

Professor Horst Coblentz was born in West Germany, where he lived and worked as an actor until about twenty years ago. Together with professor, lung physiologist Franz Muhar he has made scientific work on function of the diaphragm during phonation, the results of which are described in his dissertation, Vienna 1970, and in the textbook, Coblentz & Muhar: Atem und Stimme. Based on his own scientific results, on eutony - Gerda Alexander's system of exercise and relaxation, and of old material of experience he has created a method for training of respiration and voice with the purpose to obtain best possible speech economics, that is effectful communication without waste of energy.

By studies in Holland and Switzerland 1984-85 I have learnt the fundamental principles of this method, which I now practise, myself, with good results on my job at the Institute for Speech Disorders in Copenhagen. In the following I shall try to clarify some basic principles of the method:

As each expression is a unity of voice and gesture, both controlled by breathing, the work with muscle tension and respiration will precede voice and articulation exercises.

By original functions, such as laughter, crying, yawning, coughing, sneezing, short emotional cries, diaphragm and larynx function in parallel. Dogs and cats and small children predominantly use the reflectory abdominal respiration, whereas most adults when awake tend to use the highcostal/clavicular respiration, which is not reflectory. The method aims at bringing respiration back to the original reflectory function in any situation - not only during the exercises.

Eutony exercises (eutonus = the best or the most favourable tension) will make you aware of your own body, and you will find out that any hypo- or hypertension at once will influence your respiration, so it stops or becomes highcostal. The muscles tighten and loosen incessantly to maintain the balance of the body round the gravity axis. To reestablish the natural rhythm of the body the exercises are rhythmic, swinging, rocking, balancing - at the beginning with big and gradually with

minimal oscillations, until the rhythm is just felt as a re-creating balance of the body. By these exercises the oscillating tension is trained. Phonation is synchronized with the exercises.

Based on X-ray examinations Coblenzer and Muhar have proved that the diaphragm makes a small elastic, downwards movement, at the same time as the expiration stops, as do the phonation and the movement, and the reflectory inspiration takes place in 0,2 seconds. As glottis at the same time is widely open because of the reflectory connection between diaphragm and glottis, this inspiration will be soundless.

It is, however, a precondition that the valves in mouth and glottis are opened at the end of each phrase of phonation. If swallowing the endings, the reflectory inspiration cannot take place, and you are forced to gasp noisily for breath. The same is the case, if you do not proportion the length of the phrase to the available quantity of expiration air. What you wish to say, you have to split up into small logic units, then be quiet when you are running short for air and wait, till the inspiration has come by itself. Coblenzer calls it "Atemangepasste Phonation", in English "Breath adapted Phonation". Furthermore the respiration is influenced by psychic conditions. Therefore psychic aspects are introduced by imaginations and dramatizations in the therapy. In this way the intentional tension is trained.

Any speech situation is part of a communicative process, and consequently you must keep visual contact with a partner during the exercises. You must be aware of your listeners all the time. During a long noisy highcostal inspiration you are introvert, and the emotional contact to the listeners is interrupted. The intentional tension will always provide abundant air at the beginning of the phonation. Habitual gasps for breath before phonation are harmful and should be avoided. If you have to talk from overloaded lungs, your ^{con}tration will be badly affected. You will gabble quickly in order to get rid of the worst excess of air, only to gasp for breath once again! When talking of breathlessness people in fact suffer from distress of the expiration!

The programme includes the following exercises:

Body awareness - correction of posture.

"Letting loose" exercises - distinctly pronounced consonants at the end of each phrase in order to open the glottal and oral valves and allow reflectory inspiration. Short cries, counting, nursery rhymes, singing and informal conversation.

Oscillating tension. Swinging, rocking, balancing movements with phonation to reestablish normal tension (eutony) in the body and to learn breath adapted phonation.

Intentional tension and inspiratory countertension by imaginative exercises and dramatizations.

Electromyographic examinations have shown activity of diaphragm of a person, who is acting emotionally, for instance by reading aloud an interesting text. Using these findings in the therapy, you let increasing attention, concentration on the partner, and emotions lead to an inspiratory countertension, which is working during the phonation.

Apart from the above mentioned all round exercises, the Coblenzer method also includes a variety of specific voice-, resonance- and articulation exercises, all appealing to imagination and avoiding meaningless syllables.

The speech therapist should be able to analyze the speech process and temporarily train the subfunctions. It is, however, important that these all along are led into a rhythmic whole, or else the pupil will not by himself find into the rhythm. Everything must be in the light, only the focal point will stroll!

The Coblenzer method is holistic as is the case with Sven Smith's accent method, but in opposition to this Coblenzer concentrates on expiration and lets inspiration happen by itself. It is not recommendable to mix those two methods, whereas it is possible to combine with the Forchhammer techniques or the nasality exercises by Pahn.

I, myself, like to use the Coblenzer method, because it is dynamic, creative, good for children and young fit people, and because it effectively corrects respiration of the speech.

Literature:

Coblenzer & Muhar: Atem und Stimme, Österreichischer Bundesverlag, Wien 1976.

Gerhard Böhme: Therapie der Sprach-, Sprech- und Stimmstörungen 3. Gustav Fischer Verlag, Stuttgart. New York. 1980.

Günther Wirth: Stimmstörungen. Deutscher Ärzte Verlag 1979.