

IMAGE TECH for dancers (ITD)

Alexandra Wells (2014)

What is IMAGE TECH for dancers?

IMAGE TECH for dancers, or ITD is a weight bearing physical and mental preparation for a dancer to use before a technique class. I originally created the technique to connect the dots between Alexander Technique, the work of Irene Dowd, and ballet class. ITD synthesizes what has been taught to and studied by dancers over the past 20 years to enhance their training, this includes kinesiology, physical therapy and proprioceptive exercises. My goal has been to integrate this vast body of knowledge into something practical and useable. ITD brings the application of “the best” of the afore-mentioned tools, neuro-science, and biomechanical understanding into the classroom to prepare dancers for their strenuous classes. It consists of an organized routine of exercises to precede the rigors of ballet and contemporary dance. The codified order and language was created to be used daily. ITD in practice is a method that can be applied throughout the entirety of the dance class.

The practice itself consists of the use of dynamic directions and energetic imagery. The dancer uses tactile prompts to trigger muscle groups that stabilize and facilitate proper and efficient alignment. This will give the dancer stability and allow them to release unneeded tension. The sequence is roughly 20- 30 minutes and is composed of standing exercises that are done in both parallel and rotated positions. The exercises begin on straight legs and then develop to incorporate demi-pointe and plié. Dancers work first standing on two legs, progress to standing on one leg and then negotiate transfers of weight. Quickly, students become autonomous with the imagery and the guided practice of the routine is not necessary after they have made their own connections. Students are then free to access ITD as a tool throughout their careers. My method serves as a bridge between the intellectual concepts and the practice of the art. It has been exceedingly beneficial in preparing dancers for class and for maintaining a thoughtful, yet physically active approach to movement. ITD functions exceedingly well with injured dancers, hyper mobile dancers, bow legged dancers, dancers with back problems and helps prevent injury in non- injured dancers. To date I have evidence from more than two hundred participants to confirm the efficacy and need for ITD. As the method progresses, I aim to continue to study and broaden the scope of the technique, promoting its benefits to other dance educators.

With ITD many somatic principals are fused with a more practical approach, most significantly the dancer is weight bearing. The method guides the dancer to use their mind-body connection while standing in order to achieve stability and proper alignment. These standing theories are then applied to movement through space. Ballet can create many contradictions for the body and can begin to take its toll on dancers very early in their careers. Using dynamic imagery, tactile reinforcement, and proper alignment, ITD can replace a myriad of positive and negative pre-class rituals or warm-up exercises utilized by both students and teachers. ITD re-examines how we can efficiently and logically prepare our bodies to dance, using gravity as our guide.

My Daily Practice: How My History Has Informed ITD

ITD had its beginnings while I was teaching in Montreal in the late 1990's. At the outset, the need for starting each class with a mind-body connection was very personal, as my own injuries, for which I sought multiple treatments, had plagued me for years. Over the course of ten years I developed a pre-class set of exercises that are executed standing, using gravity, dynamic direction, and transference of weight. The practice requires a student to input a specific set of variables to resolve his, or her physical challenges. These exercises became a codified routine to be used at the start of ballet class.

The method evolved to pass on what I have learned through the study and synthesis of established somatic techniques and healing treatments. Counter to most of these techniques, my goal has been to work with students while weight bearing. I created ITD by incorporating the use of imagery and what I feel to be the most applicable aspects of these many techniques into an upright moving body. By cataloging and looking to my own physical history I recognize that my experiences and kinesthetic intelligence have brought me to a place of critical examination. This critical examination led me to ITD. My vast and rich personal history and experience as a professional dancer has produced data that I am able to comprehensively apply to the moving dancer. My history has acted as a tool that I engage with to support and inform my findings for the necessity of this practice.

My career began when I danced professionally with Boston Ballet Company from 1974-1977, first as an apprentice and then as part of the Corps de Ballet. During this time I became astutely aware of the severity of my hyper-extended knees, hyper-mobile ankles and lower back, which combined produced a general lack of strength and stability presenting frequent injuries. I also developed tendinitis of the ankle, a result of forcing my turnout from the knee down. At that time, the demanding schedule and life of an emerging professional dancer allowed for little time to examine my anatomical patterning or reasoning behind the multitude of injuries and pain I experienced.

From 1977-1980, I was a soloist for Dennis Wayne's Dancers in New York City. During this time I experienced back spasms and chronic pain due to a severe rotation of my lumbar vertebrae. The cause of which was due to an overworked "tucked under" position and my desire to have a "flat back" while executing abdominal exercises on the floor. At this time, I sought treatment by way of massage therapy and chiropractic work. I was prescribed muscle relaxers and pain-killers, which only masked the problem in order to continue to cope with the demands of my rigorous performing career. I experienced immense pressure to continue to perform regardless of my injuries.

During this period in my career I also discovered kinesiology methods and techniques, which were taught to me by a physical therapist from Germany who worked with the renowned New York City Osteopathic doctor Richard Bachrach (1929-2010). In these practices I would visualize my lumbar vertebrae rotating in different directions, mobilizing them in order to realign my spine. I have since discovered these methods to have great similarities to the Alexander technique. This kind of imagining was incredibly successful for me and was my first introduction into the extreme power of visualization! Over time I continued to practice using the mind to make change and direct movement. My injuries and pain were so problematic that I became versed at using visualization to dance without using any muscularity in my physicality.

Continuing to feel pressure to maintain my position as Principal dancer, I left New York City to tour France with Dennis Wayne's Dancers, departing with my back in severe spasm. In France I was in a catastrophic car accident. The car I was a passenger in, flipped twice along the road, only to land on its roof and I was left with a sacrum fractured in three places. I experienced paralysis from the waist down for several hours and battled with the notion that my career and life were plainly altered. Miraculously, I healed after only three months of rest, and with the guidance of Dr. Bachrach, I returned to dancing. For the next four years I contended with a severely misaligned pelvis and continued to experience agonizing back spasms. I had an ongoing treatment of massage, physical therapy, kinesiology and acupuncture.

I later transitioned into a career in France, dancing as Etoile with Ballet Theater Francais de Nancy from 1981-1993. My pelvis maintained the misalignment and up until this point no doctor dared to adjust it for fear of damaging my spine irrevocably, creating paralysis or more debilitating spasms. At that time the notion of core strength to support and propel one's body was not a part of the dance dialogue or dance medicine in France. In fact, dance medicine was not widely recognized at all. My back and pelvis went out of alignment daily. I visited an osteopath every other evening when the company wasn't on tour. I continued my regimen of a diligent floor barre, and lots of strengthening exercises, which were given to me by soccer physical therapists in Nancy, France. I practiced my own ballet barre in a restricted first position before company class each day, and allowed myself excessive amounts of time to warm up and warm down before rehearsals and shows. It was essential that I supplement my therapy with excessive amounts of Aspirin and sportinine (a natural energy supplement).

My next injury was during a performance in London when I suffered a triple sprain of the ankle while dancing with Rudolph Nureyev. I was immobile and on crutches for three days, returned to dance a matinee on the forth day, and the remainder of the tour. This injury led to physical instability for the remainder of my career. As my career and injuries progressed so did the physical demands of dancing. I was challenged to jump off of tables and chairs and was thrown in the air from overhead lifts without being caught.

From 1993-1994, I experienced a much better engagement and level of physical therapy while dancing with the Lyon Opera Ballet as a soloist. However, I still continued to have ongoing back problems and ankle sprains. Progressing into my teaching career at L'Ecole Superieur in Montreal, Quebec, I experienced moments of not being able to stand upright because my back was in such extreme spasm. After having my very first MRI of the spine done in Montreal, it was revealed to me that all five of my lumbar spine had herniated discs and that I had a complete rupture of the disc between Lumbar 5 and Sacro Iliac 1. At this point in time I was introduced to Osteopath, Dr. Roger Hobden, a renowned and successful doctor at the forefront of dance medicine. To sustain my dance teaching and practice as well as combat my array of injuries I continued with osteopathic treatment, massage and ongoing self directed and adapted floor barre, Pilates/ core strengthening and physical therapy exercises.

How Alexander Technique and Irene Dowd Have Informed ITD

My knowledge and integration of the Alexander Technique into ITD is due to the brilliant influence and teaching of Jane Kosminsky, a colleague at the Juilliard School who has worked with dancers for more than 30 years. Upon first meeting Jane, I was astonished to effectively feel radical changes occur within my body simply by Jane placing her hands on me as a suggestion. With her guidance regarding head direction and gravitational notions about the pathways within our bodies, I started developing a language that would work in ballet class and would draw from the use of different images to attain the clearest response in a dancers body. This strong use of images within Alexander Technique has been instrumental in allowing me to clarify my method.

Irene Dowd's knowledge in the fields of kinesthetic anatomy and the physiology of motion is legendary. Dowd is a deeply respected scholar and teacher who has greatly contributed to the field of Ideokinesis. Dowd (1990) explains that Ideokinesis is an approach to movement in which new patterns of muscular activity are produced in order to change joint position and motion. Specifically Dowd's material on trunk stabilization was a starting point for ITD. I felt physically empowered by using some of her imagery, which was grounding particularly for my hypermobility and I knew this would benefit many of my students.

Proprioception And Hyper-mobility

I first learned about the concept of proprioception when considering the problems of hyper-mobile dancers. I recognized a different kind of need to prepare this population of dancers in particular for class. Proprioception is a sense our brain uses to perceive the relative position of one part of our body to another. Information passes from sensory neurons in the inner ear to receptors in the muscles, tendons and ligaments. Proprioception is vital to learning any movement. If one develops a heightened proprioceptive ability, this skill increases ones capacity to learn efficiently.

Creating exercises for hyper-mobile students and increasing proprioception was a challenge for me within ITD. This challenge meant taking into account the extra fragility of connective tissue in the joints of hyper-mobile individuals. It meant considering the need for creating tasks in a context that would enhance proprioception. Over time it has become clear to me that certain traditional exercises often taught to and practiced by dancers to “warm up” have the potential to be destructive. Hyper- mobile dancers should have countering options they can employ to assist with their preparation for class. Many of the principles that I used to address this need were already in place within ITD and benefit all students. The strengthening of the core or abdominal muscles and the understanding of energy emanating from it, is a vital source of injury prevention in people with lax joints. The emphasis on dynamic alignment, judicious turnout supported by muscular stabilization and coordinated transitions between movements, is also rudimentary in ITD exercises and excellent for the hyper-mobile.

Moir McCormack (2010) speaks of the need for strengthening muscle groups in other areas. She explains, “Attention needs to be paid to the deeper stabilizing muscles that support the joints of the spine, shoulders, hips and feet. They need longer warm ups too, indicative of a slower proprioceptive system” (6). One of the most important components regarding this issue has to do with the lack of sensory feedback that permits hyper-mobile dancers to exaggerate positions and placement. Eventually, these dancers over stretch muscles, ligaments and tendons. Another significant component to address is how balance and spatial awareness are affected with diminished proprioception. In using ITD, I hope to approach this population’s specific needs and sensitize them intellectually to what is intrinsically a neurological issue. Proprioception improves balance, coordination and agility, the development of which are an essential part of ITD.

Several principals of physical therapy have proven very useful in the development of ITD. Most significantly is evaluation. I have applied this skill toward the notion of self-evaluation in the context of class. This requires analyzing any impairment or pain present on a given day and thinking about previous injuries, pain or weaknesses before starting to move. Some days this self-evaluation might include going through a brief systematic “check in:” testing balance, alignment and mobility when standing. As with a session of physical therapy, dancers must adjust their routine contingent on their physical condition and be reactive to their present state.

The Use of Visualization And Imagery

ITD uses various kinds of imagery to reinforce physical sensations and form mental images that can be recalled throughout the ballet class. Kinesthetic learning, perception and the use of imagery are much-used and abused principles in dance. Often they call upon the imagination of the dancer in a contrived manner and are too esoteric to understand and apply. Their use creates resistance or confusion rather than compliance. Images, metaphors and revisiting actions in the mind are useful only when the dancers are open to their benefits and disencumbered of inhibitions that interfere with their impact.

After much experimentation, I have found that imagery can only be effective when shared gradually with my participants. The use of imagery while executing movement requires the student to enter into an intensely present state of concentration. During ITD an ambience is created to facilitate complete focus. The students are repeatedly given verbal cues as well as cues for tactile prompts to instigate the formation of their mental images. They are encouraged to find their own process of cueing.

As with all techniques, physical or mental, using imagery is a skill that must evolve over time and becomes more effective with practice. Ultimately the use of imagery is just one part of a learning equation that must be completed in its practical application for a dancer. Applying what is physically sought by the images could result in dancing with dynamic alignment, improved lines, secure adagio, turning with control and jumping with more elevation. Participating in a class after the practice of ITD, any disconnect between the imagined and physical application can be circumvented using the same cues practiced during ITD, through both verbal and tactile cues. Eventually, the dancer will have created a new set of healthy movement patterns, allowing them to dance freely through a full class, rehearsal or performance with stability and confidence.

Conclusion

The goal of ITD, with its use of self-assessment, is to create autonomous dancers who can access the information throughout their careers. I have set ITD in motion in order to counteract the potential degradation that a professional dance career can have on the body and in turn the mind.

Works Cited

Dowd, Irene. *Taking Root to Fly: Articles on Functional Anatomy* Northampton, Mass: Contact Editions, 1990.

Gray, John. *Your Guide To The Alexander Technique*. New York: St. Martin's Press, 1991, c1990.

McCormack, Moira. *Teaching the Hypermobile Dancer*. The IADMS Bulletin for teachers, Vol. 2, No. 1, 2010, pp. 5-8.