



MAKING CONNECTIONS: AN INTRODUCTION TO THE ALEXANDER TECHNIQUE

Drawing together the strands of research into the Alexander Technique
written with practitioners of performing arts medicine in mind

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The technique... has been developed throughout from the premise that, if something is wrong with us, it is because we have been guided by unreliable sensory appreciation, leading to incorrect sensory experiences and resulting in misdirected activities.

Alexander, 1923: 95

The Alexander Technique is a tried and tested approach to improvements in health and general functioning through the self-prevention of unwanted fixed habits that limit personal performance. These 'mental' and 'physical' habits¹ relate to factors as diverse as interference with the neuromuscular activity for postural support, mind-wandering and incorrect conception in the planning and execution of movements. The Technique teaches you to bring more practical intelligence into whatever you are already doing (Jones 1976).

Wide-ranging benefits can be gained from learning and applying the Alexander Technique in daily life including improvements in balance (Dennis 1999), breathing function (Austin 1992) and control of voluntary movement (Stallibrass 2002). The Technique is a foundation skill for performing artists that has been taught at major music and drama conservatoires in the UK since the 1960s.² Singers report greater ease and vocal resonance, and better breath control (Barlow, W 1956, 1978: 98-9). Instrumentalists report a greater sense of ease, confidence and skill, which enhances their enjoyment of music-making (Valentine, et al 1995). Music tutors find that their students are more receptive to instruction and easier to teach (Barlow, W 1978: 190f.). In recent years the Technique has gained wide recognition as a way of resolving functional disorders such as non-specific low back pain³ and for stress management. While the potential benefits are profound, it is a discipline that requires commitment and perseverance from the student.

The basis of the Alexander Technique

The Alexander Technique has been described as 'a technique for the control of human reaction' (Alexander 1942: 88) and as 'a method for changing stereotyped response patterns' (Jones 1965). Preventative health education is concerned with the avoidance of harmful overt activities such as smoking or dangerous working practices. Importantly, learning a technique for the prevention of harmful, misdirected habitual activity *within the self* is, as Alexander wrote, 'a most valuable experience to be gained by those who wish to prevent themselves from harmful 'doing' in carrying

out activities outside themselves' (Alexander 1942: 101).

Improvements are brought about through consideration of the way in which we use ourselves. The concept of a person's manner of use of himself or herself in any activity (henceforth referred to simply as 'Use') is not generally recognised and receives little attention. However, Use is fundamental to the person's quality of functioning in any activity. In the absence of organic disease or injury, an unsatisfactory manner of use is the most significant causal factor in functional disorders.⁴ The manner of a person's use of him or herself provides a different way of looking at how we go about the practicalities of living; one in which we see ourselves as the primary instrument through which we lead our lives. It is widely appreciated that misuse of any instrument will lead to reduced efficiency and undue wear and tear. Similarly, the way we use ourselves affects our performance as we are engaged in any activity and has broad implications for education and the teaching of personal, transferable skills (Alexander 1923: 83ff.).

The Alexander Technique is based on the discovery that self-awareness and thought leading to movement can be employed to prevent inappropriate habitual neuromuscular activity.⁵ Rather than attempting to change physiologically unsound postures and motion patterns directly, the underlying mental habit — the 'too quick and unthinking reaction' (Carrington, 1999: 59, quoting Alexander) has first to be prevented or 'inhibited'. The 'mental' habit (planning and initiation) usually lies below the level of awareness but it may be brought to consciousness by introspection and self-analysis. Effective change requires that the activity be performed consciously, not habitually; it must be re-conceived and carried through by conscious direction of the mind.⁶

Hanna (1986) identifies the Alexander Technique as the grandfather of so-called 'somatic' approaches which include methods by Elsa Gindler, Moshe Feldenkrais and Thomas Hanna. They are not applied techniques (procedures) but are ways of operating in life which focus on the personal inner experience of thoughts, feelings, sensations and intention, and which rely on an individual's quality of attention and ability to become self-determining. The Technique is often misrepresented as movement education, 'posture training' (Wall 1999: 147, 175) or as a method for 'total relaxation of the body' (Tubiana 2001: 178). However, movement and posture training are based on the inadequate premise that inappropriate habit patterns 'can be altered satisfactorily from the outside, by doing something different'⁷ (Barlow, M: 266). 'Total relaxation' is not a desirable state, even if it were possible.⁸

Unsatisfactory postural or breathing function, for example, can be symptoms of poor Use and consequent inadequate general functioning.⁹ In such cases, a technique for general improvement can bring about specific health benefits. In contrast, directly targeted treatments that fail to address all of the predisposing conditions can only be regarded as partial or 'quick-fix' remedies. Many conventional approaches set out to effect particular changes according to biomechanical or ergonomic principles but there is little dependable evidence of their effectiveness. Simply following instructions to sit up straight or to take deeper breaths, for instance, cannot bring about reliable improvements. Likewise, manipulation or educational programmes that do not fully involve the cli-





ent have a limited or short-term effect (Daltroy, et al 1997)¹⁰ and generic exercise programmes, not tailored specifically to each case, tend to perpetuate compensatory muscle patterns (Dommerholt: 406). Thus, psychophysical re-education of a person's manner of use on a general basis is necessary. Specific problems will tend to resolve *in the process* as the unsatisfactory conditions that create and sustain them, cease to exist.¹¹

Observation is the key to understanding — *Leonardo Da Vinci*

As an actor, Frederick Matthias Alexander (1869-1955) searched for a solution to his recurring hoarseness during theatrical performances in the 1890s. The Technique evolved out of Alexander's self-observation and practical experimentation rather than abstract theoretical notions or philosophical ideology. Over time, he developed a method for the self-prevention of harmful habits through the individual's ability for clear thinking reliably informed through the senses.

Validation for his methods may be found in the first-person perspective, based on common sense and practice, of tens of thousands of individuals who have found the Technique beneficial. Over the years, the Technique has attracted the attention of eminent scientific researchers who have attested to its sound, scientific basis: Sherrington 1946: 89, Coghill 1942, Dart 1970, Tinbergen 1974 and 1976, Garlick 1990.

Alexander used the term 'self' to signify that, for all practical purposes, the functioning of the individual involves both 'mental' and 'physical' components and that no activity may be categorised purely as the one or other. At the beginning of *The Use of the Self*, Alexander wrote '...when I began my investigations, I, in common with most people, conceived of the 'body' and 'mind' as separate parts of the same organism... My practical experiences, however, led me to abandon this point of view, and readers of my books will be aware that the technique described in them is based on the opposite conception, namely, that it is impossible to separate 'mental' and 'physical' processes in any form of human activity' (Alexander 1932: 22).

From those first observations, he also discovered that our 'reading' of sensory (proprioceptive) information and related feelings is an unreliable guide to working out how best to proceed against the force of established habit. Familiar unsound habits can feel 'right' whilst unfamiliar, yet advantageous, postural sets may feel insecure and judged to be 'wrong'.

In the teaching of any practical subject, performing arts included, the 'Alexander Principles' can provide a reliable foundation for the effective learning and refinement of skills. Too often, learning is obstructed by guesswork, extra bracing and effort ('trying too hard') or by an irrational fear of failure. This creates a state of unduly raised physiological arousal in which 'people are less able to process information intellectually, and have restricted access to their creativity, empathic and social abilities' (Allen 2003).

In music education, some authors consider stage fright to be a taught phenomenon in that 'the traditional teaching of music exposes neophyte musicians to some situations of public performance during which tension is very high and to which they are hardly prepared' (Arcier: 519). Ignoring the



*Thanks to the Barritt family
and their friends for the
photographs used here*



need to employ essential basic skills, and striving for goals beyond one's current capability was termed 'end-gaining' by Alexander. An end-gaining attitude is seen as the main reason why compensatory patterns of inappropriate effort are taken up. Teachers need to be vigilant to avoid this approach and to discourage their students from adopting end-gaining strategies to achieve short-term successes. Overlooking the development of secure basic skills can have devastating long-term consequences for health, confidence, success and happiness.

Practicalities: A technique for self-help:

The technique of Mr Alexander gives to the educator a standard of psycho-physical health... It supplies also the 'means whereby' this standard may be progressively and endlessly achieved, becoming the conscious possession of the one educated. Professor John Dewey in Alexander 1932: xix

When considering his own manner of use, Alexander deduced that it must be something he was doing wrong that was causing his voice to fail, and he set about finding out what it might be. He observed that the efficiency of his vocal and breathing mechanisms was disturbed by an overall pattern of inappropriate muscular tension and effort, and discovered some fundamental principles with regard to how the human being functions as a whole. In particular, he recognised the significance of head carriage for balance and smooth co-ordination.

Alexander found that the head-neck-back relationship acted as:

'... a primary control of the use of the self,¹² which governs the mechanisms and so renders the control of the complex human organism comparatively simple' (Alexander 1932: 65).

Forward neck posture

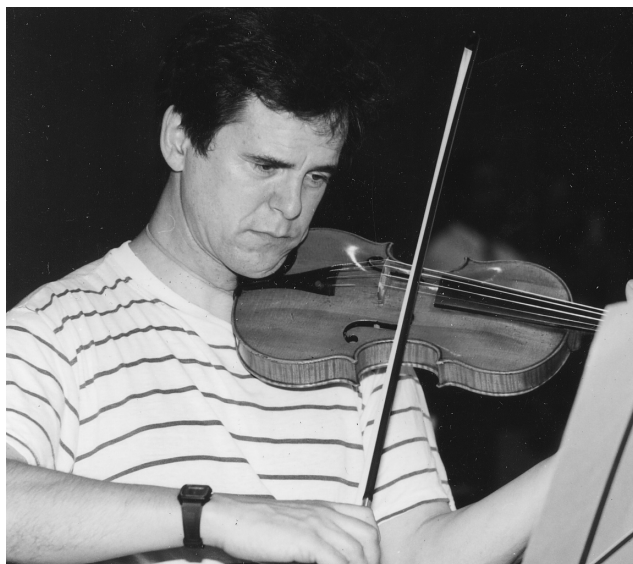
There is a correlation between what Alexander described as 'pulling down in front' and what the medical world refers to as the 'forward head' posture. This is acknowledged to have devastating long-term consequences for body posture, limb position, occlusion (embouchure) and respiratory functioning (Dommerholt: 403-4). The characteristic head forward is recognised in Alexander work as part of a tendency to over-shorten (over-contract) flexor muscles. More precisely, it can be described as a '*forward neck posture*'; for the neck is poked forward at an angle with a general shortening of the musculature in the front of the body. As a consequence, the head is tilted backwards on the atlanto-occipital joint so as to restore the eyes' gaze to the horizontal. This leads to a habitual over-shortening and tightening of the neck muscles, especially the posterior muscles of the neck, and the sterno-mastoid muscles.

The first stage of the Technique, then, is to prevent (inhibit) the immediate, habitual reaction which typically involves undue contraction of the neck muscles and interference with the relationship between the head, neck and back: the 'primary control'. The second stage involves the projection of mental preventative and directive 'orders', which is necessary to re-establish and maintain the operation of the primary control and the conditions for optimal functioning.

The head has to be 'directed' forward and upward (as opposed to the habit of pulling back and down on the atlanto-occipital joint) and in such a way that there is a co-ordinated pattern of lengthening and widening of the back and torso, including the limbs. Alexander described this as 'lengthening in stature' (Alexander 1932: 70).

Patrick Macdonald (1911-1992), one of the teachers trained by Alexander, wrote that the appropriate head-neck-back relationship 'is something that happens naturally and of its own accord in those few lucky people who are naturally well co-ordinated.

It is of the utmost importance that the pupil should not use ordinary muscular means [i.e. by imposed effort] to try and bring this about' (Macdonald 1989: 47-8). Rather, a clear intention is



'framed' as to what must happen. Alexander describes it as 'the process involved in projecting messages from the brain to the mechanisms and in conducting the energy necessary to the use of these mechanisms'¹³ (Alexander 1932: 35 fn.). In other words, a wish to release and to 'go up'; to lengthen into activity.

The practical importance of maintaining one's length in elite performance is well recognised. For instance, in an interview, the World Champion javelin thrower, Steve Backley, explained how he had beaten his own record by 'remembering to think tall' as he threw.¹⁴ This 'thinking in activity'¹⁵ (Alexander 1932: 42, 108), the inhibitory and the directive 'orders',

constitutes a reliable method for 'constructive conscious guidance and control' of the self: the Alexander Technique. Once learned, it can be applied in any activity to secure optimal performance and provide a means for continuing improvement.

In summary: The Alexander Technique is a technique to improve one's own manner of use and performance in any activity. It is based on the discoveries that:

- the individual functions as a psycho-physical unity
- the individual's manner of use affects the quality of his or her general functioning
- feelings associated with a habitual poor manner of use are an unreliable guide to deciding how best to proceed against established habit
- the unreliability of sensory appreciation (feelings), and a wide range of health problems related to poor use and misdirected effort will tend to resolve *in the process* of re-education on a general basis
- Self-prevention (inhibition) of inappropriate reactions, especially habitual interference with the dynamic head-neck-back relationship, the 'primary control', forms the basis of a technique for conscious guidance and control in the use of the self. Ideally, applied in education, it can provide a sound basis for personal growth and development both in the learning of specific skills and for living.

The Alexander lesson

The lesson format is tailored according to the needs and objectives of each pupil. The aims are to improve the reliability of pupils' sensory appreciation and to assist them towards an understanding of the principles and practice of the Alexander Technique through a process of psychophysical re-education. As ability increases, they are able to apply these in the activities of their daily lives and to become self-managing and autonomous of the teacher.

The 'how to' of the 'mental' skills is not easy to describe precisely in words alone. It is for this reason that Alexander teachers use their hands in a specific and disciplined way to inform themselves about their pupil's manner of use and to demonstrate what is required. Uniquely, the teacher's own manner of use and success in applying the Technique to himself or herself in the lesson situation



forms the basis of observational (visual and manual) and other teaching skills.

At a first lesson, pupils are advised to discuss any health concerns they may have with their medical adviser, if they have not already done so, to eliminate possible underlying organic causes. Medical diagnosis lies outside the remit of Alexander teachers but they are experts in assessing the quality of a person's manner of use. Various indications may be observed in this assessment including attitude, quality of attention, ease of movement, balance, smoothness of co-ordination, vocal resonance, efficiency of breathing, etc. In particular, the teacher will observe whether or not the pupil is tending to release and lengthen ('go up') or to tighten and shorten ('pull down') into activity. Self-prevention of inappropriate habitual reactions requires calm, quiet self-observation, avoiding 'undue excitement of the fear reflexes' (Alexander 1923: 87). Pupils are taught how to inhibit their unsatisfactory habitual responses, particularly with regard to undue interference with the relationship between the head, neck and back, and to project directive 'orders' consistent with an improved manner of use and functioning.

The number of lessons required depends on pupils' abilities to break long-standing habits and on certain natural aptitudes and qualities, especially the acuteness of their sense perceptions and development of their ability to 'inhibit' unwanted habitual responses (Alexander 1923: 113 fn.). Lessons are in the main both challenging and fun, the overall experience being one of optimism and increasing confidence in one's abilities.

A foundation course of 30 lessons is usually recommended, but a few lessons can be helpful. For a list of qualified teachers who have all completed a full-time, three year approved training course and who are bound by a Professional Code of Conduct, contact: The Society of Teachers of the Alexander Technique, First floor, Linton House, 39-51 Highgate Road, London NW5 1RS. Telephone: 020 7284 3338; e-mail: enquiries@stat.org.uk; web site: www.stat.org.uk

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NOTES

- 1 Alexander uses the term 'psycho-mechanical' (1923: 31) to indicate that activities are never purely physical or mental. Compare terms such asideo-motor, psycho-motor. This paper follows Alexander's practice of putting 'mental' and 'physical' in inverted commas.
- 2 Central School of Speech and Drama mid-60s, Royal Academy of Dramatic Art 1968 and Guildhall School of Music and Drama, 1970. Today the Alexander Technique is taught in all major conservatoires in the UK and USA, etc.
- 3 A major UK trial funded by the Medical Research Council is currently underway.
- 4 *BMJ* 29 May 1937, vol. 1: p. 1137. 'We are convinced that Alexander is justified in contending that 'an unsatisfactory manner of use, by interfering with general functioning, constitutes a predisposing cause of disorder and disease' and that 'diagnosis must remain incomplete unless the medical man... takes into consideration the influence of use upon functioning.' Letter signed by nineteen doctors.
- 5 Similarly with 'mental' habits underlying excessive alcohol and food consumption. See Alexander 1923: 152.
- 6 Libet B, Cf. the unconscious pre-set action plan or 'readiness potential'.
- 7 Brain representations, 'action plans', of movement patterns involving mental content were a major break from the classical Sherrington model of stimulus-response. They were first suggested in 1943 (Jeannerod: 4), too late to provide Alexander with a mechanism by which his technique might work. Skilful movement involves selection from the stock of available motor schema and the inhibition of non-desirable one's. (Jeannerod: 3-7, 127)
- 8 Tubiana (2001) 'Good posture is a state of active muscular equilibrium, not muscular relaxation...' (18)
- 9 Carrington: 'The concept of general functioning does not exist in medical science... The whole is more than the sum of the [proper functioning of the] parts because of the integrative action of the anti-gravity response.' (132-3)
- 10 A study of US postal workers found that a preventive programme of mainly talks on safe handling and lifting techniques





made no improvements to behaviour or absenteeism in the long term.

11 For a discussion of this in regard to respiration, see Alexander 1923: 138-143.

12 Alexander F M, *Man's Supreme Inheritance*, 1910. Mouritz 1996: c.f. 'the true primary movement in each and every act', e.g. p. 200. Around 1925 Alexander began using the term 'primary control' after hearing about the work of Prof. Rudolf Magnus (c.f. *Zentralapparat*). See Alexander, 1932: p. 40 and *Articles and Lectures* by F M Alexander, ed. Fischer (Mouritz 1995), notes 135-7: pp. 305-6. Carrington (*The Art of Living*, pp. 67-69) cites this and later work by T D M Roberts (*Neurophysiology of Postural Mechanisms*, Butterworths, 1967) as supporting Alexander's earlier discovery of the significance of the head-neck-back relationship in the organisation of postural support and co-ordination.

13 Cf. 'the processes which control the use of the head and neck in relation to the body' 'Bedford Physical Training College Lecture' (1934) in *Articles and Lectures*, p. 179.

14 BBC Radio 4 interview.

15 Quoting Prof. John Dewey.

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