

# THE ALEXANDER TECHNIQUE

By SUSAN ADELMAN, MD

Oddly enough, no medical school or residency teaches the Alexander Technique, even though this technique has many potential uses in medicine. So, what is it? My first exposure to the Alexander Technique came when I tried to make my husband's cousin tell me about a strange technique that she had studied for years in England and was getting ready to teach. Her initial attempt to explain it sounded like my idea of Jewish exercise – you lie still and think about exercising.

However, when my bad knee did not respond adequately to physical therapy, she suggested that this technique would help. Her husband was pleased with the results of his Alexander lessons after arthroscopic surgery failed to relieve all his symptoms. She located a teacher in Michigan, and I began to study. I found out that Mr. F. Matthias Alexander had been a thespian who, in Australia in the late 1800s, developed progressive hoarseness in the course of a performance. When doctors had little to offer him he decided to solve the mystery himself. Using three mirrors, he saw that he habitually would puff out his chest and throw back his head whenever he delivered his beloved Shakespearean orations. These movements compressed his trachea, and he would become breathless. Numerous experiments over several years taught him that the positions and relationships of the head, neck, and back were of critical importance, and this was not just for making speeches.

Throwing the head backward causes the back to shorten and lessens the mechanical advantage that the back and neck need in order to perform most body movements with minimum muscular strain. A qualified Alexander Technique teacher guides the student repeatedly through more desirable ways of moving the body, first through sitting and arising, later in walking, standing to write or even swinging a golf club. Mr. Alexander found that he had established, habitual ways of performing the acts of daily living. Nevertheless, while in possession of the knowledge he needed to change and despite his high motivation, it was extremely difficult for him to adopt unfamiliar patterns of movement—even if they were easier and more tension-free. When our old habits are so ingrained, new ways of moving will feel wrong. The old, wrong, ways feel right. Our perceptions turn out to be unreliable.

Mr. Alexander then developed the unique insight that it is necessary to stop, inhibit the habitual pattern of movement, then repeat the following instructions: “keep the neck free, head forward and up, back lengthened and widened, out and away through the upper arms...” while performing the new pattern that the teacher has shown the student. With time, the student can learn new, almost strain-free movements of impressive ergonomic efficiency.

George Bernard Shaw and other famous members of the British theater world invited Mr. Alexander to England, and there he began to teach his techniques to an ever widening circle of students. Aldous Huxley, Prof. John Dewey (the famous educator) and other luminaries of the day became enthusiastic proponents of this work. These techniques became established in several centers in Australia and the British Isles, and then they spread through the theater and dance community in England. After Mr. Alexander came to the United States, the technique travelled to both coasts. The Julliard School of Music has long required training in the Alexander Technique. Athletes, dancers and instrumentalists have reported relief from strains, cramps and sprains through the technique.

Patients with scoliosis, problems with the back, joints, neck, and even with migraine headaches, improve with lessons in the technique. Stutters learned to control their stuttering when Mr. Alexander trained them to relax their neck and facial muscles. Violinists learned to hold their instruments so that their neck cramps went away.

Alexander was pained to see, when he explained his techniques to some medical doctors, that these medical specialists maintained such poor posture and moved so inefficiently that he despaired of their ever being able to transmit his techniques to patients unless they went through a lengthy training period themselves. However, those physicians who did take the time to learn from Mr. Alexander wrote erudite recommendations to their professional organizations urging the incorporation of his techniques into British medical education. John Dewey wrote extensively about the need to introduce these techniques into the education of children.

The father of one trained Alexander teacher was a dental surgeon with a long history of backache. He was a doubter until he learned a basic maneuver of the technique: to lie on his back on the floor for twenty minutes once a day, legs bent at the knees, a telephone book under the head and hands on the chest. During that time he was instructed to sequentially scan all the muscles that were in contact with the floor and "ask them" to let go, to release. His pains went away.

Until his death in 1955 Mr. Alexander was frustrated by his inability to disseminate his techniques widely through the medical community. After taking 10 lessons, I would opine that part of the problem lies in the time commitment necessary to truly change one's personal habits and practices. Until a practitioner can reliably incorporate the new, more desirable ways of posture and movement into his or her daily life, it is unlikely that he or she will be successful in transmitting this knowledge. My husband's cousin studied for six years.

Still, books on the subject cite examples of highly symptomatic patients who have found great relief from just a few lessons. Mr. Alexander felt strongly that, with respect to a wide variety of conditions, a doctor who simply treats an ache or pain without addressing the faulty ways in which the patient stands or moves is making a mistake just as grave as that made by any doctor who treats the symptoms of any disease without diagnosing and definitively treating the disease itself.

For further information, a number of websites provide descriptions, YouTube footage and references for the technique. The most authoritative information is on the site of the Society of Teachers of the Alexander Technique (STAT). The American Society for the Alexander Technique (AmSAT) website provides an extensive book catalogue. Mr. Alexander wrote several books, including *The Use of the Self*, and others have summarized his books, including Edward Maisel, who edited *The Alexander Technique: The essential writings of F. Matthias Alexander*.

So, you might ask, how am I doing? My back is almost entirely asymptomatic in spite of its underlying structural problems. My knee? Put it this way: it is less of a factor in my life than it was after working out for several years at LA Fitness, either with or without a trainer. My Alexander lessons have added to my comfort and diminished my symptoms. Further, a bad shoulder that I had been ignoring for years now is markedly better. The one thing the technique has not done is make me any younger.

**THE HEALTH LAW PARTNERS**

Solid Advice. Real Solutions. For Healthcare Business.

At The Health Law Partners ("The HLP"), our unparalleled knowledge of the business of healthcare is coupled with timely, practical solutions designed to maximize value. The HLP attorneys have represented clients in substantially all areas of health law, with particular emphasis on:

- Licensure & Staff Privilege Matters
- Healthcare Litigation
- Healthcare Investigations
- Civil & Criminal False Claims Defense
- Stark, Anti-Kickback, Fraud & Abuse, & Other Regulatory Analyses
- Physician Group Practice Ancillary Services Integration and Contractual Joint Ventures
- Appeals of RAC, Medicare, Medicaid & Other Third Party Payor Claim Denials & Overpayment Demands
- Healthcare Contractual, Corporate & Transactional Matters
- Compliance & HIPAA
- Healthcare Billing & Reimbursement

29566 Northwestern Highway, Suite 200  
Southfield, Michigan 48034  
(248) 996-8510 [www.thehlp.com](http://www.thehlp.com)

**MICHIGAN      NEW YORK      ATLANTA**