

An Education For Life: The Process Of Learning The Alexander Technique

Charlotte Woods¹, Lesley Glover^{1,2*}, and Julia Woodman¹

Society of Teachers of the Alexander Technique Research Group, UK¹

and University of Hull, UK²

*Corresponding author

Lesley Glover – l.f.glover@hull.ac.uk

Acknowledgements

We would like to thank Erica Donnison for her helpful input into developing this paper.

Abstract

The Alexander Technique is an educational, self-development, self-management method with therapeutic benefits. The primary focus of the Alexander Technique is learning about the self, conceptualised as a ‘mind-body’ unity. Skills in the technique are gained experientially, including through ‘hands-on’ and spoken guidance from a certified Alexander teacher, often using everyday movement such as walking and standing. In this article we summarise key evidence for the effectiveness of learning the Alexander Technique, and describe how the method was developed. We attempt to convey a sense of the unique all-encompassing and fundamental nature of the technique through exploring the perspectives of those engaged in teaching and learning it. We conclude by bringing together elements of this account with relevant strands of qualitative research to view this lived experience in a broader context.

Keywords: Movement coordination, self-management, self-care, whole self, mind-body, complementary healthcare

An Education For Life: The Process Of Learning The Alexander Technique

The Alexander Technique was defined by its creator, FM Alexander, as education in the widest sense of the word, in that it deals with the control of human reaction' (Alexander, 1946/2000, p. 28) enabling self-directed behavioural change. It is an educational, self-development, self-management method with therapeutic benefits. Skills in the technique are gained through experiential and cognitive learning, including through 'hands-on' and spoken guidance from a certified Alexander teacher. Movement lies at the centre of the technique's purpose and pedagogical practice; but 'movement' is defined here in its broadest sense, including automatic movements (such as breathing) and voluntary ones (such as reaching or lifting); and movement in its more fundamental sense of allowing change over time. In many respects, FM Alexander (1869–1955) was well ahead of his time. The holistic understanding of human functioning and dysfunction, in which physical and mental activity are inseparable (concept of a 'mind-body')¹; the aim of creating conditions within which natural healing processes are facilitated (rather than seeking specific treatments); the idea that prevention is better than cure, and that individuals can be empowered to take greater responsibility for their own health and well-being – all are cornerstones of Alexander's method but relative newcomers to western medicine.

In this article we summarise key evidence for the effectiveness of learning the Alexander Technique, and describe how the method was developed. Our main focus, however, is an attempt to convey a sense of the unique all-encompassing and fundamental nature of the technique. We explore the perspectives of those engaged in teaching and learning the technique, the practitioner and the student². We offer an account of a student's

¹ In this article we use the term 'mind-body' to denote the unified nature of humans, reflecting the indivisibility of mind and body. While still problematic, this terminology is an attempt to counter the strong underlying dualism of our culture that shapes our language with its continual references to mind and body, physical and mental etc.

² Individuals engaged in learning and teaching the Alexander Technique in this article are termed 'students' and 'teachers' respectively, reflecting the educational nature of this discipline.

experience of the early stages of learning the Alexander Technique illustrating (a) important Alexander principles in practice, (b) the teaching approach and rationale, and (c) the kinds of changes commonly encountered. We conclude by bringing together elements of this account with relevant strands of qualitative research to view this lived experience in a broader context.

What Is The Alexander Technique For?

The Alexander Technique does not currently form part of mainstream education or healthcare. The fact that it is practised for a wide range of health- and performance-related reasons can cause confusion about what it is actually ‘for’. Indeed, the generally held idea that any ‘treatment’ or ‘discipline’ must target something specific is itself revealing.

The primary reason why people choose to learn the Alexander Technique in the UK is to resolve persistent pain issues (Eldred, Hopton, Donnison, Woodman, & MacPherson, 2015). Other reasons for beginning Alexander lessons include a desire to improve posture, to reduce stiffness, tension, stress, anxiety or headache, to better manage progressive diseases, and to improve performance in music, drama or sport, or simply for personal development (Eldred et al., 2015). The technique is largely taught privately, although some Alexander teachers are employed in pain management clinics, and many work in drama and music colleges, as well as some schools. The technique is taught across the world.

Evidence Base For Effectiveness Of Alexander Lessons

To date, research on the Alexander Technique has not attracted large amounts of mainstream funding, although interest has noticeably increased over the past decade. Outcomes-based research has centred around pain and movement-related health conditions. The long-term effectiveness of one-to-one Alexander lessons from certified teachers has been demonstrated in two large randomised controlled trials (RCTs) for musculoskeletal pain

conditions, and a smaller RCT for disability associated with Parkinson's. A range of smaller outcome studies suggests the potential for Alexander lessons across diverse areas.

In the ATEAM RCT of people with persistent back pain, Alexander lessons (combined with usual GP-led care), led to clinically significant long-term reductions in disability and pain compared with usual care alone. At 1 year follow-up, the group who had attended 24 Alexander lessons had median 3 days pain/month compared with 21 days/month for usual care alone; and mean of 3.4 fewer daily activities that were limited by back pain (Little et al., 2008).

The ATLAS RCT of people with persistent neck pain demonstrated clinically significant long-term reductions in disability and pain following 20 Alexander lessons (combined with usual GP-led care), compared with usual care alone (MacPherson et al., 2015). Furthermore, increased self-efficacy was observed following Alexander lessons, and this was associated with improved clinical outcome (Woodman, Ballard, Hewitt, & MacPherson, 2018). The ATEAM and ATLAS trial findings have been broadly supported by smaller studies of persistent back or neck pain (Becker, Copeland, Botterbusch, & Cohen, 2018; Lauche et al., 2016; Little et al., 2014; McClean, Brilleman, & Wye, 2015; Vickers, 1999).

Disability caused by neurological conditions has been another area of research interest. Significant benefits of Alexander lessons for people with Parkinson's disease in reducing associated disability have been demonstrated in one RCT (Stallibrass, Sissons, & Chalmers, 2002). Participants also reported subjective improvements in balance, posture and walking, as well as increased coping ability and reduced stress. As a result of this research, the UK National Institute for Care and Excellence (NICE) guidelines for the management of Parkinson's disease recommends considering Alexander lessons for people with Parkinson's who are experiencing balance or motor function problems (NICE, 2017). Other smaller

studies that have explored the effectiveness of Alexander lessons suggest preliminary evidence of benefit across diverse health-related areas, including knee osteoarthritis, balance and locomotor skills in older people, and respiratory function (Batson & Barker, 2008; Gleeson, Sherrington, Borkowski, & Keay, 2014; O'Neill, Anderson, Allen, Ross, & Hamel, 2015; Preece, Jones, Brown, Cacciatore, & Jones, 2016; Woodman & Moore, 2012).

The effects of Alexander lessons on various mental health attributes, including performance-related anxiety, have also been investigated. Improvements in psychological well-being, mood and confidence have been reported in research using mixed-methods, and a systematic review concludes that Alexander lessons lead to a reduction in performance-related anxiety in musicians (Jones & Glover, 2014; Klein, Bayard, & Wolf, 2014).

Some of the observed benefit in these studies may be due to improved movement coordination, balance, postural tone and proprioception following training in the Alexander Technique (Cacciatore, Gurfinkel, Horak, Cordo, & Ames, 2011; Cacciatore, Gurfinkel, Horak, & Day, 2011; Cacciatore, Mian, Peters, & Day, 2014; Hamel, Ross, Schultz, O'Neill, & Anderson, 2016; Little et al., 2014; O'Neill et al., 2015). Research into such physiological changes is discussed further in the article by Rajal Cohen and Tim Cacciatore in this special issue (Cohen & Cacciatore, 2020). Further research is needed to explain the diverse range of 'mind-body' benefits that can accrue from learning and applying the technique. A fruitful avenue would be to explore the Alexander Technique in the context of recent developments in neuroscience, including the central role of brain 'plasticity', the cortical body matrix model, and greater understanding of the bio-psycho-social nature of persistent pain (Bellan, Wallwork, Gallace, Spence, & Moseley, 2017; McGilchrist, 2009; Moseley & Butler, 2017).

Historical and Current Contexts

The Alexander Technique was developed in the late 19th/early 20th Century by FM Alexander, an actor whose career was threatened by persistent vocal problems during

performance. Despite consulting doctors and trying many treatments, he was unable to find a cure for his hoarseness. He turned to exploring the issue for himself and spent many years attempting to identify the cause of the problem and find a solution (Alexander, 1932/2001). His approach was centred on self-observation and experimentation to validate or disprove his emerging ideas. During this long process, Alexander made several profound discoveries that ran counter to culturally situated expectations, and culminated in the development of the method now known as the Alexander Technique.

Through close observation, Alexander identified that his vocal problems appeared to stem from habitual patterns of anticipation and delivery of speech during reciting, most notably excessive tension that constricted not just his vocal apparatus, but also his whole body. In particular, he observed that he habitually compromised his natural dynamic head–neck–back relationship, which, he later discovered, plays a central role in coordination of all movement – he called this ‘primary control’. His first attempt at finding a solution was to move and hold his head in a position that was the opposite of his habit; in other words to ‘do something’ to try to fix the problem. The attempt was unsuccessful – actively trying to counteract the problem simply elicited a different set of tensions. His next experiment was an attempt not to ‘do’ but to prevent the habitual response from being triggered. However, through careful observation with the use of mirrors, he realised that as soon as he was about to speak his old habit reappeared. He was, therefore, doing something that ran counter to his explicit intention and which also was not what he thought he was actually doing – he named this mismatch between our perceptions and reality ‘faulty sensory appreciation’. More recently, this tendency has been recognised in, for example, poor proprioceptive awareness in people with persistent neck pain (Stanton, Leake, Chalmers, & Moseley, 2016). From this discovery, Alexander concluded that to get to the real root of the problem he had to learn not to immediately react to his intention to speak; in that way he might be able to prevent his

ensuing habitual patterns. He coined the term ‘inhibition’ to describe the conscious decision not to immediately and automatically react to any given stimulus. This human capacity for intentional inhibition has since been described in the neuroscience/motor control research literature (Filevich, Kühn, & Haggard, 2012; Loram, Bate, Harding, Cunningham, & Loram, 2017).

Alexander found that, with practice, he could prevent his immediate reaction to the thought of speaking and, as a result, was able to prevent the patterns of excessive tension and compression from arising. Instead, by becoming more consciously aware of himself, he could indirectly bring about and maintain through his thinking (termed ‘directing’) more appropriate muscular tone and balance throughout his whole self. Today we consider directing as a type of thinking characterised by embodied attention and awareness; thinking which is largely spatial in nature. Research in sports science has shown the importance of an external focus of attention for skilled motor performance of an action (Wulf, 2007). While this work has been a valuable antidote to some traditional coaching methods, it needs to be seen in the context of other academic disciplines that highlight the false dichotomy between internal and external perception (Gibson, 1979). Learning the Alexander Technique involves developing the skill of creating an integrated field of awareness, through paying simultaneous attention to both the internal (‘mind-body’) and the external (environment) (Jones, 1997). This integrated awareness and directed attention facilitates well-coordinated motor action, as well as favouring general maintenance of postural support and balance.

Eventually, using these thinking tools of intentional inhibition and direction, Alexander found that he was able to reliably respond to any stimulus (including the thought of speaking), without automatically reverting to habitual movement patterns (Alexander, 1932/2001). He subsequently discovered that the habitual patterns of interference that he observed in himself are more or less universal among adults – or at least, all those living in

industrialised countries. We are mostly unaware of how we carry out our daily activities, and tend to react according to our usual behavioural and movement patterns. This focus on how we undertake activities (termed the ‘means-whereby’) rather than pursuing a desired goal with no attention to the process (termed ‘end-gaining’), is fundamental to the technique.

Once Alexander had solved his own problem, he turned to helping others by teaching them to apply the method he had used. He considered his work to be psycho-physical education, premised on the understanding that the ‘mind-body’ is indivisible (not just linked or connected). His whole person approach is whole in the sense of not reduced to focusing on a specific area of difficulty, and also in the sense of ‘mind-body’ oneness. He worked successfully with many people who had apparently intractable issues and documented this work in his four books. An example is his work with the influential educational philosopher, John Dewey who reported that his lessons led to profound benefits in both his health and ability to think more clearly and flexibly (Woods, Williamson, & Fox Eades, 2018).

How The Alexander Technique Is Taught Today

In the decades since FM Alexander’s death, pedagogical methods for teaching his technique have developed and become further enriched, while remaining firmly based in the principles and practice that he devised. Learning the Alexander Technique requires active participation by the student: s/he needs to practise applying the skills in non-challenging situations, in everyday life and, in whatever area s/he originally sought help, e.g., performing.

Certified teachers of the Alexander Technique undertake a three-year, full time, mainly *practical* training during which they develop their knowledge and skill through intensive work on themselves and others. Crucially, they learn to use their hands in a highly skilled and subtle way that helps their students develop their own awareness and change their thinking. While working with a student, an Alexander teacher is simultaneously working on their own use, i.e., they are paying attention to their own current state of functioning (balance,

coordination, breathing, presence etc.). It is their ability to convey something of their skill in the technique through their hands that provides the experiential basis of the lessons. The teacher does not attempt to impose any change on the student, rather they facilitate the conditions within which change may occur.

The RCT studies cited above all involved one-to-one Alexander lessons given by teachers certified by the Society of Teachers of the Alexander Technique, the most well established and largest professional organisation. There is some published research supporting group learning of the technique (Batson & Barker, 2008; Becker et al., 2018; Glover, Kinsey, Clappison, Gardiner, & Jomeen, 2018), though the extent to which the Alexander Technique can be taught in groups is a matter of lively debate in the profession. Meanwhile, the Covid-19 pandemic has brought about new ways of working remotely with experienced students and teachers that would not have been considered before. To date, however, there has been no research on online learning. The current position of the authors is that, for an experienced student or teacher who has already developed sufficient Alexander skills, virtual communication offers many valuable opportunities for development. On-line learning, however, offers a supplement to, not a substitute for, the ‘hands-on’ work with a trained teacher.

Learning the Technique: An Illustration

The Alexander Technique is learnt through experience. Explanations of outcomes, or how or why the Alexander Technique *works*, cannot begin to capture how it *feels* to learn it. The only way to begin to convey this information on paper is through description of that experience. In this section we have therefore chosen to use the example of a fictional student (Mariam) to illustrate (a) how the Alexander Technique is commonly learnt in the early stages, (b) some of the thinking behind the approach and (c) the types of changes often observed by students.

While individual teachers will work in somewhat different ways, we believe the majority of teachers would recognise this illustration as a fairly orthodox way of working. Similarly, though 'Mariam' is not a real student, the following account is firmly based on our shared experience of learning and teaching the technique over many years, and the quotations and examples used are all genuine.

In the following illustration, descriptions of what happens at different stages of the learning process are interspersed with explanatory comments in italics. The different stages of a first lesson are covered in some detail to give a sense of common procedures used in lessons but thereafter the process is dealt with in summary form, mainly highlighting the kinds of changes a student might experience.

The First Lesson

Preliminary discussion. Mariam is a busy working mother of 32. The reasons she gives her teacher, Anna, for wanting to learn the technique are persistent back, neck and shoulder pain, and feeling stressed. Mariam confirms that she has consulted her doctor and tried various pain therapies with little success.

Anna explains that the technique is learnt through experience. With a new student she therefore prefers to begin with 'hands-on' work straight away, explaining as they go. She asks Mariam to always let her know if there is anything she finds uncomfortable and to feel free to ask questions.

Commentary: Students are sometimes surprised that their Alexander teacher does not (a) want a detailed medical history of their problem, (b) work on the specific area that is causing their difficulties, or (c) outline a course of treatment. This is because teachers of the technique do not try to 'cure' particular problems but help make students aware of unhelpful unconscious habits of excessive effort and tension that adversely affect their general functioning, or coordination: their use, in Alexander's terms. The premise is that specific

problems will typically resolve themselves when general functioning improves. Conversely, any improvements in specific problems will likely be temporary if general functioning has not improved.

Initially at least, the broad approach is the same whether the student wants to improve their sporting prowess or get relief from back pain. The Alexander teacher may introduce activities to help with problems experienced in a specific domain (e.g., keyboard use, singing, running). However, benefits arise through improvements in overall coordination and functioning. While it is true that the approach is general, it is also true that the Alexander student is developing awareness of their own, unique patterns of unhelpful behaviour acquired over the life-course, and is learning how to reduce their effects. In this sense, the technique is precisely tuned to the individual.

Working with sitting and standing.

Coming to quiet. Anna invites Mariam to stand just in front of a dining-style chair and explains that the first step is to become more settled and present. Anna gives simple instructions, asks permission to place her hands gently on different parts of the body – back of the neck, lower back, head, throat, shoulder, and ribcage. The hands give Mariam a sense of almost immediate relief in her neck and shoulders and she is shocked to realise just how much tension she has been carrying around.

As she works, Anna invites Mariam to notice aspects of her environment – sounds, objects in her peripheral vision – or to include things in her awareness such as the floor under her feet, the space above her head, or Anna's hands. She also asks Mariam to suspend judgement about what she notices, just keeping an open mind and simply observing things as they are. Anna gives occasional prompts such as 'allow softness at the back of your knees', or 'allow your gaze to wander rather than fixing your eyes'.

Commentary: Before working with aspects of people's habitual ways of being and moving, it is necessary to help them to 'come to quiet', to be alert and receptive and to reduce unwanted activity such as fidgetiness, persistent tension or overactive thinking. The teacher's touch and verbal guidance allows the student to develop a sense of the environment they are in, their location within it and their internal sense of themselves.

The teacher uses their hands to encourage the student to be aware of and inhabit their whole self: a hand on the atlanto-occipital joint brings awareness to this area so central in human functioning and in Alexander work; a hand resting on the upper, mid or lower back helps the student regain a sense of the back of the body and a hand on the crown of the head helps them to be aware of their full height and the space above the head; hands on the rib cage helps improve breathing.

As well as providing the student with feedback about where they are in space and movement (enhancing the proprioceptive sense), the teacher's touch is also inviting the release of excess muscular tension, perhaps because the hands communicate to the student the current state of the teacher's neuromuscular system and some form of entrainment takes place. Overall, this can lead to the sensation of expansion, as well as a general quietening or state of calmness.

Anna explains that during the lesson she will gently move Miriam, such as guiding her head or shoulder and arm. Mariam should do her best not to anticipate, or to help but rather to leave everything alone and allow Anna to carry out movements for her. She emphasises that there is nothing to get right or wrong: Mariam is simply beginning a process of discovering how she habitually goes about her daily activities as the first step in changing unhelpful habits.

Anna introduces some living anatomy – an awareness through self-exploration – and asks Mariam where she thinks her head/neck joint is. Mariam locates it on the back of her

neck about two inches lower than its actual level. When Anna helps her discover movement occurring at the atlanto-occipital joint (rather than the habitual movement of dropping from the level of the seventh cervical vertebra), Mariam finds moving her head becomes smoother and easier.

Commentary: The idea that the teacher may be expecting something particular to happen, or for the student to do or feel something specific, is likely to cause some muscular tension. The student is repeatedly reassured that there is no 'right' or 'wrong' in what they do and that they will not be judged. Learning about and resisting habit can be a challenging process and students need to develop a forgiving attitude towards themselves.

We all carry representations of ourselves and our interactions with the environment: our 'body schema' (Schilling, 2012, pp. 233-237). These can be inaccurate yet unconsciously inform the way we move and engage with the world. Developing awareness through experimentation and observation of one's own self is quite different from learning anatomy in the abstract. This experiential approach can bring greater ease and range of movement and help adjust weight distribution and balance.

Sitting and standing. Anna reminds Mariam that there is a chair right behind her and asks her to continue to 'leave herself alone', to be aware of the space around her, to let her knees soften and to keep allowing them to release until she finds herself sitting on the chair. Anna then guides Mariam as she moves her in various ways – her head, gently rocking her torso forward and back, raising her shoulder and arm. As soon as she senses any anticipatory reaction, Anna reminds Mariam to do nothing but to allow Anna to move her. This Mariam finds extremely difficult at first but over the course of the lesson, it gradually becomes easier to allow Anna to guide her without reacting.

While seated and inclined forward at the hips, Anna tells Mariam that she will help her stand up, she does not need to do anything herself. Anna notes that Mariam's habitual

pattern of muscular tension is instantly discernible throughout her whole body – she is getting ready to stand up. She asks if Mariam noticed the change in herself and helps bring her to quiet again. Anna reminds Mariam to wait, not to get ready, to notice Anna's hand at the back of her head and neck and to allow Anna to guide her out of the chair. When Anna senses a quietening, a 'giving up' of the idea of standing, then she brings Mariam into standing. This approach enables the habitual movement pattern to be prevented and allows instead the intrinsic coordination to operate. Such coordination is observable in the movements of a typical 2-3 year old child.

Anna helps Mariam to discover where her hip joints are and invites her to allow movement at the hips as her knees release forward on sitting. Anna takes Mariam from sitting to standing and back several times using the same process: inviting her to notice when she is tensing up, stopping and returning to quiet before moving. When asked, Mariam says that the movement seems to flow better and be less effortful than her habitual way of sitting and standing. She also notices that she feels calm.

Commentary: Sitting and standing are everyday movements that involve the whole of the postural system centred around the head and spine relationship (or primary control in Alexander's terminology). Habitually, these actions are accompanied by significant shortening in stature (compression of the spine) and often unnecessary extraneous activity (such as hunching up the shoulders). These patterns of movement are inefficient and in the long-term can ultimately be harmful in many people. These everyday activities of sitting and standing are useful opportunities for Alexander teachers to enable a clear experience of a system with more length and dynamism in the head and trunk.

In moving a limb, the teacher is enabling an experience of non-habitual movement with less effort and raising awareness of the usual unnecessary work employed. The student needs to be able to experience this more functional and dynamic state, to know what better

coordination feels like. What is habitual feels right and the unfamiliar feels wrong. The student therefore needs repeated experiences of better functioning until it no longer feels odd. Without this experience they would be incapable of achieving this improved coordination on their own. As FM Alexander put it in describing this realisation 'Obviously, any new use must feel different from the old, and if the old use felt right, the new use was bound to feel wrong' (Alexander, 1932/2001, p. 44).

Working when lying in 'semi-supine.' Anna invites Mariam to lie on the Alexander table (similar to a massage table but with a firmer and more supportive surface) and gently rests the back of Mariam's head on a small pile of paperback books at a height which supports alignment of the head and spine. Anna lifts and allows Mariam's legs to hinge at the knee, placing her feet flat on the surface below, knees pointing to the ceiling. She raises her arms and places her open hands on her midriff, elbows bent. Again, when Anna notices a tendency for Mariam to anticipate, she makes Mariam aware of this and encourages her not to get involved, to resist end-gaining. As her awareness develops, Mariam finds this becomes easier.

Anna continues to place hands on and gently move limbs or head in this way, with the result of encouraging release of tension throughout the body. Mariam notices her shoulders and back seeming to soften onto the table and her breathing becomes deeper. Anna sometimes works in silence but sometimes asks what Mariam is noticing, explains what she is doing and clarifies misconceptions, or gives examples of the types of thoughts that Mariam can usefully experiment with to develop her Alexander skills.

Anna tells Mariam that this position goes by various names, such as 'semi-supine' or 'active rest'. The term 'active' is an important one. Mariam is asked to keep her eyes open and stay aware of her surroundings. The idea is to be receptive, non-judgemental, calm but

alert. She is neither ‘zoning out’ or ‘zooming in’ to focus on a particular part of herself to try and relax it or change it in any way. Her role is to ‘leave herself alone’, to ‘do’ nothing.

The idea of not ‘doing’ anything, not striving to achieve a goal but rather trusting that the less we interfere, the better the end result will generally be is unfamiliar to most of us. Anna reassures Mariam that it does take practice and patience to break the habits of a lifetime and that it is therefore important that she perseveres and also that she is kind to herself when she cannot sustain her intentions.

Commentary: The semi-supine position is widely practised and taught by Alexander teachers. Having the head resting on books and the knees up allows the whole spine to regain some of its natural expansiveness, the firm surface underneath also providing valuable feedback about the relationship with the environment and a greater sense of one’s back. Compared with sitting or standing, the postural system does not have to work so hard and the student does not have to concern themselves with balance, posture or movement. This frees them to give attention to practice in stilling the mind, noticing aspects of themselves or their environment and observing what happens in performing small movements such as of hands or feet, turning the head etc.

Working with the actions of sitting and standing – 2. Anna ends the lesson with a second, briefer period of work with sitting and standing. Finally, she invites Mariam to walk around the room and comment on whether she notices any differences from the start of the lesson.

Commentary: It can be useful to end the lesson with a period of active work, rather than ending with the student lying on the table. It reminds the student how they feel in movement with the improved and unfamiliar coordination and to contrast this with how they were moving or feeling at the start of the lesson. It also means the student leaves with the memory of working actively rather than being ‘worked on’.

End of lesson. Asked how she feels at the end of the first lesson, Mariam uses words like 'light', 'alert' and 'peaceful'. They book in two lessons for the following week and Anna recommends acquiring the practice of lying in semi-supine everyday, exploring the types of thinking discussed during the lesson. Rather than on a bed (which gives insufficient support), she should lie on a carpet or exercise mat on the floor with her knees up and she is shown the thickness of books to put under her head. She also asks Mariam to see if she notices how many times per day she sits and stands and to experiment with stopping and allowing herself to become more present and spatially aware before allowing the movement to occur.

Commentary: Attending an Alexander lesson is typically very relaxing and will often bring significant short term reduction in pain. It can sometimes take time for students to move away from the idea that they are receiving therapy but it is important that they gain an understanding of being engaged in a learning process over which they have control and responsibility.

Regular lessons are usually in the student's best interests in the very early stages of learning. Mostly we act habitually, without conscious awareness: walking, talking, and driving are largely automatic but all have to be learnt initially. The deeper the neural pathways associated with our habitual ways of being, the harder it becomes to establish new, or re-establish old, and more fruitful alternatives. Some people therefore need fairly regular reminders of the experience of better coordination until it becomes more familiar.

One advantage of the Alexander Technique is that the student can practice their developing skills at any time in addition to observing themselves in movement; they can notice their reactions when eating, talking, thinking and so forth, and this can be very revealing. The difficulty is then that the student may forget to practice because there is no time set aside for specific exercises. Semi-supine or other activities set by the teacher can

then become useful prompts to ensure the student remembers to bring their Alexander thinking into their daily life.

Next Steps

Mariam's early experience of standing more upright and in balance during lessons is a feeling of leaning backwards, but this faulty perception soon diminishes. As lessons progress, Mariam's pain all but disappears and she feels calmer. She tells Anna 'I'm thinking about the Alexander Technique quite a bit in between lessons. Now it actually feels wrong when I bend over in my old way' and that 'the technique gives me a sense of 'joining myself up'. During her fifth lesson, Mariam says that her brother had asked her if she was getting taller.

Commentary: Faulty sensory appreciation is one of the terms Alexander used to describe the way habit distorts our perceptions. Positions or movements that are habitual feel 'right', even when they may be doing harm, such as Mariam's tendency to lean forward. Part of the role of the teacher is to recognise these situations and help the student develop more accurate perceptions. As chronic holding patterns are reduced, students tend to lengthen in stature, so gaining height is common.

During her sixth lesson, Mariam remarks that she has found a new and more efficient way of tackling a routine task at work. This had occurred to her 'out of the blue'. She is also discovering more effective ways of using her time both at work and at home.

During her tenth lesson, Mariam confides that she has noticed changes in her relationships. She has learnt how to diminish her usual anxieties at mealtimes and is astonished that her son has suddenly started eating normally again after a long-standing problem over his refusal to eat properly. Her relationship with a co-worker has also improved. She is able to let go of her habitual responses to their behaviour, either ignoring it, or responding in more productive ways.

As Mariam continues with her lessons, she begins to notice change in almost every aspect of her life. She has daily reminders of the way end-gaining interferes with her use of herself: she notices that when struggling with the broken window blind at work, if she stops and gives her Alexander directions, it seems to function easily. Similarly, in weeding her garden, if she stops and directs, the roots come out intact. These everyday ‘mini-miracles’ give her great satisfaction and a sense of wonder. She wants to tell her family and friends about it but, struggling for words, has learnt to instead just smile to herself and enjoy her discoveries. Her world suddenly feels full of possibility.

Along with easier, more pleasurable everyday movement, she experiences a greater sense of calm and lightness in her mood. As she gradually becomes less reactive overall, she is more often able to not respond to triggers in her environment in her habitual ways that used to make her feel worried, or sad, or angry. She feels calmer and more in control. Meanwhile she has noticed other subtle and perplexing changes. Her skin is clearer and a long-term tendency to indigestion is much improved. These changes come as a complete but welcome surprise. She thanks Anna, saying that she feels ‘like a different person’ and that she ‘can’t imagine the technique not being part of my life’.

*Commentary: The Alexander Technique reaches every aspect of functioning: cognitive, emotional, physical and social. FM Alexander did not use these terms but his writing makes clear that he had observed in himself and others how these were inextricably bound together in good general coordination. On the opening page of The Use of the Self, he writes that his ‘practical experiences’ led him to the conviction ‘that it is impossible to separate ‘mental’ and ‘physical’ processes in **any form of human activity**’ (Alexander, 1932/2001, p. 21) (our emphasis). To characterise the technique as ‘body work’ is misleading and misses what makes it so powerful.*

Alexander's phrase 'practical experiences' is key. This is how the technique is learnt. The student of the Alexander Technique through disciplined, yet playful, exploration of themselves in daily life comes to realise the real basis of Alexander's holistic version of human functioning. A fleeting facial expression, thought or feeling affects the wider self in ways that modern science and culture are only beginning to appreciate.

The above illustration of the learning experience of a young, able and disciplined student of the Alexander Technique is not atypical. However, as in any other kind of learning, students' experience and outcomes differ enormously. Some may experience subtle but permanent change through their lessons, yet only consciously apply the Alexander thinking skills when they notice they are feeling tense or are in pain. Others apply what they have learnt less and less in daily life over time and may find their old habits eventually return along with some of their problems. Other people may not take to the technique, seeking treatment rather than self-management. For a smaller group of students, the Alexander Technique becomes a fundamental part of their life. As with learning any discipline, the work of sustaining motivation, dealing with frustration and overcoming obstacles is a long-term process. For the dedicated student of the Alexander Technique, developing self-knowledge can be frustrating and rewarding in equal measure. However, it offers a sense of control and level of general well-being that, for them, more than compensates for the commitment required.

FM Alexander's message was simple and profound: *if we notice what we are doing that interferes with our functioning and choose not to do it, the right thing will happen.* As we increasingly rely on specific technological fixes to the everyday ills of daily life, it is a message that has never been more relevant.

Learner Perspectives In Context

In the previous section we aimed to give a sense of the experience of learning the Alexander Technique. It is notable that it is often said that the Alexander Technique cannot be put into words, that you have to experience it to understand what it is. In qualitative studies, participants comment that they lack the language to convey the experience of the Alexander Technique (Jones & Glover, 2014). Nonetheless, qualitative Alexander research does shed valuable light on the learner experience and it is on these data that we draw in the final section of the article.

The primary focus of the Alexander Technique is learning about the self, conceptualised as a ‘mind-body’ unity. Following Alexander lessons, individuals experience an ability to recognise habit and act differently through noticing and thinking differently (Wenham, Atkin, Woodman, Ballard, & MacPherson, 2018). They also report feeling lighter, more balanced and able to move with greater ease (Armitage, 2009).

The concept of using Alexander thinking in daily life is key and is part of the reason that people find the technique so significant (Wenham et al., 2018). The portable nature of the Alexander Technique and the fact that it is primarily thinking rather than doing allow it to be practiced in any situation (Wenham et al., 2018; Yardley et al., 2010). Specific examples of employing thinking in action include people with Parkinson’s disease using it during walking and sitting, as well as in social situations (Stallibrass, Frank, & Wentworth, 2005); and individuals with a stutter using it prior to and while speaking (Schulte & Walach, 2006). It is not only useful in activities which may be challenging, it is the everyday nature of using the technique which underpins change ‘I’m very aware of it when I’m pushing a supermarket trolley.... Am I using too much, you know?’ (Glover et al., 2018).

There is evidence that changes following Alexander lessons reach beyond the physical and a focus on movement. Those who learn the technique describe a change in their thinking including a shift away from negative thoughts (Armitage 2009), increased

perceptions of control (Armitage, 2009; McClean et al., 2015; Wenham et al., 2018; Woodman & Moore, 2012), and increased confidence in themselves (Glover et al., 2018), and in the future (Armitage, 2009). However, the effect of the Alexander Technique is greater than the sum of its parts, it is the coming together of changes which gives the technique its power and this stems from its whole person approach. Following taking part in a 12-session Alexander Technique group for older people with a fear of falling, participants discussed, in focus groups, their experiences of learning the technique. Their experiences suggested that taking part in the sessions had not only enabled them to discover that they could do more than they thought, but also provided a degree of acceptance of their limitations coupled with a sense of agency over making decisions about what to do and what not to do. Participants found that they could make decisions based on new information and had a clearer sense of what they did and did not want, this in turn led to them beneficially increasing activity in some spheres and decreasing it in others (Glover et al., 2018).

This clearer sense of what individuals want seems to stem from a change in their relationship with themselves (Jones & Glover, 2014), and increased awareness and understanding of the self (Armitage, 2009; Wenham et al., 2018). (Stallibrass et al., 2005) report a positive change in attitudes to the self in people with Parkinson's disease following 24 one-to-one Alexander Technique lessons. The technique seems to provide a sense of self-acceptance and self-compassion which enables people to make changes. There is a shift away from focusing on negatives, e.g., seeing the physical self as troublesome, towards it being something to be respected and accepted (Glover et al., 2018; Jones & Glover, 2014). Part of this change involves a move from the perception of self as a collection of parts towards a sense of the whole self which incorporates 'elements of internal sensation and at the same time of openness to the world' (Fortin & Girard, 2005). This new way of being in the world includes changes in relating to others, for those who experience it. Interconnectedness and

embodiment alongside awareness appear to be key to the process of transformation which some people experience following Alexander Technique lessons (Wenham et al., 2018).

Learning the Alexander Technique can provide lifelong and far reaching benefits, however, the process of learning and of change can be subtle and gradual. People report not really noticing change until a sudden realisation that things are different. Subtle changes may be barely noticeable but other indicators of change are more obvious, e.g., reduction in medication, or no pain crises, giving a clear message that employing the technique is having an effect (McClellan et al., 2015), ‘There was no steady process through which I noticed the alignment of my shoulders shifting; rather, one morning I looked in the mirror and noticed that a change I had for years been attempting to effect (realigning my shoulders) was something I was now doing, and that doing it seemed effortless.’ (Tarr, 2008).

Learning the technique is usually enjoyable (Glover et al., 2018; McClellan & Wye, 2012; Yardley et al., 2010). There is evidence that the process of students taking an active role is key to change. In the ATLAS trial, using and applying the skills and knowledge gained from Alexander lessons in everyday situations, and feeling able to put what they had learnt into practice, were both predictors of pain outcomes (Woodman & Moore, 2012). (Stallibrass et al., 2002) also suggest that benefits are related to the application of learnt skills. This active role of the student arguably contributes to the long-lasting nature of the changes (Little et al., 2008; MacPherson et al., 2015; Stallibrass et al., 2005). It is, however, important to acknowledge that the Alexander Technique is not for everyone, it requires time and attention, practice and a perception of slowing down which people can find challenging (Wenham et al., 2018).

The Alexander Technique is taught by a mixture of gentle ‘hands-on’ and verbal guidance. Both touch and dialogue are used to help the student to become more aware of themselves in space and aware of their tension patterns, to invite release and to notice when

they release tension. In Alexander teaching, the hands are used to receive information, to reassure and to convey information; ‘hands-on’ in Alexander Technique is communicative rather than manipulative (Farkas, 2019, pp. 45-50). Touch forms an important part of the learning experience of the Alexander Technique as it bypasses and complements the need for speech. In a study on the experience of touch in people learning the Alexander Technique in a one-to-one setting, participants reported that touch could encourage change, the teacher could ‘just touch you on your head which causes your neck to stretch a bit’ (Jones & Glover, 2014). They described being enabled to unwind physical tension which in turn released pent up emotion (Jones & Glover, 2014). Touch was valued both as a nurturing experience (Jones & Glover, 2014) and as a way of communicating – ‘if it had involved a lot of talking I don’t think it would have been as good a way of communicating’ (Armitage, 2009).

The Alexander Technique is learned in relationship with a teacher. The teacher-student relationship appears to be significant. Key elements are feeling at ease with the teacher, trust in them, authenticity of the teacher (Armitage, 2009) and a sense that they are alongside and supporting you, ‘we work really well as a team’ (Wenham et al., 2018). Research suggests that students identify several important elements during their learning of the technique. Armitage summarises the experience of participants in her interview study of people who had had one-to-one Alexander Technique lessons in the following way: ‘Participants described an increase in awareness, and reported letting go of unwanted interpersonal and intrapersonal patterns, which led to a feeling of lightness, balance, and presence in their bodies. This gave participants a sense of control and confidence, which helped them to take responsibility for themselves, and opened up new possibilities.’ (Armitage, 2009).

Conclusion

We have set out in this article to explain what the Alexander Technique is, its origins and uses. We have given detailed examples to help explain the whole person approach used in everyday life. The examples also highlight the idea that in teaching the technique to people they become equipped and empowered to help themselves, to care for themselves and to apply the technique to any and every situation. Movement is a focus in learning the Alexander Technique, however, the technique is an educative system rather than a movement therapy. Through learning the Alexander Technique, students learn about themselves, they gain a greater sense of self and because of that the learning goes beyond movement and beyond self-management.

References

- Alexander, F. M. (1932/2001). *The use of the self*. London, UK: Orion.
- Alexander, F. M. (1946/2000). *The universal constant in living*. London, UK: Mouritz.
- Armitage, J. (2009). *Psychological change and the Alexander Technique*. (Unpublished doctoral dissertation). University of Hull,
- Batson, G., & Barker, S. (2008). Feasibility of group delivery of the Alexander Technique on balance in the community-dwelling elderly: preliminary findings. *Activities, Adaptation & Aging*, 32(2), 103-119.
- Becker, J. J., Copeland, S. L., Botterbusch, E. L., & Cohen, R. G. (2018). Preliminary evidence for feasibility, efficacy, and mechanisms of Alexander technique group classes for chronic neck pain. *Complementary Therapies in Medicine*, 39, 80-86. doi:10.1016/j.ctim.2018.05.012
- Bellan, V., Wallwork, S. B., Gallace, A., Spence, C., & Moseley, G. L. (2017). Integrating Self-Localization, Proprioception, Pain, and Performance. *Journal of dance medicine*

& science : official publication of the International Association for Dance Medicine & Science, 21(1), 24-35. doi:10.12678/1089-313X.21.1.24

Cacciatore, T. W., Gurfinkel, V. S., Horak, F. B., Cordo, P. J., & Ames, K. E. (2011).

Increased dynamic regulation of postural tone through Alexander Technique training.

Human Movement Science, 30(1), 74-89. doi:10.1016/j.humov.2010.10.002

Cacciatore, T. W., Gurfinkel, V. S., Horak, F. B., & Day, B. L. (2011). Prolonged weight-

shift and altered spinal coordination during sit-to-stand in practitioners of the

Alexander Technique. *Gait & Posture*, 34(4), 496-501.

doi:10.1016/j.gaitpost.2011.06.026

Cacciatore, T. W., Mian, O. S., Peters, A., & Day, B. L. (2014). Neuromechanical

interference of posture on movement: evidence from Alexander technique teachers

rising from a chair. *Journal of Neurophysiology*, 112(3), 719-729.

doi:10.1152/jn.00617.2013

Cohen, R. G., & Cacciatore, T. W. (2020). *Kinesiology Review*.

Eldred, J., Hopton, A., Donnison, E., Woodman, J., & MacPherson, H. (2015). Teachers of

the Alexander Technique in the UK and the people who take their lessons: A national

cross-sectional survey. *Complementary Therapies in Medicine*, 23(3), 451-461.

doi:10.1016/j.ctim.2015.04.006

Farkas, A. (2019). *Alexander Technique: Arising from quiet*. London, UK: HITE.

Filevich, E., Kühn, S., & Haggard, P. (2012). Intentional inhibition in human action: the

power of 'no'. *Neuroscience and biobehavioral reviews*, 36(4), 1107-1118.

doi:10.1016/j.neubiorev.2012.01.006

Fortin, S., & Girard, F. (2005). Dancers' Application of the Alexander Technique. *Journal of*

Dance Education, 5(4), 125-131.

- Gibson, J. J. (1979). *The ecological approach to visual perception*. Boston, MA: Houghton Mifflin.
- Gleeson, M., Sherrington, C., Borkowski, E., & Keay, L. (2014). Improving balance and mobility in people over 50 years of age with vision impairments: can the Alexander Technique help? A study protocol for the VISIBILITY randomised controlled trial. *Injury Prevention*, 20(1). doi:10.1136/injuryprev-2012-040726
- Glover, L., Kinsey, D., Clappison, D. J., Gardiner, E., & Jomeen, J. (2018). "I never thought I could do that...": Findings from an Alexander Technique pilot group for older people with a fear of falling. *European Journal of Integrative Medicine*, 17, 79-85. doi:10.1016/j.eujim.2017.11.008
- Hamel, K. A., Ross, C., Schultz, B., O'Neill, M., & Anderson, D. I. (2016). Older adult Alexander Technique practitioners walk differently than healthy age-matched controls. *Journal of Bodywork and Movement Therapies*, 20(4), 751-760. doi:10.1016/j.jbmt.2016.04.009
- Jones, F. P. (1997). *Freedom to change: The development and science of the Alexander Technique* (Third ed.). London, UK: Mouritz.
- Jones, T., & Glover, L. (2014). Exploring the Psychological Processes Underlying Touch: Lessons from the Alexander Technique. *Clinical Psychology & Psychotherapy*, 21(2), 140-153. doi:10.1002/cpp.1824
- Klein, S. D., Bayard, C., & Wolf, U. (2014). The Alexander Technique and musicians: a systematic review of controlled trials. *BMC complementary and alternative medicine*, 14, 414. doi:10.1186/1472-6882-14-414
- Lauche, R., Schuth, M., Schwickert, M., Ludtke, R., Musial, F., Michalsen, A., . . . Choi, K. E. (2016). Efficacy of the Alexander Technique in treating chronic non-specific neck

pain: a randomized controlled trial. *Clinical rehabilitation*, 30(3), 247-258.

doi:10.1177/0269215515578699

Little, P., Lewith, G., Webley, F., Evans, M., Beattie, A., Middleton, K., . . . Sharp, D.

(2008). Randomised controlled trial of Alexander technique lessons, exercise, and massage (ATEAM) for chronic and recurrent back pain. *BMJ: British Medical Journal (International Edition)*, 337(7667), 438-441. doi:10.1136/bmj.a884

Little, P., Stuart, B., Stokes, M., Nicholls, C., Roberts, L., Preece, S., . . . Smith, P. (2014).

Alexander technique and Supervised Physiotherapy Exercises in back pain (ASPEN): a four-group randomised feasibility trial. *Efficacy and Mechanism Evaluation*, 1(2).

doi:10.3310/eme01020

Loram, I. D., Bate, B., Harding, P., Cunningham, R., & Loram, A. (2017). Proactive

Selective Inhibition Targeted at the Neck Muscles: This Proximal Constraint Facilitates Learning and Regulates Global Control. *IEEE transactions on neural systems and rehabilitation engineering : a publication of the IEEE Engineering in Medicine and Biology Society*, 25(4), 357-369. doi:10.1109/TNSRE.2016.2641024

MacPherson, H., Tilbrook, H., Richmond, S., Woodman, J., Ballard, K., Atkin, K., . . . Watt,

I. (2015). Alexander Technique Lessons or Acupuncture Sessions for Persons With Chronic Neck Pain: A Randomized Trial. *Annals of Internal Medicine*, 163(9), 653-662. doi:10.7326/M15-0667

McClellan, S., Brilleman, S., & Wye, L. (2015). What is the perceived impact of Alexander

technique lessons on health status, costs and pain management in the real life setting of an English hospital? The results of a mixed methods evaluation of an Alexander technique service for those with chronic back pain. *BMC Health Serv Res*, 15, 293.

doi:10.1186/s12913-015-0966-1

- McClellan, S., & Wye, L. (2012). *Taking charge, choosing a new direction: A service evaluation of Alexander Technique lessons for pain clinic patients (SEAT): An approach to pain management*. Retrieved from UWE Bristol, Bristol: <https://uwe-repository.worktribe.com/output/946481>
- McGilchrist, I. (2009). *The master and his emissary: The divided brain and the making of the western world*. New Haven and London: Yale University Press.
- Moseley, G. L., & Butler, D. S. (2017). *Explain pain supercharged. The clinician's handbook*. Adelaide, Australia: NOI Group Publications.
- NICE. (2017). *National Institute for Health and Clinical Excellence Parkinson's disease in adults*. Retrieved from <https://www.nice.org.uk/guidance/ng71>.
- O'Neill, M. M., Anderson, D. I., Allen, D. D., Ross, C., & Hamel, K. A. (2015). Effects of Alexander Technique training experience on gait behavior in older adults. *Journal of Bodywork and Movement Therapies*, 19(3), 473-481. doi:10.1016/j.jbmt.2014.12.006
- Preece, S. J., Jones, R. K., Brown, C. A., Cacciatore, T. W., & Jones, A. K. P. (2016). Reductions in co-contraction following neuromuscular re-education in people with knee osteoarthritis. *BMC Musculoskeletal Disorders*, 17, 1-12. doi:10.1186/s12891-016-1209-2
- Schilling, C. (2012). *The body and social theory (3rd Ed.)*. London, UK: Sage.
- Schulte, D., & Walach, H. (2006). F.M. Alexander Technique in the Treatment of Stuttering-- A Randomized Single-Case Intervention Study with Ambulatory Monitoring. *Psychotherapy and Psychosomatics*, 75(3), 190-191. doi:10.1159/000091779
- Stallibrass, C., Frank, C., & Wentworth, K. (2005). Retention of skills learnt in Alexander technique lessons: 28 people with idiopathic Parkinson's disease. *Journal of Bodywork and Movement Therapies*, 9(2), 150-157. doi:10.1016/j.jbmt.2004.06.004

- Stallibrass, C., Sissons, P., & Chalmers, C. (2002). Randomized controlled trial of the Alexander technique for idiopathic Parkinson's disease. *Clinical rehabilitation, 16*(7), 695-708.
- Stanton, T. R., Leake, H. B., Chalmers, K. J., & Moseley, G. L. (2016). Evidence of Impaired Proprioception in Chronic, Idiopathic Neck Pain: Systematic Review and Meta-Analysis. *Physical therapy, 96*(6), 876-887. doi:10.2522/ptj.20150241
- Tarr, J. (2008). Habit and conscious control: Ethnography and embodiment in the Alexander Technique. *Ethnography, 9*(4), 477-497. doi:10.1177/1466138108096988
- Vickers, A. P., Ledwith, F., Gibbens, A.O. (1999). The impact of the Alexander Technique on chronic mechanical low back pain (unpublished report). 1-19.
- Wenham, A., Atkin, K., Woodman, J., Ballard, K., & MacPherson, H. (2018). Self-efficacy and embodiment associated with Alexander Technique lessons or with acupuncture sessions: A longitudinal qualitative sub-study within the ATLAS trial. *Complementary Therapies in Clinical Practice, 31*, 308-314. doi:10.1016/j.ctcp.2018.03.009
- Woodman, J., Ballard, K., Hewitt, C., & MacPherson, H. (2018). Self-efficacy and self-care-related outcomes following Alexander Technique lessons for people with chronic neck pain in the ATLAS randomised, controlled trial. *European Journal of Integrative Medicine, 17*, 64-71. doi:10.1016/j.eujim.2017.11.006
- Woodman, J. P., & Moore, N. R. (2012). Evidence for the effectiveness of Alexander Technique lessons in medical and health-related conditions: a systematic review. *International Journal of Clinical Practice, 66*(1), 98-112. doi:10.1111/j.1742-1241.2011.02817.x
- Woods, C., Williamson, M., & Fox Eades, J. (2018). Dewey and the Alexander Technique: Lessons in mind-body learning. In R. Heilbronn, C. Doddington, & R. Higham (Eds.),

Dewey and Education in the 21st Century (pp. 83-100). Bingley, UK: Emerald Publishing.

Wulf, G. (2007). *Attention and motor skill learning*. Champaign, IL: Human Kinetics.

Yardley, L., Dennison, L., Coker, R., Webley, F., Middleton, K., Barnett, J., . . . Little, P.

(2010). Patients' views of receiving lessons in the Alexander Technique and an exercise prescription for managing back pain in the ATEAM trial. *Family Practice*, 27(2), 198-204. doi:10.1093/fampra/cmp093