

# The Alexander Technique:

## An innovative approach to reducing physical tension and stress

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F. Mathias Alexander, an Australian, introduced his technique for alleviating physical and psychological stress to London at the turn of the century. Today, many Alexander Technique institutes are established throughout the world, training therapists to help patients identify neuromuscular tension and restore physical homeostasis.

"You are what you eat" signaled the beginning of a general awareness among people about the inescapable connection between health and what one consumes. It would be apropos for a complimentary phrase to be disseminated throughout the land which said: "You feel as good as you move" which has validity for many patients suffering from tension and physical stress.

Most physicians frequently encounter patients who suffer either directly or indirectly from severe chronic physical tension. Eternal regimens of minor tranquilizers sometimes must seem the only solution for these patients, many of

whom have already had extensive psychotherapy. But the problems in prolonged use of these drugs have received enough publicity that both doctor and patient seek alternatives. The Alexander Technique addresses itself to just such physical tension and to related disorders, with great success.

The Alexander Technique is a system for teaching people how best to use their bodies in ordinary action to avoid or reduce unnecessary physical stress that is inevitably linked to pain and disability. It has been characterized by Professor Nikolaas Tinbergen of Oxford University, in his lecture delivered on receiving the Nobel Prize for Physiology and Medicine in 1973, as an "extremely sophisticated form of rehabilitation, or rather of deployment, of the entire muscular equipment, and through that of many other organs."

The treatment is *not* a system of exercises; rather, it effects change through increasing patient awareness of poor body posture habits, to inhibit them, and to replace them with proper patterns of muscular movement. To anyone who immediately doubts that such change can be effected without exercise, it should be pointed out that slumping and other misuse of muscles throughout the body certainly can be called "changes," and do not require exercises either. The technique proceeds from the premise that most people have lost the "kinesthetic sense," i.e., the ability to determine via neuromuscular feed-

back whether their bodies are being properly used. In fact, such feedback has become so distorted that the sorriest postures, scoliosis or lordosis, for instance, feel more "right" than do correct ones.

The Alexander treatment awakens and re-educates the kinesthetic sense so that the patient no longer feels at ease in unhealthy postures and movements.

This re-education process is accomplished with the aid of a rigorously-trained therapist who is able to diagnose individual maladaptive body patterns and guide the patient to change through a combination of extraordinarily gentle touch and suggestion. The therapist repeatedly "arranges" the body into its best alignment, simultaneously employing verbal description to aid the patient in fixing the new alignment in the neuromuscular sense-memory. Because so much cramped posture is the result of stress patterns, the therapist is particularly interested in locating muscles that have been shortened and tightened by chronic tension, and helping the patient to gradually release them.

The Alexander Technique strives for optimal body use which is achieved when the vertebral column is lengthened, as opposed to being curved or bent, during both rest and activity. What is encouraged is the proper alignment of the head and neck, with the head balanced on the neck in such a way as to allow spinal lengthening. The vertebral joints become less com-

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pressed toward one another, which may increase height slightly.

### Etiology of misuse

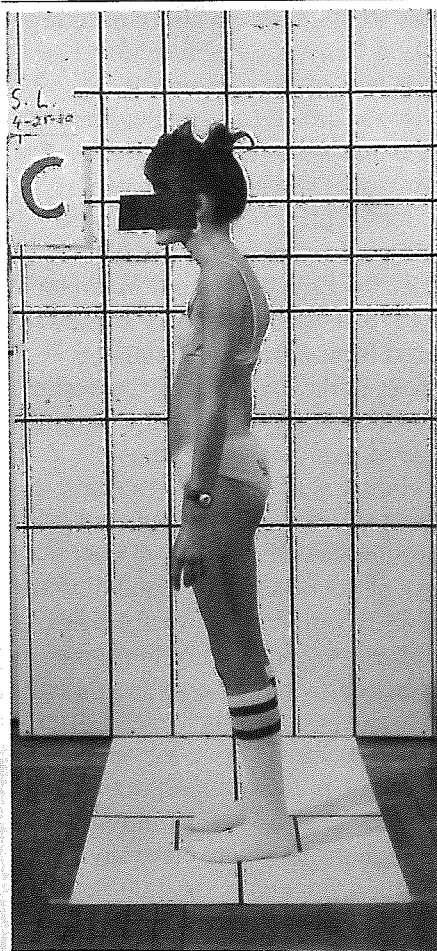
Dr. Wilfred Barlow, an Oxford-educated specialist in rheumatic diseases who has directed the Alexander Institute in London, describes the deterioration in proper body alignment that appears at an early age, often by one year, as a result of forces as diverse as parents' tense handling, too-early attempts to "teach" sitting or standing, and the unaccommodating furniture to which we all must fit. As early as 1938, studies in infant development, such as those done by Alma Frank, documented a gradual diminution of well-coordinated movement in young children due to improper tactile stimulation and pressure on the peripheral sense organs arising from movement of the limbs by others.

As Judith Leibowitz, of the American Center for the Alexander Technique, Inc., points out: "We may accumulate these problem-making, habitual movement patterns very early. The first grader, trying very hard to write neatly and correctly, learning to hold the pencil (itself a difficult feat of coordination for many a six-year-old), may very well be working too hard. Concentrating with all his might, his shoulders may hunch up, his face may tighten into a frown, his fingers, hand, arm, and whole body may tense to the point of distortion from the effort of working at his task. That six-year-old may be establishing a set associated with the act of writing that will accompany him into adulthood, when the act itself is no longer a problem, but easy to the point of being automatic. But the original and basic neuromuscular responses established when he was learning to write are also automatic: Each time he picks up pencil or pen, the same old reflex action occurs."

Physical education classes for older children are seldom concerned with establishing adequate use of the body, tending to emphasize game or performance goals without regard to any but the most pragmatic

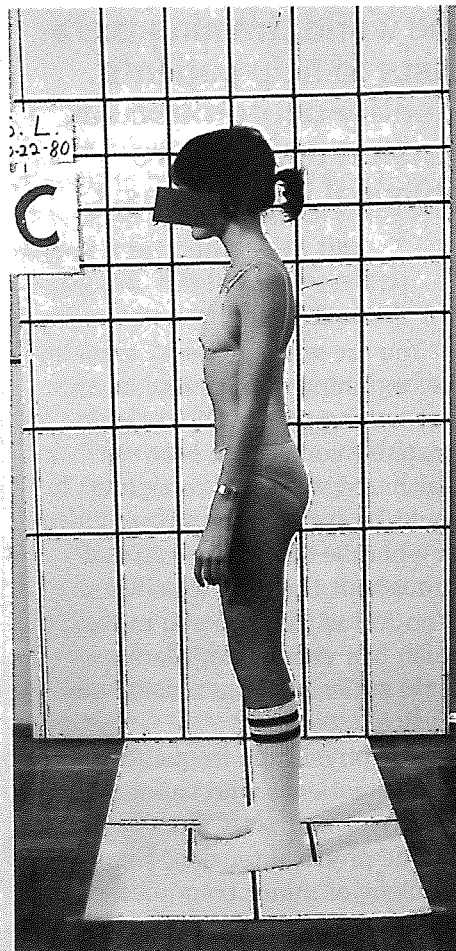
bodily dynamics. In addition, they often emphasize models of posture that are nearly as bad as those they may be attempting to correct: rigid, shoulders-back, chest-out stances that no one can reasonably hold without fatigue and strain. By adolescence, most people are well on the way to canonizing forever their unique patterns of twisting and hunching and tightening, and there is little or nothing in the society to even bring this to their attention. And adults, as doctors know too well, will passively accept their aching, slumping bodies as a normal part of aging, reserving their rapt attention for medical crises. Even those who follow exercise programs in the best-intentioned attempts to remain fit are seldom aware of the subtler kinds of misuse with which the Alexander Technique is concerned.

### What patients will benefit most from Alexander treatment?



Patients who are chronically under stress will benefit both physically and emotionally from training in the Alexander Technique. The connection between anxiety states and muscle tension is hardly novel, but for some mental health professionals, the Alexander approach may represent a fresh view of the two-way traffic in all psychosomatic phenomena: Changing ingrained bodily habits may ultimately encourage changes in concomitant emotional habits. Although habitual poor postures do not represent immediate expressions of particular emotions, they tend to provide a safe position from which certain negative actions and emotions are possible. Because such postures have been constant correlates of negative emotions, the latter may be induced by the former.

Dr. Barlow suggests that neurosis is so often accompanied by dystonic use patterns, usually muscular overactivity, that psychotherapy or



The goal of the Alexander treatment is to awaken and re-educate the person so that unhealthy postures and movements no longer feel "right." As abnormal curves and sways are unlearned over months of work, changes in physical appearance are often quite striking, as seen here in these "before and after" stills.

drug treatment that ignores the restructuring of use is inadequate. While psychotherapy affords insight into why patients have adopted specific patterns, that is only one of the aspects of their formation. The Alexander Technique is an excellent complement to psychotherapy, which, while it can provide the psychological climate for change, is unlikely to effect any physical changes in patients whose long-term emotional problems have created either subtle or dramatic physical problems. Successful psychotherapy patients are particularly amenable to Alexander treatment because their motivation for change has already been deployed.

Naturally, this improvement in appearance is extremely beneficial psychologically. The greater physical ease and lightness experienced, and, in some cases, the gradual repair of structural damage that affords better health, are invaluable.

Of course, such retraining presumes patience and a primary willingness to change. Twenty to thirty sessions of ½ to 1 hour per week are usually a minimum, depending on the initial problems. Understanding and concentration are essential. Because the treatment challenges—however gently—many assumptions that patients may have nurtured for years i.e., that their bad backs or tension headaches or sore feet are “hopeless” or totally genetically based, a physician must evaluate whether a patient is sufficiently un-neurotic to relinquish some of these cherished myths. On the other hand, as Linda Babits, an Alexander therapist in New York City, emphasizes, occasionally the Alexander therapy reaches neurotic or otherwise disturbed people who were not helped by other means.

Specific stress-related diseases that may be amenable to treatment include certain hypertension and gastrointestinal disorders, disturbances of menopause in which the body construct is disrupted, muscular tics and cramps, atypical face pain, bruxism, and accident-proneness.

Patients suffering from arthritic conditions are also good candidates for the Alexander Technique. They can learn to move with less muscle tension, thereby keeping joints as mobile as possible. Postural disorders of the spinal column such as kyphosis and lordosis may be corrected to some extent and their increase prevented.

Deborah Caplan, who is both an Alexander teacher and a registered physical therapist, says “Since many problems with the spine and its surrounding musculature are caused or aggravated by faulty use of the body, the Alexander Technique has proved to be a valuable therapeutic tool for such conditions as disk syndrome, sciatica, pinched nerves, whiplash injuries, and others. Those studying the technique learn to detect their own postural mistakes so they can change detrimental habits of use into more beneficial ones.” The patient is taught to move in such a way as to minimize mechanical stress on the postural musculature and the structures of the spine. Of equal importance, the patient learns to reduce the overlay of muscle tension that accompanies pain. This helps prevent pain-tension buildup.

New York orthopedic surgeon Stuart Springer, MD, usually refers one or two patients per week for Alexander therapy, particularly those with lumbosacral strain, slipped disk, or other musculoskeletal problems, and he feels that the lessons enable these people to avoid surgery. “Patients who do not respond satisfactorily to traditional treatment often seem to improve markedly with Alexander training,” he notes. “I wish that more physicians would become aware that the technique exists as a part of the armamentarium for low-back problems.”

Unfortunately, these specialists agree, very few people suffering from musculoskeletal problems are ever directed to improve their general bodily use. The largely passive therapies recommended—massages, baths, manipulations, etc.—are

palliatives.

John Austin, MD, radiologist at Columbia Presbyterian Medical Center, New York, has hypothesized that people with lung diseases should benefit from an increase in lung volume as their bodies become straighter. He is currently completing a study of respiratory function in healthy adults before and after 20 Alexander lessons; preliminary results indicate that a slight increase in lung volume results. He also has x-rays of 20-25 per cent decreases in the angle of bend in the middle of the thoracic spine.

“I would also certainly recommend the technique for people with joint disease, such as rheumatoid arthritis, who have limited ranges of motion, and particularly for adolescents with scoliosis,” said Dr. Austin. “It is unfortunate,” he added, “that this wonderful method is known to so few people at this time. My personal hunch is, though, that it will be picked up by professional athletes before long. Then it will really take off.”

### The strength of the Alexander Technique

The strength of the Alexander system is that it identifies, then decreases, neuromuscular tension that occurs below the level of conscious awareness, and confers a postural homeostasis involving an intricate and delicate interplay of muscle coordination and adjustment in the body. Dystonic misuse occurs when we do not know how to return to a balanced resting state after reacting to a given situation. The overcontraction and shortening of anatomical muscle may result in the muscle spindle failing to feed useful information back to the brain about just how much the muscles are contracting.

A healthy lengthening can be brought about, however, by learning voluntarily to release muscles as well as by inhibiting the actions that made them contract in the first place. That voluntary releasing of unnecessary muscle tension is a critical part of what is learned in the Alexander Technique. ■