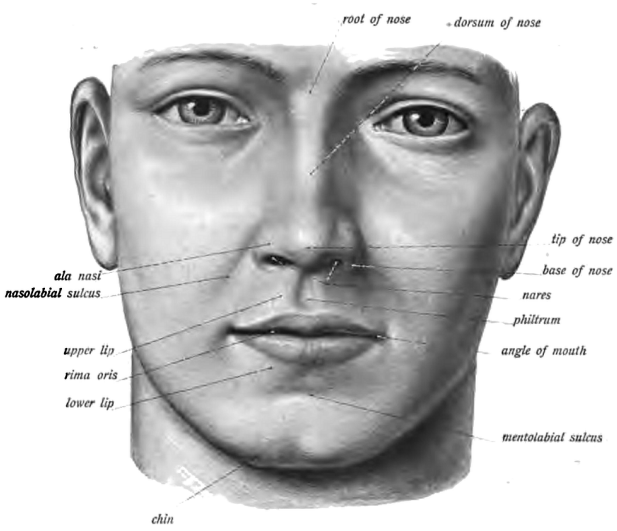
Integration in Manner of Use

The Nose Knows:
F. M. Alexander and the *Alae Nasi*

Ron Dennis, Ed.D., M.AmSAT, ATI
Contributors: Claire Rechnitzer, M.AmSAT;
Spencer Chandler, M.AmSAT

The Latin phrase in my title is the medical term, meaning literally "wings of the nose," for the musculo-cartilaginous structures that form the external nasal openings, the nostrils. Alexander used it five times in his books—four in *Man's Supreme Inheritance* (*MSI,* Dutton 1918, pp. 195, 202) and one in *Constructive Control of the Individual* (*CCCI*, Centerline Press, p. 198)—so it clearly held some significance for him, but I am unaware of its mention elsewhere in the Alexandrian literature. In this article I will not only review FMA's usage and associated meaning but will also advance a theory of my own relative to respiration in general and Breath as Postural Process™ (BPP) in particular.

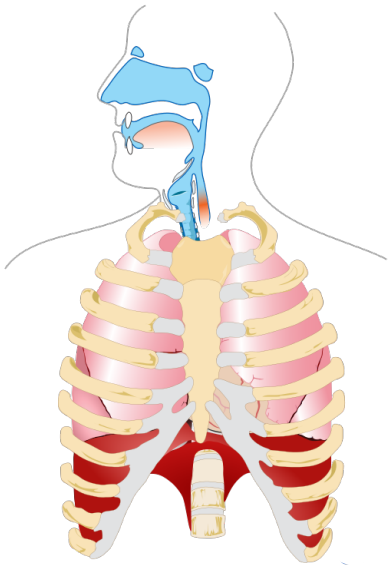


In both *MSI* and *CCCI* his concern is the same, a pointing out that the vigorous "sniffing" type of inhalation advocated by many contemporary physical culturists and physicians for improving the quality of respiration actually had the opposite effect of causing the nostrils to collapse, thereby impeding the free flow of air (try it yourself and see). By contrast, FMA maintains that when the breath is properly taken by "the proper expansion of the chest, as a primary movement," this action "causes the alae nasi [sic, no italics] to be dilated and the lungs to be instantly filled with air by atmospheric pressure, without any harmful lowering of the pressure" (*MSI,* p. 326). This "harmful lowering of the pressure" likely refers (several lines later) to the "abnormally deranged intra-abdominal pressure" that he further says results when the abdominal musculature, particularly that below the navel, is relaxed on inhalation. In this common but less efficient mode of inhalation, diaphragmatic contraction, without the supported viscera to work against in lifting the rib cage, produces movement only down and forward, thus precluding the kneading action—the alternate squeeze and release of the abdominal contents between diaphragm and abdominals—that makes for slight changes up and down in intra-abdominal pressure. Which action ensures, according to FMA, "normal activity and natural massage of the *internal organs* so necessary to the adequate performance of the vital functions and the preservation of a proper condition of health" (*MSI,* p. 316). Whether or not these notions are valid to the degree implied is not certain, but they do offer an interpretation of otherwise little noticed or remarked upon physiological relationships, and ought to be assimilated into any comprehensive assessment of his earliest and thus foundational respiratory teachings.

Regarding the *alae nasi*, I myself was drawn to the phrase in my initial exposure to these texts, not as demanding full and immediate understanding for my psychic well-being, as it were, but as a curiosity (Latin and all that). Nor was I in those days reading that closely. But then in the mid-80's, when I was working out the coordinational implications of BPP, I chanced upon a book, *Stuttering Solved* (Lippincott, 1976), lying on the sidewalk in a street bookseller's display—common in the Manhattan of that time—and, recalling FMA's "The Stutterer" from *The Use of the Self*, snapped it right up. The author, Martin F. Schwartz, Ph.D. (1936-?) was at the time research associate professor at New York University Medical Center, and the book's cover announced "A revolutionary new treatment with an 89 percent success rate for both children and adult stutterers." Browsing through the table of contents on a first look, imagine my surprise when I saw the title of Chapter 3, "The Flaring Nostrils"!

Not to risk inadequately paraphrasing Schwartz's account of his research—initially in childhood stuttering—and the therapy he eventually developed, the main point for me was that there likely exists a human reflex—*ex hypothesi* a vestige of amphibian

evolution—that, under conditions of respiratory need, opens the upper airway, the movable parts of which consist of nostrils, lips, jaw, tongue, throat, and vocal



cords. Schwartz had observed that, in many young stutterers, the stutter was preceded by a *flaring of the nostrils*, suggesting to him that the body was reflexively making room for more air as the stutter commenced. This, he finally concluded, resulted from a buildup of air pressure behind the vocal cords due to *laryngospasm*, the tense closing of the cords characterizing much stuttering. This *Airway Dilation Reflex* (ADR) as he termed it—now googleable—was triggered by increased air pressure and operated to open the cords in order that sound could be produced. The laryngospasm itself was hypothesized to be associated ultimately with conditioned speech stressors, and Schwartz's therapy had as its object the prevention of this predictable—an Alexandrian could plausibly postulate *habitual*—tensing of the vocal cords.

What then *is* this therapy? Again in brief—but for those who may well be interested the book is still available—the essence of it was to introduce a slight airflow on a non-stressor tone, a sighing tone on "ah," as Schwartz put it—basically a short and eventually silent Whispered Hah—*before* the sounds known via observation to evoke the laryngospasm, which opened the cords and which the stutterer learned to perform more and more consistently in advance of problematic spoken words. Of course Schwartz's expositions of the various types of stuttering and the strategies necessary for each, taking into account individual differences, go much beyond the essentials here summarized.

So at this point we have FMA's concern with the *collapse* of the nostrils in a "sniffing" Manner of Use, and Schwartz's identifying their *flaring* as a reflex precursor to stuttering. What can be understood of any relationship between these divergent observations? Recall what FMA said, that "the proper expansion of the chest, as a primary movement, *causes* [italics added] the alae nasi to be dilated." Put simply, chest movement elicits the nostril-dilating response. But on the basis of observation and also of physiological logic, I would guardedly put it the other way round: I've found that voluntarily opening the nostrils *prior* to an inhalation seems to trigger, ADR-like, the desirable movement of the chest, as found in BPP. Thus, as the nose is the component of the ADR in direct contact with the atmosphere, I find it quite plausible that this preparatory expansion of the nostrils promotes a sympathetic movement of expansion of the chest, given proper abdominal support of course.

Not overly to accredit my personal experience, I'm surely aware of the fallacy of Self-Fulfilling Prophecy, namely, that we tend to make happen what we'd like to have happen, which is why I say "guardedly" above. On the other hand, I've observed this phenomenon over many years and have indeed found that opening my nostrils just before inhaling does seem to make my ribs *want* to move, something like my little Miata when I step on the gas. I hasten to add that this is by no means an exaggerated or effortful movement; it is essentially a subtle action refined and developed through attentive practice. Experiment: at the end of an exhalation, inhibit immediate or reflexive inhalation, then gently open your nostrils and observe what happens. Over however many trials on however many different occasions and in different Manners of Use you will surely learn what you might want or need to know about this aspect of Use of Self.

It should be remarked in closing that the neuromuscular territory between reflex and will remains relatively unmapped in its farther reaches. For example, certain reflexes formerly thought to originate directly at the spinal cord level are now seen as having "supra-spinal contributions." Thus, any rigorous talk of reflexes requires the knowledgeable hedging common to critical discourse. So–for me and possibly for you–it should be understood that this use of the nose is perhaps best viewed as an acquired and habituated skill, reflex-facilitated no doubt, cultivated for its perceived value, yet not a necessary aspect of Use in general and BPP in particular. In any case, with attention, awareness and an open mind, the field of conscious breathing as in BPP–or any other approach to breath for that matter–opens wide to anyone, promising those benefits described by F. M. Alexander, but going far beyond simply gaining more athletic *alae nasi*.