

The Alexander Technique

With Anthony Kingsley

About Anthony Kingsley

- Director, The Alexander Teacher Training School (2004 to present)
- An Alexander Teacher for more than 30 years
- MA in Mass Media and Communication from The Hebrew University of Jerusalem
- MA in Psychotherapy from The Minster Centre

Alexander technique

The beginning

- Formulated in the 1890's by Frederic Matthias Alexander, an Australian actor and reciter. It was conceived when Alexander was afflicted by recurring vocal problems and doctors were not able to help him.
- Threatened by the possibility of losing his profession, Alexander decided to discover what was contributing to the constant hoarseness/irritation of his vocal chords. He observed himself in mirrors while in the act of reciting and noticed that he stiffened his neck as he speak, pulled himself back down, and depressed his larynx.
- After several months of self-observation, it became clear to him that the way he projected himself on stage while reciting is just a part of the bigger pattern of tension involving his whole body. The tension pattern manifested itself at the mere thought of reciting.
- Alexander spent several years to improve his health and functioning in general. He perfected the technique of preventing the tightening of the neck and retraction of the head into the compression of the vocal chords and of the spinal column. Eventually, he solved the problem of repeated hoarseness and his voice became more resonant. He was also able to manage the stress component in speaking and realised that there was a functional shift when he changed and neutralised the patterning of his head, neck, and back.

- Alexander became known as the breathing man or the voice man, and people with vocal problems (i.e. actors, reciters, and those who use their voice in public) were sent to him. At the onset, he gave his clients verbal instructions on how to apply the technique but they interpreted them based on their own sensory mechanisms in a rather haphazard way.

- The technique was born the moment Alexander applied palpation. This is when it became a hands-on technique.

Description

- At the onset, the technique was believed to be a postural solution to a postural problem but Alexander discovered its wider significance to the entire health system of a person.

- It is based on the concept of 'psycho-physical unity' (i.e. mind-body being part of the same system). Getting a sense of control over one's self involves the voluntary muscle system.

Learning the technique

- To become an Alexander Teacher takes 3 years to complete the training course (i.e. 16-hours a week / approximately 1600 hours of training). Estimated cost is £2000 a term or £6000 a year.

- The Alexander training courses follow the apprenticeship model comprised of 90-80% supervised practical work. It is not qualified as a degree course. Going in that direction would significantly diminish the practical works which are vital.

Notes from the demonstration of Alexander technique movements (45:02 – 1:13:38 in the broadcast)

- The aim of the Alexander technique is not to provide therapy but to develop within the pupil (a patient is called pupil) how to engage with people loosely without going into their individual spaces– stay back emotionally and physically.

- It is an exploration, a learning experience of 'self-regulation', and developing the capacity of 'inhibition' – to receive all the stimuli (stress, etc.) and demands from both self and others without activating the sympathetic nervous system or the flight-fight response.

- It is the job of an Alexander teacher to teach and guide the pupils to retrain their foundation habits – habits that disturb, distort, and over a period of time have caused health problems like loss of voice as in Alexander's case.

- At the heart of the Alexander technique is to convey the psycho-physical stillness – the quality of ease and true relaxation that comes from an undisturbed mind and body. Noise in the body/mind is switched off.

- The movements as demonstrated aimed to put the pupil at a state of being 'not in control' – to exercise one's capacity for acceptance and stillness and not fighting for 'I should be in control'. The movements teach the pupil to be in that quality of ease that should be maintained when encountering more demanding activities.

- Mastery of the technique does not require in-depth knowledge of neurology, anatomy, and physiology. But the Alexander teachers undergo sessions with specialists (eg. Consultant rheumatologists) to discuss particular red flags.

- The palpatory skills acquired by Alexander teachers are based on a certain quality of touch that can only happen when they are in a certain state of mindfulness.

- Their skilled touch aims to develop the parasympathetic nervous system (i.e. coping capacity) and the homeostatic potential of individuals (i.e. capacity for healing).

- The teacher has a very important role in helping pupils to psychologically readjust not to be so vigilant and not to anticipate the next hyper flight-flight moment, but to actually treat them with the needed care and kindness that can then aid healing.

Principles employed

- *Being in the state of ease:* Mindfulness is not taught in the Alexander training. The latter seeks to convey a certain quality of thought that is at the same time still, undisturbed, and alert. It is only when the hands are at the state of ease that it can communicate through touch a quality of ease, release, acceptance, and even facilitation for change from one person to another. It is a very delicate process.

- *Non-doing:* Central to the idea of the technique is 'non-doing' or working towards not trying. The more a person exerts effort onto doing something, the

Notes from the demonstration of Alexander technique movements (45:02 – 1:13:38 in the broadcast)

Cont'd

- Palpating a pupil during an Alexander session is about communicating a quality of 'ease' – mind-body/soul, psychological conditioning by coming off certain control patterns or familiar patterns that the pupil has normally adopted.

- The psychological aspect of palpation is to make the pupils feel accepted – not judged, not examined, not being assessed but totally embraced exactly the way they are.

- Neutralising or preventing an excitation is being communicated while palpating the pupil. This is about biological homeostasis that would include neurological, biochemical, postural and other functioning of the human organism. Healing does not take place when a person is in the state of excitation.

- It is mostly about internal retraining – not correcting postural habits, etc. The lessons (treatments are called lessons) are conducted twice or thrice a week for 10-15 weeks.

Insights from the pupil after the demonstration:

- The relief in muscular tension was instantaneous – the internal noise just dropped. (Switching off is fundamental to the technique).
- Very calming and meditative.
- Very primal, basic movements.

lesser the probability of achieving the goal. It is that effortless quality of ease that only comes through not trying that enables people to achieve more (i.e. sports success is measured by points, but those points will be generated through the mastery of the nervous system).

- Neurological inhibition: Being able to keep still and keep the nervous system quiet and undisturbed are keys to holistic way of thinking which the technique aims to achieve in anyone. The skill of inhibition is the ability to experience life's upsets, sadness, irritation, frustration, but without the sympathetic nervous system activated.

- The teachers administer assessments to pupils at the onset of a meeting to ascertain any red flags. Rather than a treatment, the Alexander technique is education and the teachers are trained not to placate any symptom that they do not understand. They always recommend an appointment with the GP after recognising any red flags before letting the pupil try the technique.

- Parents who have mastered the technique can only pass on to their children the 'quality of being' through mirroring, not the technique per se.

Alexander technique and osteopathy

- Osteopathy or similar therapy works well with the Alexander technique. The difference between the two is that the former is a treatment while the latter is education – learning self-regulation, managing patterns of disturbance and distortion, coping with whatever is causing pain or anxiety, and learning something about one's self that can be put into practice in daily life.

- Alexander pupils can undergo osteopathic or similar treatment simultaneously or they can see an osteopath after the Alexander sessions. But if the osteopath prescribes certain exercises that go against the Alexander principle of non-trying, then the complementation between the two disciplines ceases.

Functional shifts

- The technique teaches pupils to self-regulate themselves into a meditative still quality, not reactive to any stimuli.

- Dropping into diaphragmatic breathing is a consequence of being able to come off hyper-vigilance. The technique is not about working out postural mechanisms from the cortex, it is in fact the opposite. It is rather about getting people out of their cerebral way of thinking into the organic self (gut self, heart self, biological self).

Evidence for the Alexander technique

- A BMJ study was conducted in 2008 – "Randomised controlled trial of Alexander technique lessons, exercise, and massage (ATEAM) for chronic and recurrent back pain".

- It aimed to validate the efficacy of the technique for back pain in comparison to a number of other modalities. A total of 579 patients with chronic or recurrent back pain participated in the study - 144 were randomised to normal care, 147 to massage, 144 to six Alexander technique lessons, and 144 to 24 Alexander technique lessons; half of each of these groups were randomised to exercise prescription.

- The study concluded that one-to-one lessons in technique have long term benefits among patients with chronic back pain. Six lessons followed by exercise prescription were nearly as effective as 24 lessons.

(Direct link to the study: <http://www.bmj.com/content/bmj/337/bmj.a884.full.pdf>)

- The technique has no known problematic outcomes or contraindications.

Alexander technique and Rolfing technique

The Alexander technique and Rolfing technique do not share common principles. The latter is delivered through deep physical manipulation sessions. Rolfers tend to push individuals into de-structuring a defence pattern that is actually necessary – rush them into a fix of something which is quite embedded in the system (i.e. one that may actually caused by trauma) that cannot be resolved in 13 sessions of Rolfing technique.

Other relevant notes

- Sitting is the new smoking. Stretching the body out does wonders for the digestive system as well as for the mental well being of a person.

- It is not the exercise that is good or bad. It is how one does the exercise that can be disastrous or appropriate, depending on whether or not it is done correctly (Eg. over-straining when weight training; head snatching back into the spine and struggling for breath when swimming, etc). The psychological state of the person while performing the act of exercising matters too.

- Mind and body harmony (non-trying) should be employed across the board with all physical activities/ exercises.

- Integrating the technique in schools was the main passion of Alexander that pushed him to establish a school in the 1930's and 1940's. Today these have translated into institutions for children with special needs.

- The technique not only addresses loss of voice or hoarseness but stammering as well.

The Alexander Teacher Training School (ATTS)

www.alexanderteacher.co.uk

- Training schools for the Alexander technique are spread in 6 regions in the UK (Berkshire, Cumbria, Devon, East Sussex, London, and Yorkshire). Student size per class is between 5 and 15.
- Anyone who wishes to set an appointment with any qualified Alexander teacher can access the site - The Society of Teachers of the Alexander Technique (STAT) at www.stat.org.uk.

Other services offered by Mr. Kingsley

- Consulted to industry and medical organisations, specifically to assess the way they set up their respective workstations and give ergonomic advice, among others.