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Alexander Technique

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The Alexander technique (AT) is concerned with the *use of the self*: how we think, react, move, and coordinate ourselves in all activities of daily life. A practical way of working and learning self-help, the AT was developed by Frederick Matthias Alexander (1869–1955) as he sought to discover a solution for a recurrent voice problem. Early in his investigations, Alexander became convinced of the psychophysical unity of the self, rejecting the prevailing orthodoxy of mind–body dualism. His “holistic” model was relatively unusual at the time (late 19th century), but it is more readily accepted now.

People are generally unaware of habits of excessive effort and tension that adversely affect their general functioning, particularly the postural and balance mechanisms. AT teachers do not set out to treat or cure specific physical or psychological [p. 40 ↓] problems but aim to show individuals how they can avoid habits that are unhelpful or potentially damaging. Reported therapeutic effects come about as a result of the re-educational process and a gradual improvement in overall functioning. The AT is taught through hands-on and spoken guidance from a trained teacher. It is predicated on the understanding that our thinking, habitual or otherwise, profoundly affects the way in which we carry out any activity.

People come to be treated by the AT for diverse reasons, falling into three broad categories: first, and most commonly, they come for improving health and well-being, with specific reasons including back and other pain, poor posture, stress, depression, coping with chronic illness or disability, or assisting with pregnancy and childbirth; second, athletes, musicians, and actors use the AT to enhance performance and deal with stress; and third, those interested in self-development learn the AT to increase self-awareness and a sense of agency. A key strength of the AT is its applicability to all aspects of daily life.

Historical Context

As a young man, Alexander was pursuing an acting career in Australia when he began to recurrently lose his voice. As no treatment brought lasting relief, he began a process of self-observation and experimentation that ultimately developed into what is now known as the Alexander technique.

He began teaching others his technique, moved to the United Kingdom in 1904, and commenced training teachers in 1931. During his lifetime, he gained support from a number of prominent figures, including the educationalist and philosopher John Dewey, the Nobel Prize–winning scientists Sir Charles Sherrington and Professor Nikolaas Tinbergen, and the writer Aldous Huxley. Alexander outlined his ideas in four books published between 1910 and 1942. His work continues to develop and grow.

Fritz Perls, developer of Gestalt therapy, and Moshé Feldenkrais, founder of the *Feldenkrais Method*, encountered Alexander's work. Although their work developed differently, these three men shared the principle that a person must be considered as a psychophysical whole, whose integrated functioning could be improved by better sensory awareness and preventing habits that get in the way. Ilana Rubenfeld developed her method, Rubenfeld Synergy, as a result of her experiences of the AT, the *Feldenkrais Method*, and Gestalt therapy. Furthermore, Alexander's focus on the present, not on past experience, was a theme in common with these and other humanistic approaches, such as person-centered counseling and focusing.

Theoretical Underpinnings

Alexander developed the AT through observation and self-experimentation. Endeavoring to solve his voice problem, he came to recognize that when speaking, he habitually created excessive tension, which affected not only his vocal mechanisms but the whole of his body. He realized that he had to learn not to react in his usual way to his intention to speak. Alexander found that the head–neck–back relationship was fundamental, and gradually, he devised a way to prevent his habitual interferences and allow his voice, breathing, and general psychophysical functioning to work more dynamically and freely. This investigative experience became the working process of his technique, which he realized could be applied to any activity to improve performance.

In Alexander's lifetime, several of his concepts received indirect validation from research on animal physiology, specifically the ideas of functioning as an integrated whole and the significance of the head–neck–back relationship. Parallels have also been drawn between the AT and ideomotor theory.

Historically, only anecdotal evidence indicated the effectiveness of AT lessons for improving performance skills, breathing, repetitive strain injury, back pain, and other musculoskeletal issues, as well as for enhancing a general sense of well-being and agency. However, more recently, these reports have begun to be underpinned by research. AT training has been demonstrated to result in changes in movement coordination, with significant improvements observed in balance, postural regulation, and muscle tone adaptability. Randomized controlled trials have demonstrated significant long-term reductions in pain and incapacity in people with chronic back pain, as well as a sustained increased ability to carry out everyday activities in individuals with Parkinson's disease. [p. 41 ↓] Smaller clinical studies have shown significant improvements following AT lessons in respiratory function, stuttering, and chronic pain, as well as balance in elderly people.

Anecdotal psychological and emotional effects of AT lessons include increased overall cheerfulness and resilience. The Parkinson's disease randomized trial also showed significant, short-term improvements in depression scores for participants. Many of these benefits can be seen as indirect effects of improved overall functioning—for example, feeling less depressed when not so bodily “weighed down,” or more confident and positive as a sense of agency improves. Other psychological effects have been reported, such as the reemergence of blocked off emotions as chronic muscle tensions are released. Further effects include a decreased ability to hold onto defensive patterns, that is to say, maintain potentially outmoded reaction patterns that originally protected us from overwhelming or conflicting feelings, thus enabling more open and appropriate responses in the present. Moreover, increasing physical self-awareness may bring increased awareness of underlying anxieties. Clinical experience suggests that these effects are often dealt with by teacher and student as an integral part of lessons, although given the AT has no specific methodology for working with emotional processes, supplementary counseling or psychotherapy may sometimes be valuable.

Major Concepts

AT teaching is guided by several defining principles: the mind–body as an indivisible unit, the force of habit, endgaining as a driving force, prevention of unwanted habitual

reactions, directed thought, optimally coordinated movement, and faulty sensory appreciation.

The Mind–Body as an Indivisible Unit

In Western culture, the mind/body split remains deeply entrenched; importance is attached to the thinking mind, while the physical self is often regarded as a property of the self. The AT recognizes the indivisibility of the mind and the physical self (psychophysical unity/embodyed mind). All thoughts, beliefs, and preconceptions will play out in the physical self in, for example, the quality of movement, the degree of muscle tension, breathing, and posture.

The Force of Habit

There is currently little recognition that the way in which individuals carry out their daily activities (i.e., sitting at a computer, walking, carrying, etc.) will have long-term consequences for their health and well-being. Contrast the natural freedom of movement and poise of many young children with that of the typical adult, whose habitual way of carrying out activity tends to put additional strain on the spine and joints. In AT lessons, people are taught how to prevent the habitual interferences with balance and movement coordination, thereby allowing a more natural response to occur. They learn how to gain more choice over how they respond to the world on physical, mental, and emotional levels.

Endgaining as a Driving Force

Endgaining describes our predominant attitude of focusing on achieving a desired goal while paying little or no attention to how that goal is achieved. An example would be loading heavy shopping bags into the car while already thinking of driving off. With the AT, we learn how to recognize and lessen this attitude and become more present and mindful of how we achieve the goal. The resultant response or action will be more

psychophysically integrated, and any movement is likely to be characterized by better balance and more fluidity.

Prevention of Unwanted Habitual Reactions

Applying the AT involves a process of conscious prevention of unwanted habitual reactions. This involves deciding not to react to a stimulus (whether external or internal) in the usual unthinking, that is, habitual, manner. If the immediate response is *not to react*, one then has an opportunity to choose whether and how to respond—for example, having a choice over whether to respond to a phone ringing, or not reinforcing the stress response to being held up in heavy traffic. Developing this skill involves developing greater awareness of oneself in everyday life, such that unwanted habitual reactions can be diminished.

Directed Thought

Applying the AT involves directing conscious awareness to the embodied self in relation to one's surroundings. This process consists of framing and energizing conscious intentions known as *directions*. Directions are largely spatial in nature and aim to promote an enlivened postural support system and balanced, coordinated movement. The awareness of one's embodied presence is integral to enhancing a sense of self and tends to lead to a calmer state of being.

Optimally Coordinated Movement

Well-coordinated movement is characterized by a natural integrated dynamic relationship between a person's head, neck, and back. This can often be observed in young children, in animals, and also in adults who have grown up in less Westernized cultures in which people spend less time being sedentary and performing repetitive tasks. Given the near-ubiquitous maladaptive response to living in this increasingly complex developed world, the natural relationship of the head–neck–back is interfered with in almost all activities (i.e., sitting, using a computer, etc.). As a result, there is a

tendency toward compression of the spine. AT teachers employ guided movement to help reestablish the basic integrated movement pattern.

Faulty Sensory Appreciation

In any activity, we are guided by our sense of what feels right, which tends to simply be our habitual way of carrying out that activity and may involve undue effort and tension. Sensory appreciation gradually improves during a series of AT lessons, enabling us to gauge with increasing accuracy what we are actually doing and so make more appropriate psychophysical responses, less constrained by long-standing habits.

Techniques

The AT is an educational process and, as implied by its name, cannot be separated into discrete techniques. Teachers employ both gentle hands-on guidance and dialogue to engage the individual in a learning process that is both experiential and conceptual. The hands-on component of teaching involves light touch to guide movement and to bring individuals' awareness to certain aspects of themselves, for example, where they are tensing and holding. The teacher aims to facilitate for the student an experience of less interference and increasing freedom and support in movement. Dialogue is used to help develop understanding of the underlying AT principles and to explore preconceptions and habitual responses. The overall aim is to enable students to put the AT into practice in everyday life through increased self-awareness and applying the conscious processes.

Facilitating experience through bodily touch is seen as crucial to the process of change, an assumption the AT has in common with some other approaches, such as body-oriented therapies and certain neurological and psychophysiological approaches. However, the AT use of touch differs from other approaches—for example, from that in body psychotherapy, where it is often used specifically to facilitate release of long-held emotions and recall of body memory. It also differs markedly from the use of touch in massage or osteopathic or chiropractic techniques. The addressing of beliefs and attitudes, and the offering of constructive cognitive strategies, is also seen as important

in the change process. This assumption that cognition affects feelings and behavior, the central focus of cognitive approaches, is shared by the AT. Thus, the AT can be seen as both a bottom-up approach and a top-down approach. Teachers differ in the relative emphasis they put on experiential and conceptual learning. Teaching styles also vary according to the background of the teacher and the student's needs.

Therapeutic Process

The AT describes a teacher–student relationship, not therapist–client; the process is educational rather than overtly therapeutic. Teachers aim to embody good *use* and provide an accepting, constructive learning environment—offering relational qualities reminiscent of Carl Rogers's core conditions (e.g., congruence, unconditional positive regard, and empathy).

The AT is primarily taught on a one-to-one basis, with workshops and group work generally seen as supplementary. In addition to private teaching, the AT forms part of the syllabus in leading drama schools and music colleges. The number of lessons taken depends on the student's needs and [p. 43 ↓] aims. A few may be helpful, but to learn to consistently apply the AT in daily life, a series of lessons over time is required.

Worldwide, there are several professional associations of AT teachers, with the largest being the Society of Teachers of the Alexander Technique and its affiliated societies, through which training and professional standards are regulated. Typically, teacher training courses are 3 years, full-time.

See also [Body-Oriented Therapies: Overview](#); [Cognitive-Behavioral Therapies: Overview](#); [Feldenkrais Method](#); [Focusing-Oriented Therapy](#); [Gestalt Therapy](#); [Neurological and Psychophysiological Therapies: Overview](#); [Person-Centered Counseling](#); [Rubenfeld Synergy](#)

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Further Readings

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American Society for the Alexander Technique (AmSAT): <http://www.amsatonline.org>

Society of Teachers of the Alexander Technique (STAT): <http://www.stat.org.uk>