The Inverted Glass Method

Physiology of Breathing and Natural Support for Clarinet and Saxophone

By Marco Cresci

This method was created to correct a common error in woodwind pedagogy: the obsession with "inflating the abdomen first." Forcing the abdomen outward artificially and prematurely creates unnecessary muscular tension in the pelvis and blocks the natural fluidity of the air.

The Inverted Glass Method proposes an organic, dynamic, and anatomically intuitive approach. It respects the fact that air is a gas that fills the thoracic cavity first, activating the diaphragmatic support at the end of the inhalation through pure physiological inertia and pressure. It is equally applicable to the resistance offered by the clarinet and the greater volume of air required by the saxophone.

Step 1: Inhalation (Filling the inverted glass)

- **Mental Imagery:** Imagine your lungs as a glass of water turned upside down. When you take in air (silently opening the corners of your lips), the air enters first through what is now the base of the glass (the upper chest and pectoral area).
- **Action:** Allow your chest to inflate and expand in an elastic, wide, and relaxed manner. As the air continues to enter and the lungs fill completely, the accumulated pressure shifts the movement downward naturally. This expands the lower ribs and, finally, distends and extends the abdomen outward.
- **Tension Control:** Keep your shoulders and collarbones down. The expansion is three-dimensional and descending; you do not need to force the abdominal muscles at the beginning—the air will do it for you at the end.

Step 2: The Transition (Opening the bottom)

- **Mental Imagery:** The glass is completely full of air and resting on the elastic support of your abdomen. Right at that instant, smoothly and without interrupting the cycle, we "open a small hole" at the bottom of the glass (the mouthpiece of your instrument).
- **Action:** Avoid freezing or holding the air. Do not block the glottis. Keep your throat completely open and relaxed (as if in a yawn position), firmly sealing your lips around the mouthpiece without biting (adjusting embocature pressure as required by the clarinet or saxophone reed).

Step 3: Exhalation (The continuous flow)

- **Mental Imagery:** With the hole open, the air begins to flow out smoothly and in a channeled manner due to the internal pressure of the full glass.
- **Action:** Begin to blow naturally. The abdomen, which remained extended during the final stretch of inhalation, now acts as the elastic support (the anchor) that regulates the speed, focus, and stability of the air output.

• **The Result:** You do not need to "squeeze" or collapse your chest. We take advantage of the natural elasticity of the rib cage and the firmness of the lower abdomen to emit a note with a constant, fast, clean air column that is absolutely free of tension—ideal for both the projection of the saxophone and the focus of the clarinet.

Pedagogical Summary for the Student

Inhalation: Air inflates the thorax → Pressure descends → Abdomen extends.

Transition: Throat opens → The cycle does not stop.

Exhalation: Abdominal support regulates → Air flows effortlessly.