be anatomically based, and therefore may or may not be truly effective.

Here are some things to watch for in an asthmatic student:

Weak diaphragmatic movement: The diaphragm muscle has lost tone and strength because it has not been able to move through it's full range of motion in a long time.

Rigid chest and upper back muscles: A severe asthmatic looks somewhat barrel-chested if they've been manipulating their ribs with their outer muscle structure in order to get enough air. Sometimes there's a psychological component to this, also - a hoarding of air related to a fear of not being able to breathe. After a while, the ribs cease to move at all during inhalation or exhalation, remaining rigidly open as far as possible.

Use of throat muscles to "draw in" air: The throat muscles are ideally passive during inhalation and exhalation (this includes the tongue) but if nothing else is working, then that's what you've got left to draw the air into your lungs. This is characterized by "air noise" during inhalation.

Bodymapping: The factual Bodymapping approach, coupled with gentle explorations of breathing movement, can be very helpful in retraining the breathing of an asthmatic. Bodymapping seeks to clarify, through anatomical information, a person's mental picture of their own structure (ie: their mental Bodymap). The information of what the diaphragm looks like, it's shape, size and how it moves, how the ribs move at their joints and how lung tissue actually works can literally be enough to effect change. I have anatomy books, a couple of skeleton models, a spine model and a larynx in my studio (perfect for Halloween :). My first lesson with any student, not just asthma sufferers, is to go through the structures of breathing with books and models.

Training through movement: An asthmatic in particular will tend to over-do attempted breathing exploration. The use of a parallel movement that the core musculature of the body can naturally follow can be a really helpful training tool. I've had student make a model of their ribs with their hands and move their hand model in the same way that the ribs naturally move. I've also had them make a diaphragm model with their two hands together in front of them, cupped in a dome shape, that they then move downward on the inhale and upward on the exhale. Within a few minutes of exploration, the actual structures (ie: diaphragm, ribs) start to move in sync with the hand model.

Unravelling the compensatory breathing process and encouraging the natural process to return can take a while and can be quite revelational. I encourage students to keep a journal. One student recently found true diaphragmatic movement in her lesson and immediately had a flashback to a near-drowning experience. Another student, a pastor in his late 50's with spasmodic dysphonia and anxiety-related asthma, worked with me for over two years on his breathing and speech and realized at the end that he was unhappy at his current position and needed to retire and return to his hometown.

More information on Bodymapping can be found at the Andover Educators website: www.bodymap.org