

The Alexander Technique **With Anthony Kingsley**

- SB: Now, I warned you, I was going to be rude about the Alexander Technique when we started, in only to say, to the detriment of the osteopaths and chiropractors, that lots of us perceive the Alexander Technique as being the preserve of the wofty vegetarian head in the clouds hippie type, but actually, it's got a good foundation and it's got a proven track record, hasn't it? Could you give us some background on what the technique is itself?
- AK: First of all, I've had a hack, I've taken off my Birkenstocks, I've had a few hugs of trees.
- SB: And you're not wearing sandals, that's good. But what's the background of the Alexander Technique?
- AK: It's over 100 years old, it was formulated by an Australian actor and reciter, called Frederic Matthias Alexander, late 1800s. The story goes - he was reciting on stage as was his profession, and he kept on losing his voice, he went hoarse. He tried all the usual remedies available, he tried resting his voice, he tried sucking lozenges, throat tinctures. To cut a long story short, nothing really worked for him, and after getting to the point where he was terrified of losing his profession, he decided that there must be something he was doing to himself, there must be something that he was actually activating within himself that was causing trouble. So, he was quite an obsessive sort of character. What he did was, he put about six or seven mirrors around a room and watched himself in the act of reciting. This is a condensed story, but I'm going to condense months and months and months of self-observation. He decided he had to look at what he was doing to himself that was contributing towards this constant hoarseness, irritation of his vocal chords. What he discovered was that when he recited, he was efforting himself in order to project his voice from one side of the auditorium to the other. And if I can demonstrate, he was doing something like: "Ladies and gentlemen, friends,

Romans and countrymen..." There was an effort of the whole gesture, the whole mind and body system when he recited.

SB: When you did that, we could see the scalines, the promens and so on.

AK: The usual way that the Alexander story has been rated is very much on the physical side. As you very kindly said a few words about me at the beginning, I'm particularly interested in the psychological narrative as well. Because the Alexander Technique is based on what Alexander called "psycho-physical unity", mind-body unity. The mind-body is part of the same system. So we can speculate that when Alexander was reciting, he wasn't just trying to project his voice, which was part of the earlier narrative. Maybe he had stage fright, maybe he wanted to hold the audience's attention, maybe he was terrified. So, what we do when we're feeling out of control, is get a sense of being in control, and that usually involves the voluntary muscle system. So you can imagine, you feel a bit out of control, you hold on, and that increases muscle tone throughout the body, specifically in the throat and neck region.

SB: And tell me, how did he know what he was doing wasn't necessary to protect his voice? Because I presume other people were doing the same thing. Or did he just try to establish a system where he was using less effort to achieve his aim?

AK: What he experimented in these months and months and even years to perfect, what he discovered was when he prevented the tightening of the neck and the retraction of the head into the spinal compression of the vocal chords and the compression of the spinal column, his voice started to become more resonant, and eventually he solved the problem of repeated hoarseness. So he realised there was a functional shift when he changed the pattering of his head and neck and back. And also managed the stress component in speaking, because the two things go side by side. He thought originally it was postural, that if he actually changed from this efforting to something more like this, that was the solution. So the original idea was, the solution to Alexander was a postural solution to solve a postural problem. Now, some people still think the Alexander story is a postural solution to a postural problem.

SB: I confess I was one of them until about a minute or two ago.

AK: I'm glad, because whenever I go to a party or a social event and I say I'm an Alexander teacher, 99% of the people I say it to go "Oh, yes. Is it about this?" or "Sorry, I've got to sit up straight" and they all do the same thing.

SB: They do it with all 05.17 as well. As soon as they know you're a medical practitioner of any sort, they sort of correct whatever they think is the problem they have.

AK: I think straight spines is the answer. Unfortunately, it's not as easy as said. But that was the beginning, that was the window into Alexander realising that there was something going on around his neck and throat and muscle tone and stress patterns that was contributing to his hoarseness, and when he managed to neutralise those patterns, his voice improved.

SB: Interesting. I had no idea that started with voice projection. I had assumed it had started with some sort of physical pain which had led to this concept of posture being the answer. Did he develop it into something more widely applicable?

AK: In the beginning, he was known as the breathing man, or the voice man and people were sent to him who had vocal problems. So, it started off as a technique for actors, reciters, people that used their voice in public. Afterwards, after he'd been doing this sort of specific work, rather than general work, for voice people, he also realised that it had other implications on general health, on general functioning, which surprised him, because he thought originally "this is for my voice, I'm going to improve my voice, I'm going to get along just fine." And he then realised that the improvements were taking place in the whole of his health system. And that was quite a surprise to him. From that moment, it started to generalise outwards into a holistic system, a general system. But that wasn't the beginning of the real Alexander Technique, this is the beginning of the 1900s, when he was actually talking to people from one corner to the room to another, saying "I want you to do this with your neck", "I want you to open your shoulders", "I want you to lift your spine", "I want you to open up your neck" and so on, with verbal instructions. Around 1917, the story goes, he got very, very frustrated with the impact with these verbal messages and realised that he was giving messages verbally that people were not translating in the way he wanted them to be understood. The problem of semantics was looming, and in a moment of frustration he said to this particular person "No, not like this", and went over with his hand and said "Like this", and started rearranging them with his hands. That was the beginning of the Alexander Technique. The early stuff was semantically a disaster, because no one really understood what he was trying to get them to achieve. They would interpret it based on their own sensory mechanisms, usually in a rather haphazard way. But the technique was born the moment Alexander placed his hands on someone and started to guide them non-verbally, and in that moment the technique was really, really created and it became a hands-on technique. Non-verbal guidance bypasses all the potential for misunderstanding on a verbal level.

SB: You talked to me earlier about the importance of your palpatory skills as an Alexander teacher.

AK: Yes, although I didn't use the word *palpatory*.

SB: Of course, that's what I'm using for the benefit of our audience. But is that something which is particularly refined in the Alexander Technique?

AK: Absolutely right. It takes a minimum three years of sixteen hours a week, approximately 1600 hours of training over three years.

SB: I was going to come to this, because the Alexander training course is three years long. That's a hell of a long course.

AK: Yes it is.

SB: And at the end of it, is there a teacher training qualification, as well as an Alexander training qualification?

AK: No. So, after three years, you pass it, you've attended, you've developed the necessary skills, you are considered appropriate to go out on to the market as an Alexander teacher.

SB: That's a heck of a long time.

AK: It's a huge amount of time, and the registered Alexander training courses in this country and worldwide suggest that each course should have a minimum of 80% practical. So not just 1600 hours and half of that can be anatomy and physiology and ergonomics and so on. No, 80% at least should be supervised practical work with two, three or four trainers in a school, working with the apprenticeship model. Alexander training is the apprenticeship model, it's actually hands-on pretty much throughout the day.

SB: So, out of curiosity then, how much does it cost to train to become an Alexander teacher?

AK: At the moment, it's about £2000 a term, so £6000 a year, over three years.

SB: And I ask this with a bit of an agenda, but if it's three years long, does that mean somebody is now seeking to make it a degree qualification?

AK: We haven't gone down that road yet. I think it will probably happen. A lot, of course, is now moving in the direction of academic validation and I can see it happening.

SB: The problem will be you will then find that you get less of the practical, because you'll have to do more academic stuff, which is possibly less relevant.

AK: I hope it doesn't happen in that way. In fact, I'd be happy if it were not to be a degree course, because I do know we will be pushed into modules, where the practical side will be diminished, and the intellectual written side will be increased, and I think we will suffer hugely. I'm greatly in favour the way Alexander's been taught since 1932, which is 80 to 90% practical, where you develop the hands-on of what you call palpatory skills, to a very, very highly tuned level. I really would hate that emphasis to be degraded at all, because

it's necessary. You can have all the knowledge in the world about anatomy and physiology, and you put your hands on someone and it won't help you at all.

SB: I was interested to hear that as well, because earlier on we had a quick discussion before we came on camera, and you said there's no point in asking you detailed anatomy and physiology questions, because as an Alexander teacher, you don't need to know that and it's not part of the training.

AK: In fact, a certain amount of knowledge would probably be a hindrance. I don't really want to know about the anatomy of the digestive system, or the breathing mechanism. I don't really want to know too much about the neurological network, I don't want to know too much about the anatomy of the knee, or the ankle joints, or the shoulder.

SB: Because...

AK: Because I don't want to think about those things when I put my hands on somebody. I want to be drawn into a part. If you watch me, I might just demonstrate it, how I get drawn into a part, because my hands change quality if I concentrate, if I stare at my navel, if I get really interested in something. The word *concentration* becomes a narrowing of focus, the palpatory skills that we develop as Alexander teachers is based on a certain quality of touch that can only happen when I'm in a certain state of mindfulness. That's some sort of an overlapping idea. In other words, the quality of my nervous system will be communicated when I'm in a certain state and it will be diminished, or disturbed, if, for instance, I'm stressed out.

SB: This concept of mindfulness, and I presume that, as a psycho-therapist, you've got sort of a deeper understanding of that than many..

AK: I wish I had been taught mindfulness in my psycho-therapy training, but I wasn't. It's interesting.

SB: It seems to have become very fashionable recently, and lots of people are talking about mindfulness. I wonder whether they are all doing the same thing, or even worthwhile things, and I have to say I'm slightly put off by it, because it seems to have become a buzz word for everybody. Well, I think you understand the term *mindfulness* would mean.

AK: Firstly, I agree with you 100%. It's become a buzz word today, the same was as 30-40 years ago, the buzz word was stress. In each decade there seems to be another buzz word. I think the reason I used mindfulness is because it's very much in vogue. My Alexander training doesn't profess to teach mindfulness. However, we are teaching a certain quality of thought. This is Alexander terminology. A certain quality of thought that is at the same time still and undisturbed and alert. It's very difficult to describe in words the certain quality of consciousness, or being that the Alexander teacher has to

develop. But the Alexander teacher, in order to pass on and communicate through touch a quality of ease, acceptance, release, and facilitation for change from one person to another, it's very, very delicate. And I can tell you what doesn't work – if I'm in a state of trying and effort, my hands will convey forcefulness, or even violence; if my hands are in a state of ease, they can only become communicating of ease. If my internal state is one of ease, so, for instance, this is why it relates to the Alexander story; the Alexander story is about a man who was not at ease when he was projecting his voice on the stage, he was trying. So the idea in Alexander is – we worked towards not trying; or, as Alexander called it, “non-doing”. These words may be familiar if you have studied zen at all, but they've been around in Alexander for a long time. And Alexander didn't use the word *mindful*, he used the words *non doing* and he used another word, *inhibition*. Not Freudian inhibition, but neurological inhibition, as distinct from excitation. And the key for Alexander was, when he was watching himself in the mirror, many, many, many months and years after he was looking at the postural mechanism, he realized that, if he could develop a capacity not to react to the desire to speak well, if he could keep his stillness and his nervous system quiet and undisturbed, he was able to speak very, very effectively. And you can imagine, that's the holistic way of thinking about the human organism.

SB: And it must be very difficult to achieve, as well if we think of the art of projecting your voice as a forceful thing to do.

AK: Well, I think if you've done any sport at all, you know that if you try very, very hard to hit a really strong tennis shot at match point, you probably won't do as well as knocking up. It's that effortless quality of ease that only comes through non-trying, and that's the paradox. Trying too hard to get the shot doesn't work. Trying so hard to hit the high note doesn't work. So, there is a paradox there that is actually very real.

SB: That's actually my own personal only exposure to zen - the zen art of tennis. I think there's a book called the *Zen Art of Tennis*.

AK: It's a wonderful book.

SB: I'm a crap tennis player, but I can remember when I wasn't trying to serve the ball properly, actually it would go where it was meant to go. That's a different story. You've got nine terms at your school, and of that, 80% is practical, but there's a certain amount of theory in there. Are there certain specific disciplines which you cover in those nine terms?

AK: The only discipline is the Alexander Technique, but we will cover a number of other modules. So Wednesdays, every other Wednesday we'll have a module. This term, that happens to be on anatomy and physiology, and then the workings of the human organism. Today, for instance, we had an osteopath who came in and talked to us about homeostasis, about the natural healing capacity of the human body.

SB: Who is that? Who came in?

AK: She was called Sophie Rights.

SB: I don't know Sophie, I don't know if she's watching.

AK: She's good at osteopathy. From the British School of Osteopathy.

SB: Good for her. But you said anatomy and physiology wasn't something you wanted people to concentrate on too much.

AK: No, so, much more on the general principle of if we get out of the way, if we prevent interferences..

SB: Feeling slightly insulted, actually, because if you'd wanted more details, you wouldn't have asked your practitioner, you would have asked someone else. I know what you mean.

AK: The idea, the principle behind it, which is, if we get out of the way, because Alexander teachers don't heal. What we believe is, that if we help a person stop interfering with their own organism, the organism has an innate capacity for self-healing.

SB: And those words will resonate with osteopaths and chiropractors, because they all do something, as will some of the things you said earlier on, because you talked about stillness, and you talked about ease, and particularly cranial osteopaths and the chiropractic equivalent I imagine will recognise those terms. Have you worked with cranial or occipital practitioners in the past? Do you feel there's some sort of overlap between the two?

AK: Yes. We're dealing with the human organism, we're dealing with human nature.

SB: But in a very unforceful manner.

AK: I don't feel pushed or pulled, I've been to one or two cranial osteopaths over the years and I have the deepest of respect for their skill.

SB: How many schools are there for learning the Alexander Technique?

AK: Seven or eight in the UK, something like that.

SB: All in London, or?

AK: No. Probably about four or five in London, there's two schools in Brighton, a school in Manchester, and there's a school in Devon.

SB: Similar size? How many students are they churning out per year? How many teachers are they churning out per year?

AK: Our school has got sixteen students at the moment, other schools probably have between five and fifteen, something like that. Most schools would have at least four or five students. Some are quite small, and they operate from people's houses, and we operate from a dance studio in central London.

SB: Ok. And, presumably, if people want to find out more, then you have a website they can go to.

AK: That's right.

SB: Which is?

AK: Alexanderteacher.co.uk

SB: Good. We've had some questions come in, I'll have to read them, because they're quite lengthy. As osteopaths, we're taught first to medically assess the patient to see if osteopathy is appropriate, and then to work as an osteopath using our palpatory skills, I think it means palpatory schools, and osteopathic diagnosis. Is it not dangerous for the purposes of differential diagnosis and appropriate treatment not to know the anatomy and physiology?

AK: Great question. So, we have some sessions that we call reg flags, and, I would say that an Alexander teacher would normally, at the beginning of meeting the pupils, we call them pupils, rather than patients, because it's a learning experience, it's education rather than treatment, you would ask them a number of questions, and if there are any particular reg flags, I'd say it would be very important to suggest to the pupil "Have you seen your GP? Have you had this checked?" Someone comes in, "I've got some strange pain here, is it just stress? Is it just muscle tension?" The Alexander teacher is trained not to say *Yes*, to use that word placatory. I would hope that the Alexander teacher would never placate any symptom that he doesn't understand, ever, because you're getting into a minefield. "I've got a pain in my spine", "Have you had it checked?" What do we know? It could be a tumour, or it could be neurological. What do we know? Nothing. We don't want to know. But what we would always do is assess, "Have you had it checked?". If in doubt, go to a doctor, get an assessment. If in the point of diagnosis you're told that everything is fine, go home, then I'm very happy to see them.

SB: Is it not a bit of a risk? Someone comes to you and they've got a pain in their back, they don't know, do they? So, leaving the decision with them is a bit risky. Do you teach sufficient diagnostic filters for an Alexander teacher to be able to say "Well, there are enough indicators here for me to say you need to see the GP before I try the Alexander Technique?" Because we all know that 80%, at least, of back pain is going to be mechanical and possible transient. Very few have anything serious to worry about. But there are occasions when you need to recognise those true red flags.

- AK: Absolutely right. And we have a doctor that comes in and talks to us about those particular red flags, a rheumatologist, a consultant rheumatologist that comes in to us, and discusses these particular red flags and says "If in doubt refer, if you're getting these sorts of things, waking up in the middle of the night with these sorts of pains, if you're getting these sorts of symptoms, suggest to your pupil to go have them checked before you actually carry on working with them."
- SB: And do you have a relationship with GPs?
- AK: I don't.
- SB: Do you get on well with them? Do they understand the depth of your knowledge?
- AK: I have probably more relationships with osteopaths. Lots of good relationships with osteopaths who I've been working with, and we refer backwards and forwards for the last thirty, thirty five years.
- SB: So you think osteopathy works well with the Alexander Technique?
- AK: I think it's a fantastic discipline, it works very, very well with Alexander. There are major differences, of course. We don't see ourselves as treating symptoms, we see ourselves as learning self-regulation, learning something about ourselves that we can put into practice in daily life.
- SB: I suspect there's a few people in the audience who said "Well, we don't like to treat symptoms, we treat the whole body". Because we're all holistic these days, some more than others. but we try not just to treat the symptoms, I know what you mean. Somebody actually sent in a very useful observation, what you were describing earlier on is what a lot of osteopaths would call "listening to the body", which sounds to me as you with a gentle placatory approach to what we're doing. I do apologize, we're talking a lot about osteopaths. Chiropractors, do feel free to send in your observations as well, it's not that we're biased. Do you work with chiropractors?
- AK: The same, yes. I've worked with chiropractors and osteopaths. Actually, since I've been in central London, since 1987.
- SB: Is it your perception that actually there is a lack of awareness about Alexander Technique amongst those professions? Obviously, the people you deal with will know a bit more about it.
- AK: I think osteopaths certainly in central London that I've come across are quite aware of the Alexander Technique. One thing about what you were saying before, about listening. I do the best I can not to use listening hands, but communicating hands. And there is a difference. Communicating is my intention to wards the person I'm working with; listening hands, if I can

exaggerate in a sort of caricature, is like a stethoscope. What's happening there? Again, that would change the quality of my attention, and I want my attention to be expansive, rather than a narrowing concentrated listening. I don't want to promote a listening type of communication through my hands.

SB: We've had a question. You've mentioned stress previously as being a buzz word, like mindfulness. Someone actually has sent in a question asking how you deal with stress when you are treating. You must come across it a lot. And do you have specific techniques, for example, that you use when a patient is irritating, they've asked.

AK: Irritating me?

SB: Yes.

AK: That's a good one. The heart sink patients.

SB: Yes, exactly.

AK: Well, I would say, over time, over a three-year training period, I would have to master my own irritations, so that, and of course I'll be irritated, and of course there'll be moments when a pupil will come in late, and there'll be times when a pupil will say or do something rather irritating, of course, I'm human. But what I will have developed over a three-year period, a personal skills, and perhaps some of the most important personal skill I hope I will have developed to a certain degree is the skill of inhibition, which is the ability to experience life's upsets, sadness, irritation, frustration, but without my sympathetic nervous system activated. Which is an interesting idea. How can I keep my head while all the rest are losing theirs? And I would hope that over a period of time, I would be able to experience irritation, but for that not to translate inside of me into a stress pattern, that would then diminish the quality of my touch. Again, same thing like stage fright. Of course I'll be anxious. I was anxious coming in today, why not? But if it makes me paralysed, I would say that my levels of inhibition would be less adequate for coping with this encounter.

SB: Well, I would have been a lot more anxious about this evening, if I had realised until a minute before we went on air that you used to be a TV news producer, which makes me and my small team feel rather on the spot.

AK: That was thirty years ago, I've forgotten it all. The technology is very different.

SB: And it's very good, you said, and I'm very pleased to hear that. You consulted, says on your website, to industry and medical organizations. How does that happen? Do you offer your services out to them, or do you just know people you think that you might be helpful to? What do you do when you get in there?

- AK: From the very simple to the more complex, I can go into an office setting, and I can assess the way they've got their workstation set up, simple ergonomics, which isn't really a hundredth of the scale I've got, but I'll do it, if someone wants me to go inside and office.
- SB: Can I pause you on that one? Because we've actually done one of these broadcasts on ergonomics and we went to the Herman Miller factory down Swindon I think it is.
- AK: The chair people.
- SB: Yes, the chair people.
- AK: They have excellent chairs.
- SB: They have excellent chairs, they're bloody expensive, but they are excellent chairs. But they put a lot of thought into ergonomics. But when you boil it down to it, actually the ergonomic advice wasn't far beyond the standard handout of the height of the keyboard, the height of the monitor and so on. Do you feel you've got a bit of extra to add into that?
- AK: I can do the standard stuff, like I'm sure you can too, which really is a drop in the ocean. Because the most important thing isn't how expensive your chair is, a Herman Miller chair, I happen to like them, I like their chairs, I think they're excellent, but you can have the best chair in the world, and if you're in a state of heightened anxiety and your flight fight button is being pressed, and you've got adrenaline and cortisol streaming around your system, then the best chair in the world isn't going to save you from the ravages of postural troubles, or RSI. I know the RSI prevention board suggests that, of course, you have to have the right height for your arm, and the right screen distance, and so on, but I'm sure you and I would agree that it's much more complicated than that. So, I also assess how they're coping, I ask them personal questions, I see how they're adapting themselves to the demand of their work environment. And, if necessary, I'll say "I think you should come off and have a few individual Alexander lessons." So no, it isn't simply about the workstation. Today there's a big craze about the standing desks, isn't it? And I think that's very sensible, because you're moving. The idea of sitting in front of a screen, being magnetised into this screen is not good for anybody.
- SB: There are a number of those sort of evolutionary cartoons, aren't there? Of how people have morphed from being the caveman, bent over in other ways to erect, and then sitting at desks and leaning forward to the computer.
- AK: That's why they're saying sitting is the new smoking.
- SB: Possibly. Jon Graham came on to one of the broadcasts. He's into technological physiotherapy rehab, so he's got robot legs for patients who are paralysed from the waist down, and all sorts of things like that, and one of the things which he brought out there, which I find as a useful reminder, he said,

for someone who's been in a wheelchair for however many years, the very fact of stretching the body out like that does wonders for the digestive system, as well as for the mental well-being. So, it's hugely useful to find the right posture for the person, and I think what you were driving at a moment ago was that you can't force someone into what you say it's the right posture, or what Herman Miller says it's the right posture. There is a certain individuality in all this, isn't there?

AK: That's right. I think you can use a good Herman Miller chair and say "Well, your back is this long, and you'll probably need a back length or a chair this long, where is your lumbar curve, we'll put a lumbar support around this for this angle," and so on. I think you can do those gross things. Again, the height of the chair, which is adjustable, to adjust to your legs. Those are simple things that I don't find very interesting. But certainly, if you're sitting for a long period of time, it helps to get some support from the ergonomic environment. But for me, that is really not where the juice is. The real work I'm interested in is how the person, mind, body, is coping with the demands of everyday life. Internally, their own internal world, how they're coping with their own existential reality, and how they're coping with an external environment as well. That really has to be the issue, whether they're in a state of reaction, and activating their sympathetic nervous system, the flight fight response, and all the biochemical and neurological and musculoskeletal changes that will develop, or whether there's another possibility. And Alexander is very much interested in developing the other side of the personality, the parasympathetic nervous system, the homeostatic potential of the human organism, the capacity for healing, rather than disturbance. That's the importance of the skilled touch from an Alexander teacher.

SB: What led you down the psychotherapeutic ridge? Is that a common route for Alexander teachers?

AK: No, it's not particularly common at all. There's a handful, literally, of Alexander teachers who've gone down the psychotherapy road. I was particularly interested in psychotherapy, and my first degree was in psychology, when I was 18. So it wasn't a new thing for me. I was always interested in psychology and emotional healing. Then I went off and became a TV producer for a while, a slight deviation; opened up a vegetarian restaurant for a while, so there's some truth in the old hippie thing of being a vegetarian for a while, it certainly was. I came back again through the Alexander Technique that I started in my early twenties, and I then realised that actually, although my Alexander training was excellent, I didn't understand enough about the mind-body connection. I wanted to deepen my understanding of the emotional components of health and how that impacts on the postural mechanisms.

SB: And does that mean that you're familiar with what has become another, not strictly a buzz word, but it's very popular expression, which is this *bio-psycho-social model* of health?

AK: I haven't come across that particular terminology.

SB: Right. I mean it's very popular in all forms of medicine that you can't simply prescribe a pill, crack your neck, give some exercises, you've got to deal with a psychological state, and the social environment within which your patient exists.

AK: That for sure.

SB: Sorry to put you on the spot, since you didn't know, but I'm sure that's what you deal with.

AK: It's the terminology I don't know, but absolutely, because when I was growing up, we had a GP that came around to the house, and they had what we call a bedside manner, and that sort of attitude of kindness, and interest, and compassion was very, very much part of the healing process. Very much part of the healing process. And I think, unfortunately, we've left that behind a little bit, and I think the interest for a lot of people who go to what's called "alternative" or "complementary" therapies is that they have time, they're listened to, they're cared for, and that's a rare commodity, unfortunately.

SB: And do you have particular tools that you use in assessing the psychological well-being of your, I'm going to call them *patients*, you probably call them pupils.

AK: I call them pupils, yes.

SB: But if I come to you with a back pain, let's say that's the case, I would think of myself as possibly being a patient, rather than a pupil.

AK: And I would say it's you, you can call yourself a patient, but you're going to learn something here. I'm going to teach you something about self-regulation, about managing your patterns of disturbance and distortion, so that you can go away and build on your capacity for coping with whatever's got you into this state in the first place. And it won't be the model of you coming in here, and I'll do something to you, and you go away saying "thank you, Anthony. If it comes back, I'll see you in a few weeks." I want you to come for a number of sessions, on the trot, so you develop a resource; a resource that you can use with yourself and on yourself. It's almost like a daily discipline.

SB: We wouldn't be able to conduct this discussion without talking about the evidence for the Alexander Technique, because that's the course of the basis on which we we're all required to practice these days. But it's very reassuring to see that the Alexander Technique, is it NICE recommended? Because there was a BMJ study in 2008 and it was a pretty damn robust study.

AK: It was. It's one of the largest we've done, actually.

SB: Were you involved?

AK: I wasn't one of the participants. I was very happy that it was done, because I think in the evidence based world that we live in it's very, very important to demonstrate the validity of the Alexander Technique, its efficacy for back pain, in comparison to a number of other modalities. So we were very pleased with that, and it certainly caused quite a spike in interest for the Alexander Technique, and then, of course, the spike dropped again.

SB: Which is a huge shame, because, correct me if I'm wrong, as I recall the details of that study, interesting that the summary of that study is available through the research pages on our website, and when we post the recording of this broadcast, we will put a direct link to it there, plus a direct link to the full BMJ study paper. But they had a control group, arguably a control group, but they received normal treatment for their back pain, chronic back pain, so they went off to the GP and got normal treatment, so we want to know whether what you do can improve on what is the standard. There was a group which had massage, there was a group which had six sessions of Alexander, and there was a group which had twenty four sessions of Alexander.

AK: That's correct, yes.

SB: So, they were nicely grouped, and there was something like 145 in each group, and some had exercise and some didn't. So they were nicely randomized, and they were nicely placed in these little groups, they had good control, and I thought the startling outcome from this, or the really good outcome was that people who received massage for chronic back pain got better, but it didn't last. People who had Alexander Technique, whether it was six or twenty four sessions, got better and it lasted for one year, and it was a good follow-up on this. They still had good outcomes for their pain. And it was only marginally less between those who had fewer Alexander sessions.

AK: That's right. You've done some good research.

SB: There's only one paper, isn't it? It's not hard to look through the details of that paper. Are there more studies in progress?

AK: Not that I know of, no major studies. But that was one of the largest, I think, that will be undertaken for a while. There's a Parkinson's study, which is certainly worth a look at, but I don't know the details of it. But again, it shows its validity and efficacy for Parkinson's.

SB: And presumably it's been shown to be effective, from what you say, more effective than normal treatment, or just as an adjunct to normal treatment.

AK: You've caught me on the hot, because I don't know the control group. I'm not sure what it was compared to.

SB: We'll dig out the paper and we'll post it on the website afterwards. It would be interesting to see. I've got some more questions coming in here, some of which we're going to go through. Well, somebody has asked what you do with the patient, we're going to demonstrate that very shortly, so we'll come back to that. This is a useful one for chiropractors, osteopaths, and so on: could you give guidance on where to place Alexander Technique in osteopathic treatment schedule - as an integrated therapy, or perhaps when they're almost better, but not quite. How do you fit it in? And that came from Allison. Thank you, Allison.

AK: I've worked with Alexander pupils simultaneously with them having osteopathy, and sometimes I've seen Alexander pupils who, after a while, I might suggest they go see an osteopath, I've got no problem with that either. I don't feel that we're antagonistic in any way. Unless, the osteopath gives certain exercises that may not be considered to be particularly helpful. What do I mean by that? I mean this could be a Pilates practitioner, it doesn't just have to be an osteopathic practitioner; anyone that gives an exercise regime without considering the way that they are doing the activity. In other words, if someone says "Well, I want you to rotate and keep on rotating that shoulder around", and you can see they're making a huge effort in their face, and gesture, and that they're efforting something. As far as I'm concerned, that goes against the whole principle of non-doing, of gentle allowing, and would not be something I would recommend. So it depends on the sort of advice that's given outside of the osteopathic session, whether I would see it as necessarily mutual.

SB: We do see, in our practices, and, possibly, I'm sure you do yourself, a trait which I think is most common within the NHS, that exercise tends to be very prescriptive and drawn straight from the menu from box. If you come in, you're going to get your gluteus medius rehabilitated, and you're going to train your core, in inverted commas. Is that something that you...?

AK: I think you've raised a very important point. People say, "is exercise good?" And it's the wrong question. It isn't the exercise that's good or bad, it's how you're doing the exercise. Is weight training good or bad? Well, it can be disastrous, or it can be a very appropriate way to tone up certain muscle groups. I'm always interested in psychology of how they're actually performing the act.

SB: Actually, if you watch people weight training, generally, they will be straining, because they're trying to lift as heavier weight as they possibly can.

AK: I know, and I've seen too many casualties from that, so I'm not a great fan of over-straining when weight training, but certain smallish weights that are appropriate, I've got no problem with it at all. Again, how is it done? Same with yoga, same with swimming. Is swimming good for you? It's the wrong question. Swimming with the head snatching back into the spine, and the

struggling for breath, and the strain of the movement in the water, clearly isn't good for anybody. Same with running, same with jogging, same with anything. How you're doing the activity. It isn't the activity that's either good or bad, it's the wrong question.

SB: So, as part of your training, your own training and the training you administer to other people, does that mean that you look closely at those forms of exercise in order that you can say when your pupil comes in and they demonstrate their running, or whatever it is, you can say "You might want to try something different"?

AK: I very rarely prescribe a particular activity or exercise. I'll say: "What do you enjoy?", and if they're looking after themselves while they're doing it, and they're doing it in a state of ease, without activating the flight fight response, without employing certain muscle groups that are going to exacerbate the condition they've come in with. If it's walking, if it's swimming if it's jogging, I don't really care; if it's horse riding, if it's yoga, no problem at all. Which form of yoga? I'll leave it to you. If it's yoga you're fighting so hard with a huge amount of ambition to get your right leg around the left hand side of your neck, and causing yourself ruptures all over the place, I don't think that's such a great thing to do. But if you're doing it..what's the point of yoga, it's supposed to be done with a meditative attitude. But how much of yoga is done with a meditative attitude, rather than ambition? And this is the point we touched on this rather unhelpful word, *mindfulness*. If yoga is done in a mindset of ambition, of trying, of striving, of pushing, and pulling, and straining, that for me isn't yoga anyway. I don't think yoga should ever be employed without the attitude of mind and body that should accompany it. And I take that across the board with all activities.

SB: We've had three questions asking along the lines of what the aim of the Alexander Technique is. What do you actually do with a patient? Can we see a demo soon, please? I think what we'll do now is, we've brought Justine in and you're going to go through your short demonstration of what you might do with a pupil with Justine. I'll leave you to do that now, and I'll interrupt if I think there's any questions from my point of view, or from the audience's point of view. For now, it's over to you and Justine.

AK: Just before I move over to Justine, I just want to say that the normal props of an Alexander teacher would include a table, looks like a massage table. It's not for massage, but it's lying down work, and there'll be certain passive movements and guidance on the table, which we're not going to do here. What we'll do today is I'll give a demonstration of the movement side of the Alexander Technique, where we use traditionally a stool, or a chair as a prop, and that's what we will be demonstrating right now.

SB: Super. Right, I'll leave you to move over there with Justine. While Anthony's moving over to do his demonstration, I just want to talk a little bit about our next broadcast. I know you've signed up to get your certificates right at the

end of this one, but next broadcast is being conducted with the Advertising Standards Agency, and we have spent a long time trying to get them to send a representative to talk to us. We have got the Chief Exec of the General Osteopathic Council joining us, Tim Walker. Those of you who've heard him speak before know that he's a very eloquent man, but he's been closely involved in developing the Advertising Standards relationship that we have with the ASA. We have invited the Institute of Osteopathy, but so far they haven't actually answered. We are also looking for a representative from the Royal College of Chiropractic. I'm hoping that we'll have as many disciplines as we reasonably can represented. The key thing about this is, it might be a slightly shorter broadcast than usual, it might only be an hour, but it will be free to all osteopaths, chiropractors, anyone else who wants to join in. So, I would encourage you to spread the word as widely as possible. They will be able to sign up on the website, they will have to log in for the broadcast, obviously for the CPD certificate. I think it will be invaluable, and I'm hoping we can do it in a non-confrontational way, we should all get something useful from learning about the ASA's approach and what our own institutions or organizations are doing to help us in that regard. Anyway, that's enough from me about the next broadcast. I'm going to hand over, once again, to Anthony and his demonstration of the Alexander Technique.

AK: Hello, Justine.

Justine: Hi there.

AK: Thank you very much for volunteering.

Justine: You're very welcome.

AK: We're going to do a sort of mock-up of a traditional Alexander lesson, which is going to involve sitting, standing, and moving, in very, very simple sequences of getting up and down in a chair. Normally, I would go into a certain amount of detail. If I'd met you for the first time, I'd want to make sure that there's nothing untoward going on with you, that you know that you're healthy and adequate to accompany yourself in ups and downs, and movement, and walking, and there's nothing I need to be cautious about. We'll assume that everything is ok. But I would like to ask, in particular, if you have any sensations, aches, or pains that you would like ideally, in an ideal world to be improved.

Justine: Yes, I do.

AK: What would they be?

Justine: The biggest area of discomfort for me is around my neck and shoulders. I've struggled with it for some time, I've had lots of osteopathy over the years. I'm a chef, so a lot of my work is very front-facing, and it's also a lot of repetitive movement, and I'm on my feet a lot, so the longer I'm doing those repetitive actions, the more extreme the pain that I feel is. But I was fascinated to hear

what you were talking about earlier, because I think a lot of..I teach people, I'm talking, I'm performing, and I recognised a lot of the postures that you mentioned at the beginning of the conversation about that. I know my eyes get quite big when I talk, and I can feel a very sort of engaged manner, and I'm sure there's something in there.

AK: I think what you're talking about is universal. It's not just you, but you may have it in a magnified way, because of the sort of work that you are required to do, which, as you say, is front-facing, it's demanding. You're engaging with people, so the chin leads, and the eyes lead, and therefore, there's a straining that will necessarily and naturally be going on in the neck, and in the shoulders, and in the back.

Justine: Absolutely.

AK: As we were saying before, we'll do some demonstration soon. My role isn't to, somehow, massage it to make it better, but to develop in you, as an education, as a learning experience, how you can engage with the people you're interested in, but in a way, and I'll use this term rather loosely, that you stay back emotionally and physically. So, even though I'm interested in you, I'm not going into your space.

Justine: I totally get that, and that's fascinating for me as an area to explore.

AK: It's an exploration, and it's a learning experience. The learning experience is..I want to use the word *self-regulation*, because really, what you can learn in the Alexander process is a capacity to both be involved and very engaged, and you are a very engaging person, and you have skill, you'll be chopping, and showing, and presenting, multitasking. You don't want to lose their interest and their attention, so you'll be involved very, very clear and concentrating on making sure that you don't chop your fingers off, and, at the same time, wanting to engage the interest.

Justine: Exactly.

AK: And that's a huge amount of demand.

Justine: Absolutely.

AK: And that stress, for most people, pulls them out of their skin. It magnetizes them towards other people, or towards the object to what you're involved in. In a nutshell, the Alexander Technique is a way to develop the capacity of what Alexander called *inhibition*, which is the capacity to receive all of these stimuli and demands, both from inside of yourself, the internal demands, and from outside, people asking you questions, and to remain ok within your mind and body.

Justine: That's not about being inauthentic, it's still about having those responses.

AK: Yes, there's nothing inauthentic about not getting stressed out, and not activating a flight fight response. There's nothing inauthentic about being a bit more chilled.

Justine: I get all of that. Absolutely.

AK: It may feel weird for you for a while, when you're more used to that sort of engagement, face-forward engagement. Of course it will feel weird, but it's spontaneous, it's natural, it's authentic, and it's still very much you. It's you, without activating the sympathetic nervous system. The job of my hands is to teach you, to guide you and teach you that there is a way of being in the world without the repetition, because Alexander is very much about habits that disturb, habits that distort, habits that over a period of time cause trouble, like with Alexander the voice problems. It could be you, it's the same thing. You're getting the symptom here, Alexander got the symptom here, someone else might get the symptom in their digestive system, for someone else it might be eye strain, for another person it might be lower back. That's why I was saying before that the symptom, for me, is not particularly important. What is important is the attitude. It's a psychological and physical attitude that keeps on being repeated and amplified in acts of daily living. And it's in that moment that I want the Alexander Technique to be applied, at the moment of the tendency of pulling out of ourselves, pulling out of our skins into the world, into the future. Ok? Good. What we'll do is, we'll start you standing, and I think if I have you perhaps like this, and put your feet a little bit wider apart for now. What's going to happen is the is chair behind you, and I won't take it away, and I'm going to put my hands on in various places, maybe the head, the back, the shoulders. It's important for you to know one or two things about what the game is. The game is I'm going to move you, and you can do nothing wrong, that's number one. You can't fail. I can, but you can't.

Justine: Good.

AK: What I'm going to do is I'm going to move you variously, I might move your head left and right, I might move an arm, I might ask you to bend your knees and get into the chair. Right now I'm just moving your head here, and I'm moving your head here. And you're allowing me, to the best of your ability, you're just letting me do the movements. You're not talking them over. Sometimes, when I'm working, there might be a bit of silence, and in the silence I'm still working away. What I'm doing is I'm placing my hands in different places in order to communicate something. What I'm communicating is a certain quality within you of letting. The moment you're physically letting me move you, which corresponds to an emotional or mental letting of you allowing me to be in control, so to speak. If anything feels weird or uncomfortable, or whatever, you just let me know. Now I've got my hands here, I'm going to ask you to bend your knees as your hips come back, and slowly get yourself into the chair. When you get to the chair, stop there, and I'm going to move you back.

SB: What are you feeling for while you're doing this, Anthony?

AK: We touch very briefly before, it's not so much I'm feeling for, but communicating to. I will pick up on things, but, in a way, that's incidental. What is important is that while I'm working, I'm communicating a quality of mind-body or soul, a certain quality of ease to Justine, so that when I'm moving her, she's letting me move her and she's coming off certain control patterns, or familiar patterns that she'd normally be adopting, as her way of being in the world. Just soften yourself a little bit here. That'll do, that's fine. Does that feel a bit bizarre? Are you ok with that?

Justine: Mhm.

AK: Again, I'm going to move the head. The other thing about listening, my only experience of someone putting hands on and listening is it would make me rather paranoid. If I have my hands here and I'm saying "Hmm, that's interesting", you'll be thinking "What's he feeling?" My prime purpose, and I can't emphasise this enough, the prime purpose of an Alexander practitioner is to give the pupil the experience of not being paranoid, of not being examined, of not being assessed, of not being judged, but being totally accepted the way they are, totally accepted; not judged, but embraced exactly the way they are. This psychological aspect of the technique is often misunderstood, but it's the primary attitude of an Alexander teacher. That's why we take three years and more to actually develop these capacities. The touch has to come from a place of "I'm not here to judge, I'm here to say your shape is fine, your neck is fine, and I'm going to help you prevent a reaction". I'm going to now move you forward, Justine. You're going to come with my hands, that's fine. I'm going to move you backwards. I'm going to move you forwards. That's fine, too. At a certain point, you're pretty much over your feet there. I'm going to ask you in a second to stand, and I'm going to look after you, at the same time that I ask you to stand. Stand up with your feet right now. Now sit. All the way up. And then bend the knees. And then stand up with the heels. Good. And then bend the knees. And then again stand up with the heels. And bend the knees. Maybe for the purpose of the camera, I don't really know, but for now, what part of the body was working just now? What do you feel was actually...

Justine: My legs.

AK: Correct. Your legs. And what was working less?

Justine: My upper body.

AK: Correct. From here upwards, you probably didn't feel it was doing too much, is that fair to say?

Justine: Yes. That's right.

AK: What was working, obviously, since you're not going to levitate, your legs were getting you in and out of a chair.

Justine: Yes.

AK: And the rest of you, your face, your mouth, your jaw, your shoulders, your neck and your back were pretty much..

Justine: Still.

AK: Still. And this word, *still*, I think it's very, very important and it conveys the heart of the Alexander Technique, which is a psycho-physical stillness. There's a quality of ease, and true relaxation; not the relaxation of collapse, but the stillness of an undisturbed mind and body. This template that we're working with right now can be applied to every single activity of everyday life. Can you see that it's not being disturbed, is it? You're still staying with yourself. Do you understand a bit what I meant by staying back?

Justine: Yes, absolutely.

AK: You're standing here. You're not being pulled out into the distance, into the end, into the goal, into the people who are asking you questions, or you're trying to explain something about cheating. You're also here. Sitting with your bum on the seat, able to listen and experience. Same thing, I'm going to move you forwards, that's fine. At the same time, all I want from you is to stand up with the heels. That's it. Would you like to get out of a chair like that?

Justine: It's much nicer.

AK: It is, but why? Can you explain?

Justine: It feels much more mechanical, rather than emotional, I suppose. This is quite strong and solid and it knows what to do and it's a mechanical action, whereas this is much more..it's very nice for my pain area not to be involved.

AK: So it's coming off a button, isn't it? It's coming off a pattern. And it's less dramatic, I think that's what you mean by less emotional.

Justine: Yes. That is what I mean.

SB: Would that activity normally have been painful or slightly painful for you? Getting out of a chair?

Justine: No, getting out of a chair as it happens isn't difficult, but what I'm aware of all the time is that this is very noisy. It's always engaged. So actually having a touch is lovely, and also turning the bit of me that's the noisiest off is lovely.

- AK: Justine's describing the Alexander Technique in very, very beautiful terminology. The switching off of the noise. We're all involved in so much noise, psychological and physical noise, that's manifested by the pushing forwards of the chin, and the disturbances of the neck, and the throat, and the back, and the over-activity of the eyes, and all the rest of it; that is a signal of an overreactive nervous system. There is a way of being, like now, in the world where you're happier in your own skin, where you're ok, where you can be soft and kind to yourself, where you can be with your heart, and your gut, and yourself, in all its manifestations, and participate in the world as well, without the dramas that we normally involve as we go around into our daily activities.
- Justine: There's also as if the muscles have their own little dramas. as well as all of this stuff.
- AK: That's right. Exactly. In fact, simultaneously. What you're learning is, coming back to a state of homeostasis, where those little muscles that do repeat those habits of distortion are quietened. The noise drops.
- Justine: Which is why I like it so much.
- AK: Yes. The noise drops, and you drop into yourself, and you have an experience of being yourself in a different way to the usual dramas. Over time, this quality grows, this quality of stillness, and the absence of noise grows, the neck muscles, the facial muscles, the jaw muscles come off their habitual patterns, and you're able to sustain and maintain this quality of ease in more and more demanding activities.
- SB: One of our audience has commented that they're still unsure of what the focus of the movements is, while you were doing this. I think they mean both Justine's movements and your movements, because you were moving the ...
- AK: In a way, they're arbitrary. Sometimes, there's a little bit of method to my madness, but at the moment they're pretty arbitrary. I'm, at the moment, just moving Justine so that she can have an experience of something happening to her where she's not in control. She's exercising her capacity of acceptance and stillness, even though something's happening. She's not fighting for "I'm in control, I'm going to move my own head!", she's experiencing the absence of being a control freak, which is very liberating; very, very liberating.
- SB: With your hands, when she's standing, using heels or the front of her feet, whichever, what are you communicating with your hands when she's doing that?
- AK: I'm communicating the absence, or the neutralising, or the prevention of an excitation. The absence, or the neutralising of the excitation of straining forwards with the face, forward facing is what Justine called it, this ever present straining that we all get involved in pretty much in everyday life, of

efforting, and pushing, and pulling. Right now, Justine's experiencing, stand up with your heels. What was it like to get out of a chair like that?

Justine: Nice.

AK: It's unmistakable, isn't it? It's the absence of something. I'm not teaching her anything, I'm not teaching her to have the right shape in her neck, I'm not correcting her neck, I'm not correcting her shoulders, I haven't even moved her shoulders. This is much more internal than people understand about Alexander. It's not a shape change, it isn't an adjustment of her postural patterns, it's much more internal.

SB: We've got, 10-15 minutes here with you demonstrating this technique. How do you expect your patients to then continue this technique after you'd finished dealing with them? Your pupils, I beg your pardon.

AK: I'd like them to come for a number of sessions, not as...

SB: How many?

AK: Hopefully, it will be enough for Justine to say "Hmm, there's something in this. This isn't just some hippie with Birkenstock sandals who hugs trees."

SB: What's the normal course of treatment? How many sessions would you recommend?

AK: Lessons. I would suggest that, ideally, she would come twice a week for ten weeks, fifteen weeks, three times a week.

SB: It's a big commitment.

AK: It is a big commitment. Yes. It's interesting, the idea of commitment..people, when they're in trouble and they say, "Anthony, if I don't sort this out, I'm going to have to go into the knife, and have an operation." They would offer anything. I would love people to come to Alexander before those extreme moments where they are in an absolute pickle. They can't play the guitar anymore, and they've got to give a concert. Those moments are really, really upsetting. To get to the point where you can have preventative Alexander lessons, and learn to stop yourself getting into a mess, for me it would be the most exciting possibility. But yes, some people come and they are in extremis. And I'll say, "Look, however many sessions you need to come, come four or five times a week for the next five or six weeks. Let's see if we can avoid the knife." Great, fantastic, whatever.

SB: Are you prepared to commit to a strike rate of success on that basis?

AK: I mean, money back if I don't succeed?

SB: No. How many times do you think you saved someone from a surgeon's knife? What percentage?

AK: A number of times, people have said, "I never thought this was possible, I'm out of chronic pain, and if it wasn't for that, I would have gone under the knife." So yes, people have said that and that's anecdotal. I think the intensity of Alexander does tend to work better if Justine was coming once a week for thirty weeks, she'd be much further advanced in developing this capacity for psycho-physical stillness and inhibition. If she came three times a week for ten weeks, she'd be much further ahead. The intensity does seem to amplify and speed up the process. The experience right now for Justine, she's actually experiencing sitting, standing, moving, talking, thinking in a way that is a bit...you can move anything you like, because it's not a shape. Often, people think they have to keep the shape, of course you don't. So, there you are, you've had an experience of a few minutes of Alexander work. We can carry on if you want to in a few minutes. Do you want to report anything? Any questions?

Justine: I love the sensory, I find that for muscular tension is instantaneous, so I feel everything just dropping. I feel very loose, it's very meditative, very calming. I felt quite..when I was getting up, standing on my heels, it felt quite like a primate, almost, quite basic.

AK: It's very primal, it's very basic, because most of us in modern Western hyper-societies are on our toes, waiting for the next emergency, in hyper-vigilance, in a state of toxic anxiety.

Justine: But all our actions are this way, we do very, very little. Well, nothing. We don't do anything getting backwards.

AK: We don't, at all. Everything is pulling us out of our skins.

Justine: That was very nice, to have that totally switched off.

AK: And it is this switch off that I think is absolutely fundamental to the technique. The switching off of the habitual pattern of hyper-vigilance, of hyper-anxiety, hyper-stress reactions, hyper-excitability of the nervous system, of the sympathetic nervous system, and a recovery of the natural self-healing mechanisms that are operating right now.

Justine: I have done lots of work on stress in previous years, and lots of respiratory work, but sometimes, what I find is it's not stressful what I'm doing, but it's just very engaged, and that's the work that I haven't yet managed to do. Just being engaged and being present. Without that, I can even feel it now.

AK: Exactly. When you said even the word *engaged*, that is a form a stress.

Justine: Yes, I come forward.

AK: You come forwards, I will call that stress. That level of hyper-involvement and engagement.

Justine: But I want to be like that.

AK: You want to be animated, but there's a way of being animated without hurting yourself in the process, without tightening the face and the jaw, and the muscles around the eyes, and the straining of the neck. There's a way of being fully animated. You're extremely animated right now, talking to me, but you're not hurting yourself in the process. You're maintaining that very still, meditative quality that you're talking about. You haven't lost it, you're still in it. Now, you're in a self-healing mode of operation. And over a period of time, you'll learn to self-regulate yourself into this meditative still quality of being, even though you are demanded upon by the students in the chef school, and they're pulling you out of yourself and you're able to stay back, and be fully engaged, fully animated, fully spontaneous, but not reactive.

Justine: That's the same with breathing. If you get your diaphragm active, breathing lower down and get it out of here..

AK: That's what's already happened to you. In fact, your breathing has already just dropped into diaphragmatic breathing. All of these things are natural consequences, the functional shifts are a natural consequence of coming off. A lot of people put the cart before the horse. It's not trying to get the diaphragmatic breathing going, it's not releasing this muscle here, it's coming off the buttons of hyper-vigilance, and things drop into where they need to. The shape will shape itself in the way it's designed to. Your shoulders are in perfect shape, they will go where they need to go, the muscles around the heart and chest will expand when they need to, the feet will naturally devolve into the ground when they need to. It all happens instinctively. In fact, a lot of people think Alexander's about working out postural mechanisms from the cortex, It's exactly the opposite. I want to get people out of their brains, out of the cortex, out of this over cerebral way of thinking, into the organic self, into the biological self, into the heart self, and into the gut self. Places that we don't like too much, because in that place, and we haven't got time to talk about it today, that's where emotional healing also resides, it doesn't reside up here. You've done bodywork, I understand? A drop into the heart and into the gut, into the heart of the heart of the heart of the gut, where emotional experience can be digested, that's really where the juice of the Alexander work has a potential; and it isn't here, in the neocortex. We shouldn't be working out how to breathe, how to stand, how to walk, and how to gesture; quite the opposite.

Justine: That's what you mentioned about ambition, isn't it? When you exercise with ambition.

SB: There's two observations which you might like to hear from our audience. The one is, the interesting thing about Justine is that she looked to this viewer as though there was a lot of stress, and now she looks much more relaxed, especially in the eyes, which I'm sure, Justine, you're very pleased to hear as well.

Justine: I'm happy to hear that.

SB: And the other one is, just as an observation, Justine has changed totally from chin out, to a much softer, and longer neck posture, which the viewer says it's very nice to see. One person did ask, and I think you did answer this, but you might like to answer it again, "Do you only put your hands on the areas which are painful?"

AK: I put my hand anywhere that's appropriate, and I'm not looking to put hands on anyplace that's painful or not painful, because I'm not aware. So, I put my hands here, or I put my hand here, or I take an arm like this, or I put my hand here. No, I put my hand anywhere on the body that can participate in the coming off the buttons I was talking about. There's no particular right or wrong place, and I certainly wouldn't target a place of pain for my hands at all; not consciously, not at all.

SB: There's a technical question here. Is the action of inhibiting the excitation to do with the discharge of negative electric charge and obtaining an electrochemical homeostasis?

AK: Certainly, it's about biological homeostasis that would include neurological, biochemical, postural, and all the other functioning's of the human organism. Most definitely.

SB: Good. We've got a few more minutes, if you'd like to do any more. You must do more things other than sitting and standing. Do you do walking techniques as well, or is that just an outcome?

AK: Very good question. Since Justine hasn't learned to sit and stand, because actually Justine isn't, I'm not interested in Justine learning to sit and stand, nothing about the mechanisms of sitting and standing, she's actually learned to maintain a quality of meditative stillness, and ease, and engagement, while she was participating in life. There's nothing holy about sitting and standing, so we don't progress on to walking, and then progress on to jogging, and then progress on to horse riding, not at all. This quality of being is immediately applicable to every single aspect of living, every aspect. So, no, if Justine was coming to me for the next thirty years, and hopefully I'll be teaching in another thirty years, would do the same thing.

SB: You'll like this comment from one of our viewers. It says: This should be taught in schools. And I think they mean other than Alexander training schools.

- AK: That was Alexander's passion. In fact, he opened up a school in the 1930's and 1940's. Today we'd probably call it a special needs school, because parents would send their kids to Alexander's school in Penhill, and Alexander's passion was to catch people learning, before they started to imitate the postural patterns, and the distortions and the emotional distortions of their parents or teachers
- Justine: I teach in primary school. We should do it together.
- AK: Absolutely. I'd love to get Alexander into schools in a way that gives pupil's a sense of themselves, of being rather than doing; the quality of being with themselves, without the strivings, and the efforts, and the concentrations of how to write, but to actually experience the joy of movement with stillness.
- Justine: Before all the bad habits.
- AK: Absolutely. Before they do it, it would be wonderful. Anybody that's got any ideas out there about how to introduce Alexander into the school system and get the funding, I'd be very happy.
- SB: Let's get Justine off the hook and give her a little bit of a break from being under the great spotlight and cameras that we have in the studio here at the moment. I'll ask Anthony to come back down and join me for our last few questions before we move on. One thing for the osteopaths who are watching, the certificate that we issue this evening, same old process as we did before, so there shouldn't be any problem getting after the broadcast, has now got the osteopathic standards listed against the statement of relevance, and those are all applicable to the new CPD standards, which will be coming in, as you know, by the end of next year. Very relevant to all of us. When we have got a similar mechanism for the chiropractors, then we will be listing it for them as well. Anyway, Anthony, that was very interesting, and clearly provoked some thought amongst our viewers. A pair of questions came in from Carolynn: Are there some common principles between Alexander Technique and Rolfing, postural integration? And do you work with children and young people. That, of course, ties in to what we were just talking about taking out Alexander Technique in primary schools or elsewhere.
- AK: Let's start with the young people. Often, parents will say, "Oh, my child has got terrible posture. He's sitting in front of the television, and he's got rounded shoulders. Can you help him/her?" Most of the time, I am a little bit dubious, because if the kid is sitting goggle eyed in front of the television, and not particularly interested or engaged, that would be the psycho-physical response. I would suggest to the parents of that particular child to get the child more involved and engaged, because it's a bit like walking down the street. If you walk down the street and you're particularly depressed, and you're all slumped, and you're a bit apathetic, and certainly, you see someone walking towards you, you haven't seen for a long time, who you're very fond of, you don't go "Oh, hello." You go "Hey!" And there's a natural uplift. It's that that we're trying to promote in Alexander. When you're looking at your kids

and think they've got a problem, it's number one, number one is not necessarily true. It may be a momentary thing, while they're bored in front of the very passive television screen. And also, the postural pattern of kids is often about the family dynamic. Often, kids will copy the postural and emotional patterns of the parents. I usually say to parents, "Come yourself." Let's work with you, because you'll be a role model for your children.

SB: It was clear from what you demonstrated a few minutes ago with Justine, that people could feel a real impact from your training, your teaching in just that short period of time, and therefore would be encouraged to come back more to feel an even greater benefit. Hopefully, do you see that translating to children from their parents? Could they pass on those techniques to their children?

AK: They're not passing on techniques, they're passing on, through mirroring, a quality of being. This is what parents are passing on. They're not giving them techniques. I've got two kids, ages six and four. I don't pass them on anything in terms of formal techniques. I hope I'm passing them on, as well as a number of terrible things, I hope I'm passing on one or two good things, too, through mirroring. The Rolfing question.

SB: The Rolfing question, of course, yes.

AK: When I was in Los Angeles about thirty years ago, I had some Rolfing sessions with someone who was trained by Ida Rolf, the originator of the Rolfing technique. I found it very interesting. I think my understanding of Rolfing, certainly for myself, was that the muscle systems go through the whole body in terms of its different sequencings, over twelve or thirteen sessions; didn't actually offer me long-term benefits. It was a very detailed massage and certainly covered every single muscle group in my system, but I didn't feel the emotional components of why my muscles were doing certain things was resolved in a matter of twelve sessions. The answer is no. Much, much later on, I went into psychoanalysis, and spent a lot of time exploring myself. That was very, very beneficial, but that's another long story. I don't find Rolfing a problem, but I do think that Rolfers have to be very, very careful not to push a person into destructuring a defense pattern that is actually necessary. We're going into quite deep psychological territory now, but I think we have to have immense respect for the integrity of the human organism, and its need to hold itself in particular ways, and not to break it open prematurely. I would use caution against any system that rushed into a fix of something which is quite embedded in the system and may actually be a result of trauma, and not think it can be resolved in thirteen sessions.

SB: It does strike me from what you've discussed and what you've demonstrated, but also from what I read in the BMJ paper, on Alexander Technique. There are probably very few adverse possible outcomes, if any. I don't think there are any possible adverse outcomes, unless you miss some red flag.

- AK: That's exactly what I say to my students. I think our insurance policy per year is something like 80-90 a year. I don't know of any instances in the thirty-thirty five years of working where there have been any problematic outcomes, or counter indications of the Alexander Technique.
- SB: And of the 600 cases in that BMJ paper, I think it was only one recorded adverse outcome, and that was from one of the massage patients. It's far more likely with physical therapy, when you're actively into...
- AK: I'm not sticking needles in anybody, and I'm certainly not clicking anybody. I think, as you can sort of see from Justine, if the maximum amount I was doing was to touch with this almost non-invasive, non-doing touch, there's very little I can do to harm anybody.
- SB: This is from the audience: How does Alexander Technique reconcile the mindset of doing without trying, with exploring when one's current limits are the view to measuring progress. This could be in the context of sports performance, for example. I presume, if you're pushing our limits, how do you do without trying?
- AK: The paradox about all sports success, and top sports people will tell you this, that when you're in the zone, there's less effort, and more success. But when you're running a marathon, the more relaxed you are, the more distance you cover.
- SB: The more efficient your going to be.
- AK: Of course, When you're running a sprint, again, the more relaxed you are and the less striving you are, the more success you're going to generate. It's the same with match point in tennis, if you activate the flight fight pattern, at Match point in tennis, you'll snatch the ball and it will not a good shot. If you maintain that quality of relaxation and poise and ease. At the moment of match point, which isn't computed, it's just hopefully embedded in your system. You're going to have a greater change of success. So, sports, success is measured by points, but those points will be generated through the mastery of the nervous system, which is why you have all these books, *Zen in the Art of Archery*, *Zen in the Art of Golf*, or *The Inner Game of Golf*, *The Inner Game of Tennis*. They all say the same thing, they all have the same wisdom, which is true relaxation and alertness should be the basis for all successful sports performers.
- SB: I'll quickly read this observation. There are a couple of questions I want to raise before we conclude. But I like this, someone has sent in this comment: Boy, oh boy. Do us osteopaths need some help like that. Very similar work challenges for us. Combine it with Leon Chaitow's respiratory work and so much physical and emotional stress would be removed. I suspect there's an awful lot of sympathy for that view, because Leon Chaitow's approach to dealing with the respiratory system threw, in some cases, a more muscular intervention. It was really revealing to us on a recent broadcast. What you've

been saying has been equally revealing. I think people have gotten a lot from this. One of the key things which I did want to ask before we finish, is what can you help with? What do you do for arthritic knees? What would you do with a lady who has just had a hip replacement to help her, for example, or a frozen shoulder?

AK: Often, people do come after operations, after accidents, after breaks, and so many of them exhibit similar sorts of patterns of compensation, and behind almost all of them, are fear reactions of avoidance. I don't want that to hurt. So they'll bias themselves onto one side or the other. That's a psychological pattern, it isn't necessarily due to some real pain, it's due to an anticipated pain. The Alexander Technique teacher has a very important role in helping people psychologically readjust to not being so vigilant, not to be anticipating the next emergency with a hyper flight fight modality, but actually to treat themselves with the care, and kindness, and ease, which can then aid healing. Because when a person is anticipating the next emergency and the next major pain, they're in a state of excitation, healing doesn't take place.

SB: Perhaps one final question from the audience here. You started off talking about the history of the Alexander Technique and how it has to do with voice projection and so on. A question of a similar note: Can it help with stammering?

AK: That was one of the original applications of Alexander. Alexander worked a lot with stammering.

SB: Did it work?

AK: What was that film? George the Stammerer?

SB: Oh, yes, *The King's Speech*.

AK: That was also about an Alexander teacher.

SB: Of course it was, yes. I didn't realize he was an Alexander teacher.

AK: With stammering, often, if there isn't a physical impediment, it's an emotional desire to face forward, and reach out into getting the word out, with an over-anxiety to produce the result coming back to stillness, coming back to the quietening of the nervous system can often activate a much more normalized speech pattern.

SB: So, we don't have any evidence to say it will be effective, but there is good anecdotal evidence. You'd be a great person to have with the Advertising Standards Agency when we do our next broadcast. As we conclude, there's two hours of CPD watching the film *The King's Speech*, obviously, a very enjoyable CPD that would be. I was intrigued when I watched the BMJ's video that went with the research paper. The first person to speak is actually an ex

Royal Marine, as I am, and for all those people who think that Alexander Technique is all about the wofty, vegetarian, hippie type with their heads in the cloud, actually, that was a Royal Marine who had back pain. He benefited enormously from Alexander Technique, and I think that's a lesson to all of us. I've learned a hell of a lot from what you said this evening. It's destroyed some of the myths that I had built up about the technique. I will be certainly referring patients, and possibly even seeking someone in my area myself. Is there an easy register of Alexander society?

AK: Yes. Our society, the society of Teachers of the Alexander Technique, STAT. There's a website, we have an office. Anyone that contacts the office, or goes on the website will be able to find a teacher close to them, properly qualified as a registered Alexander trainer with the appropriate amount of hours.

SB: This has been a fantastic evening. Our cameraman has commented that, annoyingly, considering this is an Alexander Technique broadcast, he's had to keep moving the cameras, because we keep slouching and sitting..I noticed you looking at me earlier on in a peculiar way when you were talking about posture, and I thought I'd better sit up. It's been great. Thank you very much.

AK: A pleasure.

SB: It's been a real pleasure working with you. A lot of our people will refer to you or to your colleagues.