WILLIAM SHAKESPEARE'S LEGACY IN VOCAL PEDAGOGY: REVOLUTIONIZING THE ART OF SINGING THROUGH BREATHING TECHNIQUES

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SUMMARY. The article highlights the significant contributions of William Shakespeare (the vocal coach) to the art of singing in England. His approach reformed vocal pedagogy by focusing on natural breathing techniques, particularly intercostal and diaphragmatic breathing, which helped singers reduce tension and enhance lung capacity. Shakespeare's methods aimed to integrate vocal technique with the unique phonetic characteristics of the English language, ensuring clear diction and strong projection, especially in larger performance spaces like concert halls. His teachings emphasized the importance of breath control and tonal quality, which allowed singers to maintain vocal stamina during demanding performances. Shakespeare's influence on vocal technique has left a lasting legacy, continuing to shape modern vocal pedagogy. His emphasis on natural breathing set a new standard for singers, blending technical mastery with expressive communication in vocal performance.

Keywords: English singing school, vocal pedagogy, breathing techniques

The development of vocal music in England traces its roots back to the Elizabethan era (1558-1603). Composers such as Thomas Tallis, William Byrd, and John Dowland shaped a musical tradition that focused on sacred polyphony and courtly music. The sacred music of this period was marked by contrapuntal refinement and purity of phrasing, which continue to influence the modern approach to vocal performance².

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² Sundberg, Johan, The Science of the Singing Voice, Publisher DeKalb, Northern Illinois University Press, 1987, p. 57.

The English Civil War (1642–1651) and the Puritan period under Oliver Cromwell suppressed both secular and religious music, but the restoration of the monarchy in 1660 brought a revival of music. Henry Purcell emerged during this renaissance, blending French, Italian, and English influences to create a distinctive style of opera and sacred music. This style balanced the Italian vocal technique with clear English diction, reflecting a hybrid approach to vocal art³.

The 19th century saw a transformation in English vocal music. The rise of concert halls and the growing popularity of opera and oratorio imposed new technical demands. In this context, George Frideric Handel, whose oratorios like "Messiah" became pillars of English sacred music, permanently rehabilitating the conception of singing. His works required not only perfect mastery of breath control but also the ability to project the voice in vast, resonant spaces such as churches and concert halls in England⁴.

William Shakespeare's work directly followed this evolution. While Italian bel canto methods, dominated by the aesthetics of tonal purity and virtuosity, remained prominent in Europe, W. Shakespeare sought to adapt these techniques to the English language, which has distinct phonetic and rhythmic characteristics. The consonant-heavy English language, more percussive than Italian, required a vocal technique that could preserve intelligibility while maintaining a smooth melodic line⁵.

William Shakespeare (1849–1931), was a English music teacher, vocal coach, and composer, that made significant contributions to vocal technique. Often confused with the famous playwright, this William Shakespeare was prominent in shaping vocal education. He was a student of Manuel Garcia, and W. Shakespeare became a strong advocate of Garcia's vocal methods. He authored key works on singing, particularly *The Art of Singing* and *The Singing Voice*, which detailed his approach to vocal production and breath control.

One of W. Shakespeare's major contributions was his emphasis on natural breathing and muscular balance that he explains in his book, *The Art of singing*. Unlike Italian methods that sometimes promoted rigid diaphragmatic and intercostal tension, Shakespeare introduced a more relaxed yet equally powerful approach. Inspired by the physiological discoveries of Manuel Garcia II, particularly in vocal physiology, Shakespeare advocated for a breathing technique that allowed for breath control without locking the body

³ Miller, Richard, National Schools of Singing: English, French, German, and Italian Techniques of Singing Revisited, Lanham, Scarecrow, 2002, p. 129.

⁴ Miller, Richard, National Schools of Singing: p. 139.

⁵ Vennard, William, *Singing: The Mechanism and the Technic*, ed. 1964, p. 55.

into excessive tension⁶. He emphasized a technique of intercostal and diaphragmatic breathing that enabled thoracic expansion without rigidity. This technique, which engaged not only the diaphragm but also the intercostal muscles, maximized lung capacity and allowed singers to sustain long musical phrases without compromising tonal quality. He believed that breathing should be an integral part of musical expression, enabling singers to modulate intensity and color in response to dramatic interpretation ⁷.

In his method. The Art of Singing (1910, reissued in 1921) proper breathing is described in the following passage: "How high should we breathe? As high as possible without sacrificing freedom and elasticity at the shoulder points. Within these limits, we should feel a broad expansion in the back, particularly under the shoulder blades, but the chest should be raised very little⁸. It seems that the *his* method aims to expand both the upper and lower dorsal areas. The command "Raise the ribs with the back muscles" is a frequent one directed at the dorsal component of the torso, as Richard Miller points out in the chapter Breath Management Techniques in the English School"⁹. To achieve this dorsal inspiration, W. Shakespeare recommends performing the following exercise: "Balance the body on one foot and touch the ground behind with the other.... Now extend both arms forwards and outwards, keeping the elbows in, the palms of the hands upwards, as though in the act of imploring. This position slightly twists the muscles under the shoulder blades and shows us, while drawing in the breath, whether we are using the important back rib-raising muscles. We now raise the chest but very slightly, and the points of the shoulders not at all: nor can we breathe too deeply, for we have already raised the ribs with the back muscles and contracted the diaphragm. It is generally recognized that the artist on stage can sing better when acting or on the concert platform when holding the book well forward. So much for position"¹⁰. The author continues in the next paragraph, suggesting that one should inhale fully and evenly both in the front and dorsal areas, clearly feeling the anchoring of the muscles beneath the shoulder blades. In a brief critique of Shakespeare's famous exercise, William Vennard notes: "Our only conclusion can be that at this moment that Shakespeare misled himself. He used the shoulder muscles for inspiration and considered it good as long as the shoulders were merely drawn forward and not lifted"¹¹. Automatically, the recommended inspiration brings sensations

⁶ Shakespeare, William, *The Art of Singing*, London, p. 14.

⁷ Garcia, Manuel, Histoire de la Physiologie Vocalique, Paris, 1871, pag 49.

⁸ Miller, Richard, National Schools of Singing: p. 129.

⁹ Miller, Richard, National Schools of Singing: p. 133.

¹⁰ Shakespeare, William, The Art of Singing, London, 1921, p. 14.

¹¹ Vennard, William, Singing: The Mechanism and the Technic, ed. 1964, p. 55.

of expansion in the upper back, causing the clavicles to rise; during exhalation, the sternum and chest begin to sink. This occurs because it is physically impossible to lift and expand the trapezius muscles without involving antagonistic muscles such as the pectorals and thoracic muscles. essential for normal vertical posture. According to Sundberg: "the trapezius may sometimes function as an accessory inspiration muscle, as its upper fibers can extend the neck, thus assisting sternomastoid action, while the rest of the muscle affects pectoral action^{"12}. However, even a slight neck extension induces undesirable positions for the laryngeal muscles during singing. There is little doubt that in the upper dorsal region, the back reintroduces clavicular breathing unconsciously, resulting in increased reliance on scalene and sternomastoid assistance. The latissimus dorsi muscle significantly figures in theories regarding back involvement, particularly in dorsal breathing for singing. This muscle has many admirers among English pedagogues as Richard Miller notes: "Such attraction to the latissimus dorsi is baffling; along with the trapezius, it covers large areas of the back, observable superficially. For those tempted to believe that back muscles play a significant role in breathing, despite their auxiliary relationship with certain respiratory muscles, the latissimus dorsi serves mainly as a shoulder muscle concerned with humerus movements. The most active participation in breathing occurs, notably, during clavicular breathing"¹³.

Thus, according to the principles of W. Shakespeare, singers who believe they are expanding the upper back as a method of breathing and vocal support are primarily engaging the shoulder and clavicular muscles. Consequently, clavicular breathing is a debatable factor in the pedagogical legitimacy of the English school, as also concluded by Richard Miller regarding breath management in the English school. But, in *The Art of singing* these upper dorsal breathing techniques are combined with fixed diaphragmatic and costal systems (fixed diaphragm and costal arrest). "The beauty of singing requires complete mastery over breathing to maintain the natural openness of the throat"¹⁴. W. Shakespeare suggests that a singer should begin with an exercise using a "whispered ah" in order to achieve this complex usage of the upper body, "The act of slow breathing should serve as a warm-up, distinct from the stronger breath required for singing air slowly. The exercise also teaches "not to strain the throat, tongue, or jaw. "Only then,

¹²Sundberg, Johan, The Science of the Singing Voice, Publisher DeKalb, Northern Illinois University Press, 1987, p. 57.

¹³ Miller, Richard, op. cit., p. 139.

¹⁴ Shakespeare, William, "Art of Singing", 1921, p. 3.

¹⁵ Shakespeare, William, "Art of Singing", p. 8.

can the student add sound to the exercises while hopefully keeping the tongue, jaw, and throat completely relaxed ¹⁶.

Frederick Matias Alexander, the creator of the Alexander Technique, adapted this breathing technique for speech, and the recommended breathing exercise is also called "whispered ah"¹⁷ W. Shakespeare advised not to sing louder or "bigger" than what controlled breathing allows. He suggested "to try to end each phrase with a reserve note, which of course should not be sung" ¹⁸. Many singers tend to push their voices beyond their control. Shakespeare quoted Francesco Lamperti, who frequently said: "The exhalation of a good note should feel as though it is being inhaled, as if it were coming towards you"¹⁹. "Place your hand in front of your mouth again and try to warm it while imagining this: that you are inhaling instead of exhaling, as if the note is coming closer instead of moving away"²⁰ This technical suggestion aligns with resonant techniques and the vocalist using this visualization feels as though they are barely exhaling at all, achieving a resonant sound in the oropharyngeal cavity²¹.

Returning to the technical aspects of the inhalation-exhalation process from The Art of Singing, it was mentioned that these upper dorsal breathing techniques are often combined with fixed diaphragmatic and costal systems. Fixed diaphragmatic breathing aims to stabilize the actual position of the diaphragm. This condition must be achieved by expanding the epigastrium just below the sternum, followed by inward drawing of the upper abdomen while simultaneously raising the rib cage and expanding the ribs laterally²². The author asserts that the tensed epigastrium engages the diaphragm and holds it firmly in a more or less stable location. The theory behind this approach to breath control is that the abdominal organs are pressed upward by this diaphragm support, resulting in a steady emission of breath. It is noteworthy that this system differs from other related methods in terms of cost-action ratio, as the epigastrium expands first, followed by a second action consisting of abdominal inward pressing and rib expansion, independent of inhalation. The abdomen must be tightly held to maintain the diaphragm's position. Briefly, he notes: "sternum and chest high, diaphragm in"²³. This

¹⁶ Shakespeare, William, Art of Singing", p. 9.

¹⁷ McEvenue, Kelly. *The Actor and the Alexander Technique*. New York: Palgrave Macmillan, 2002, p. 97.

¹⁸ Shakespeare, William, Art of Singing, p. 9.

¹⁹ Ibid., 1921, p. 9.

²⁰ Ibid., 1921, p. 10.

²¹ Bruns, Paul, *Minimalluft und Stütze*, Berlin-Charlottenburg: Walter Göritz, 1929, p. 49.

²² Shakespeare, William, Art of Singing, 1921, p. 11.

²³ Ibid., p. 11.

exaggerated trunk posture brings the inhaled air into a state of stronger compression, but also brings it closer to the larynx. The powerful thoracic muscles are fully involved, supporting the musculature of the neck and larynx. This posture is known as the "power position"²⁴. The second component is costal arrest. Proponents of prolonged rib distension promote the stationary rib cage as ideal for singing. In the Art of singing breathing technique, the "collapse" of the ribs, which occurs with diaphragm ascent and lung capacity reduction, is described as preventable, by continuously distending the ribs through direct action of the intercostal muscles. Costal fixation attempts to hold the ribs at the same point of expansion reached during inhalation, and this posture must be maintained throughout the entire phonation process²⁵. Unlike auxiliary respiratory muscles, the intercostal muscles directly relate to the breathing process. The ribs expand, and both the external and internal intercostal muscles are involved in the respiratory cycle. Generally, external intercostal muscles are considered inspiratory, raising the ribs during inhalation, while internal intercostals lower the ribs during exhalation. Therefore, costal arrest attempts to firmly maintain this expanded state by engaging the external intercostals while preventing the internal intercostals from pulling the ribs down again. In costal fixation techniques, the ribs are consciously maintained throughout the entire inhalation-exhalation cycle. The ribs remain expanded for a longer period during slower emission in singing compared to faster speech emission²⁶.

In summary, it can be said that the application of breathing in the English school, as envisioned by W. Shakespeare's *Art of Singing* is largely directed towards the epigastric-thoracic region of the torso, with upper abdominal action combined with intercostal activity. An English school singer, as described by W. Shakespeare, can be recognized by its posture. Here, we refer to the way the body is positioned to achieve the "ideal" method of breathing. As the author explains, the body is held in a slightly forward-leaning position to expand the back muscles and allow the thoracic cavity to extend. This creates more breathing space in the torso, preventing the lower ribs from collapsing. The expansion of the rib cage must be maintained as much as possible to keep the compressed area stable. Herbert Witherspoon states that "correct actions and tension are necessary to perform any physical act. In addition to the forward-leaning position of the upper chest,

²⁴ Miller, Richard, National Schools of Singing: English, French, German, and Italian Techniques of Singing Revisited, Lanham, MD: Scarecrow Press, 1997, p. 131.

²⁵ Miller, Richard, National Schools of Singing p. 132.

²⁶ Coward, Henry, Choral Technique and Interpretation, London: Novello and Company, Limited, 1914, p. 59.

the abdominal muscles are drawn inward at the start of the exhalation flow"²⁷. This technique is called diaphragmatic control, by using this method of lifting the abdominal muscles, contracting them, and pulling them inward towards the spine, the diaphragm will obtain the necessary support for phonation or singing. Henry Coward asserts that: "Inhalation using lateral costal breathing and inward pulling of the abdomen and viscera prevents the downward movement of the diaphragm, causing it to expand outward horizontally"²⁸ This expansion, combined with the intercostal muscles, creates an upward and outward movement of the ribs, providing the widest breathing space possible. Additionally, abdominal pressure on the chest allows the singer to regulate airflow. Through these methods, the English school defines its own method of breathing²⁹

In *The Art of singing*, the author recommends that the abdomen must be retracted upwards and inward at the start of the respiratory cycle, at the alpha moment of inhalation. Shakespeare introduced several concepts related to the physiology of singing, notably the importance of abdominal support to ensure stable breath emission. He demonstrated how the abdominal muscles should be used to regulate air pressure towards the vocal cords, enabling vocal projection without laryngeal strain. This approach anticipated modern research on subglottic pressure management in singing, and Shakespeare was aware of the importance of maintaining laryngeal flexibility to produce a richer, more resonant timbre³⁰

One of Shakespeare's most remarkable innovations was his focus on English diction. At a time when Italian and French opera still dominated European stages, Shakespeare advocated for a specific approach to the English language. He believed that every word should be clear and intelligible, even in the most demanding musical contexts. He thus developed a pedagogy that integrated articulatory clarity with the melodic line, allowing singers to maintain crisp diction while preserving the fluidity of phrasing ³¹. Shakespeare saw the English language as a powerful force in musical expression. Drawing on examples from composers like Henry Purcell and later Edward Elgar, he demonstrated how vocal phrasing could be structured to respect both text and melody. This attention to linguistic phrasing became a hallmark of the English approach to singing, influencing generations of

²⁷ Curry, Robert, The Mechanism of the Human Voice, N.Y. – Toronto: Longmans, Green and Company, 1940, p. 99.

²⁸ Coward, Henry, Choral Technique and Interpretation, London, 1914 p. 59.

²⁹ Coward, Henry, *Choral Technique and Interpretation*, p. 78.

³⁰ Garcia, Manuel, *Histoire de la Physiologie Vocalique*, Paris, 1871, p.77.

³¹ Shakespeare, William, Art of Singing, 1921, p. 8.

singers through oratorio and English opera³².

With the rise of large concert halls in the 19th century, Shakespeare also highlighted the importance of vocal projection. Influenced by emerging acoustic theories, he taught how to use vocal formants, specific resonances created by the vocal cavities, to optimize projection. These formants, particularly those around 3000 Hz for head voice, enhance resonance and allow sound to carry through large spaces without excessive effort ³³.

Shakespeare emphasized the importance of resonance in the oral and nasal cavities and encouraged a singing posture that freed these resonators to achieve a richer, more resonant sound. His focus on optimizing the acoustic qualities of the voice anticipated modern research on formant properties and concert hall acoustics, which aim to understand how the human voice can interact optimally with the sound environment ³⁴.

William Shakespeare's legacy as a vocal pedagogue extends far beyond England. By combining a deep understanding of vocal physiology with an integrated approach to diction and projection, he left an indelible mark on vocal pedagogy in English-speaking countries. His work on natural breathing and breath control was influenced by contemporaries like Manuel Garcia II, but Shakespeare successfully adapted these principles to a distinctly English vision of singing³⁵. His scientific, yet intuitive approach to the voice allowed generations of singers to connect technique with emotion, in much the same way as I sought to do with MathoMusica, where mathematical structure was at the service of musical expression ³⁶.

Conclusion

As a musicologist and pedagogue, William Shakespeare articulated a new vision of singing that placed technique at the service of artistic expression. Through his research on breathing, diction, and vocal projection, he enabled England to distinguish itself in the field of opera and oratorio, while influencing vocal pedagogy worldwide.

Each country developed its own techniques and methods for an appropriate vocal methodology. All schools based their importance on breath management systems. There is a common thread for achieving coordination

³² Elgar, Edward, *English Vocal Performance*, 1925, p. 33.

³³ Bruns, Paul, *Minimalluft und Stütze*, Berlin-Charlottenburg: Walter Göritz, 1929, p 84.

³⁴ Miller, Richard, National Schools of Singing, p. 55.

³⁵ Coward, Henry, Choral Technique and Interpretation, p. 59.

³⁶ Brown, William Earl, Vocal Wisdom: Maxims of Giovanni Battista Lamperti, N.Y.: Arno Press, Inc., 1966, p. 41.

of body and breath, and the support of the lower abdomen. Although each school may have different methods and positions for the upper and lower chest, breathing sets the tone (and everything) in motion, respecting the principle evoked by Dan Marek, "chi sa respirare, sa cantare"³⁷

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³⁷ Marek, Dan, Singing: *The First Art,* Lanham, MD: Scarecrow Press, 2007 *He who knows how to breathe, knows how to sing, our translation.*

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