Exploration of the Alexander Technique and the Feldenkrais Method

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The movement of the human body and its relation to health has been pondered since ancient times, perhaps even before the earliest writings (Adams, 1992). Likewise, the mind and its relation to the body has been studied over the years and remains a significant subject of investigation.

That there is a natural connection between mind and body is considered an Eastern concept. In Western culture, on the other hand, the relation between mind and body is doggedly pursued through scientific investigation. These scientific investigations are beginning to close the gap between mind and body in Western thought. In his 1992 essay "Trouble in Mind," Jonathan Miller states,

> *"In the once unoccupied gap between the bare necessities of Matter and the enigmatic peculiarities of the Mind, there is now an elaborate construction site of mediating concepts whose existence lends weight to the claim that the functions of mind are implemented by purely physical means."*

It may be possible to have a combining of Eastern thought with traditional science, each enhancing the other. This notion has led to greater acceptance of Eastern influenced views of health.

In the physical therapy profession, these alternative forms of health care have been referred to as alternative somatic therapies (Miller, 1991). The pervasive goal in physical therapy is to return the patient to optimum physical function. And while many techniques have been proposed for this purpose, there is always a search for new methods of treatment. Perhaps, even though injuries can generally be categorized, this is because the manifestation of a person's injury is as individual as the person.

In the search for alternative forms of therapy, two methods, which have been around for years, have gained particular acceptance among physical therapists: the Alexander Technique and the Feldenkrais Method. Both employ a whole mind and body concept. Each method will be explored separately and then both will be compared.

The Alexander Technique

Born in Australia in 1869, F. Mathias Alexander grew to love Shakespeare and worked to perfect his acting skills. When still in his 20s, he found he had difficulty retaining his voice while reciting Shakespeare. He sought the advice of numerous physicians and voice instructors; however, their advice yielded only temporary benefit.

Frustrated by a lack of permanent resolution to his voice problem, Alexander concluded he had no choice but to try to resolve the problem on his own. He began by observing himself in a mirror while reciting Shakespeare.

Never having observed himself speaking before, Alexander was surprised to discover that he tended to tilt his head backward and down during his recitations. This position thrust his neck forward, resulting in a compressive force on the larynx. The obvious solution seemed to be to adopt the opposite posture of head and neck.

Unfortunately, in his attempt to correct this unwanted posture, Alexander ended up using the same muscles he had been using in his unwanted posture. He became frustrated with the inability to correct his position and realized he had no concept of what the correct position would even feel like.

Upon determining that it would be fruitless to pursue a posture of which he had no concept, Alexander refocused his attention on the aberrant position his body was familiar with. Instead of changing his head and neck

position, he decided to focus on inhibiting or releasing his typical muscular response to speaking. It took much practice before he was able to achieve this "non-doing" state. But Alexander discovered that as he achieved better non-doing at the head and neck, his vocal control returned (Ottiwell, 1981).

After regaining the use of his voice, Alexander shared his discovery with others. From observations of himself and others, he determined that the proper positioning of the head and neck was essential to the optimum functioning of the entire body.

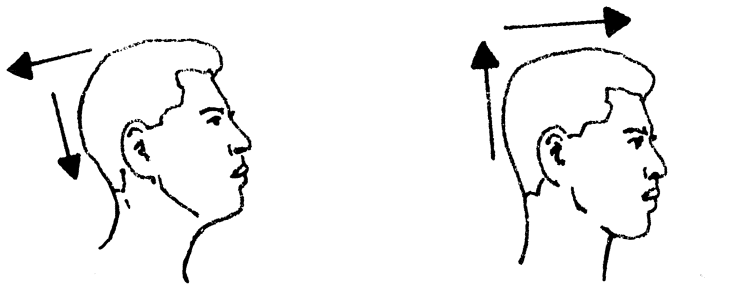

Figure 1 (left) Occiput extended "down and back"; (right) occiput flexed "up and forward."

Alexander's "head forward and up" position is such that the occiput flexes forward while the entire cranium simultaneously undergoes vertical distraction with a slight posterior movement (Miller, 1991). The head is in such a position that it leads and the rest of the body follows (Figure 1). Alexander referred to this head/neck/body relationship as the "primary control" (Ottiwell, 1981). Also, he referred to the manner in which we use our bodies in everyday activities simply as "use" (Barlow, 1973).

His premise was that how we use our bodies affects how they function. He came to this conclusion after meticulous observations. Through these observations, he was proceeding in a deliberate manner similar to the scientific process. Yet his revelations on movement were not widely accepted in the scientific community of his day (Barlow, 1973).

The majority of writings on the Alexander Technique have been in the form of case studies, which is perhaps why this technique did not gain significant acceptance among scientists. In a practical sense, Alexander understood that which the scientific community could not prove: that the mind and body are linked. The old saying "seeing is believing" may be likened to "experiencing is believing" in the Alexander Technique.

Alexander practiced his technique in London and instructed accomplished followers to teach it. He continued teaching until nearly the time of his death in 1955.

In 1964 the American Center for the Alexander Technique was founded as the first training center for Alexander teachers in the U.S. (Leibowitz & Connington, 1990). It offers a 3-year program certified by the Accrediting Council for Continuing Education and Training.

A typical Alexander Technique lesson consists of a one-on-one session with a student, although there are also group lessons. The advantage of individual lessons, obviously, is the increased amount of time the teacher has with the student. This is an integral part of an Alexander lesson.

The primary control (head forward and up) is conveyed to the student through the teacher's tactile and sometimes verbal cues, often referred to as providing "direction" (Don Krim, Alexander instructor, personal interview, Dec. 1993). The main point is that if the head is centered and balanced over the spine, the rest of the body will follow, no matter what activity is involved.

The importance of this relationship was best conveyed to me by Alexander instructor Don Krim using the following analogies:

1. If a mother cat wants to take control over the movement of her kitten, what does she do? She immobilizes the kitten by grasping it at the neck with her mouth.
2. When a cowboy wrestles a calf to the ground, where does he grasp? He grasps the head and uses it to twist the neck; the rest of the calf's body then follows in that direction.

The orientation of the head on the neck is fundamentally linked to the stability and well-being of the rest of the body. Alexander believed that the head down and back is a response to a stimulus, possibly similar to a startle response (Jones, 1979). Children are not born with this head/neck response but acquire

it in reaction to stimuli. These stimuli may include sitting, speaking, eating, or just about any activity of daily living. The individual then no longer possesses a proper kinesthetic image of the primary control.

The significance of Alexander's work is not so much that he spoke of this optimal orientation of the head to the neck—others had also looked at this relationship—but that he had discovered a way to use his hands to convey this kinesthetic awareness to another person (Jones, 1979, p. 188).

In order for an Alexander teacher to convey the primary control to the student, the teacher must first be aware of being "head forward and up" him/herself. I discovered this for myself when I had the opportunity to experience direction from an Alexander instructor. When I experienced direction, I remember that the touch of his hands was very subtle.

The importance of this lightness of touch is that, first of all, a heavy touch may elicit a tensed response, which would be counterproductive to the process of inhibition or "undoing." In addition, the kinesthetic awareness of the teacher's position, with head forward and up, is what is conveyed to the student through the teacher's hands.

The student is actually a stimulus to which the teacher must be able to respond with inhibition (head forward and up), otherwise the proper awareness cannot be conveyed.

In my observations of the technique, I was amazed at how a subtle direction from the teacher's hands could elicit more fluid and efficient movement from the student. The emphasis is on the process of movement, as opposed to "end-gaining" or the final result (D. Krim). When the student is supine, the focus is on non-doing. The teacher may lift the student's arm and note whether the student is assisting in the movement or simply maintaining a non-doing state.

Feldenkrais firmly believes that the mind and body are as one . . . . that one's emotions and mental well-being are directly tied to the motor system.

Awareness is provided through the head-forward-and-up position, even while supine, because it is in fundamental relation to the neck. The technique can also be applied while sitting or standing, since the mechanics involved in those positions can be applied to almost any stimuli.

In my own limited experience, I felt a sense of lightness and ease of movement after receiving direction. However, this awareness was only temporary and I soon returned to my old habits. Naturally this can be a source of frustration for some students because the attainment of primary control can take a long time. You cannot make it happen; it can only occur through inhibition via a new kinesthetic awareness (Ottiwell, 1981).

The Feldenkrais Method

Dr. Moshe Feldenkrais is a renowned Israeli physicist, best known for developing the instruments used in the first nuclear fission experiments. In addition, in 1936 he was the first European to earn a black belt in Judo. He has authored numerous books, both on the subject of Judo and on his philosophy of movement. It was apparently his determination to recover from a debilitating injury that led Feldenkrais to embark on a quest to discover the potential of human movement (Kogan, 1981).

Similar to Alexander, and perhaps influenced by the teachings of Judo, Feldenkrais firmly believes that the mind and body are as one. He also believes that one's emotions and mental well-being are directly tied to the motor system.

His premise is that during our development, from the time of infancy, we have learned certain movement patterns as a result of aiming toward particular goals. Feldenkrais asserts that once the goal or "end" is achieved, the process or "means" ceases. As a result, we only use a minimal amount of our biomechanical movement potential. Furthermore, this leads us to incorporate movement patterns that often involve strain and may not be the most efficient means toward the end (Feldenkrais, 1977).

In the Feldenkrais Method, a multitude of movement patterns may be learned by exploring alternatives and variations of movement. This exploration can further lead to the adoption of more efficient movement patterns (Miller, 1991). In motor learning terms, this could be seen as the development of schema, or rules, in a motor program.

Richard Schmidt theorizes that schema are developed by taking information gained from

related experiences and using it as the reference base for other responses (Magill, 1989). Feldenkrais' belief—that the learning of new movement patterns occurs as a result of experiencing a multitude of movement patterns from which to extrapolate—is compatible with Schmidt's schema theory.

In addition, Feldenkrais refers to the period of time that elapses between our thinking of a movement and our actual initiation of the movement. Through enhanced awareness of movement, Feldenkrais believes we can learn to either inhibit or correct a movement during this period.

Awareness Through Movement vs. Functional Integration

In the Feldenkrais Method there are two means for exploring movement options. The first is termed Awareness Through Movement (ATM). These are typically group sessions in which everyone in the class experiences a sequence of movements at his or her own pace. The movement patterns are directed by the teacher, but the exploration and experience is quite individual.

The second means of learning is through Functional Integration (FI). This is typically a one-on-one session with the teacher, who observes the student's patterns of movement and gives manual cues to facilitate the exploration of new patterns. This format of learning is best suited to individuals who, primarily as a result of injury, have lost the ability to help themselves (Feldenkrais, 1981).

In an ATM lesson, the students start by lying on the floor to decrease the influence of gravity on muscle activity (Miller, 1991). The teacher directs the students to try a particular movement pattern. The students are to focus on how this movement is initiated and achieved, what weight shift is involved, what muscles are used, and so forth. They are to note any superfluous movements, restriction in movement, ease of movement, and changes that could be instituted along the way.

In order to best achieve this awareness, Feldenkrais emphasizes that the movements be done slowly. There is no correct or incorrect movement. A movement is only considered incorrect when the student perceives there are no other possible movements.

There is not a "right" movement, but there could be a "better" movement. Feldenkrais believes that using words such as "correct" or "right" can limit learning. If a movement is declared to be the "right" movement, then this precludes any further exploration that might possibly reveal an even better movement. The intent of ATM is not to learn the prescribed movement patterns but rather to learn the process of learning (Feldenkrais, 1981).

A Functional Integration session also begins with the student lying down to reduce the influence of gravity. The instructor must have heightened awareness of the intricacies of the student's movements, breathing, and structural tone. FI utilizes the touch of the instructor's hands in pushing/pulling pressures to help the student become aware of new movement patterns.

If done properly, the student will not feel manipulated but rather will be guided slowly in new as well as familiar directions. The student will become aware of other movements he or she could not previously explore due to pain or injury. A person who has experienced injury often is unable to explore new movement due to fear or to lack of self-confidence.

The teacher must be aware of the student's response to these new experiences by noting any changes in breathing, muscle tone, and facial expression. In this manner the teacher can direct the progression of the lessons. The quality and sensitivity of the instructor's touch is critical in communicating a sense of security and understanding to the student, which will ultimately allow learning to occur.

Often Feldenkrais teachers will incorporate both FI and ATM formats by having the student practice ATM at home (Miller, 1991). In physical therapy, an in-

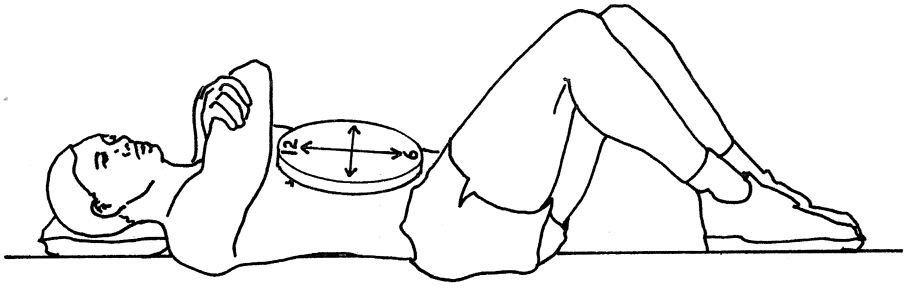

Figure 2 The "pelvic clock."

jury is assessed and there is the expectation that the therapist will fix it. However, Feldenkrais promotes patient independence. Posture is considered dynamic, not static.

With the assistance of the teacher, each individual discovers what is best for him or her in a given situation. The teacher may also use analogies to describe a movement or incorporate mental practice into the learning process.

Since I did not have the opportunity to work with a Feldenkrais practitioner, I felt it might be helpful to at least follow the instructions for some movements myself. I chose to try the "pelvic clock" (Figure 2) (Feldenkrais, 1977, pp. 115-117). For this movement one should be supine on the floor. First I noted the position of my lumbar spine. I noticed that my lower back was not in contact with the floor and there was a great tenseness of my back extensor muscles.

My first instinct was to try and force my lower back to the floor. After some straining, I found that not only was this not possible but it was also very uncomfortable.

I decided to attempt the ATM movement and imagined a clock face underneath my sacrum. In slow movements, I tried rocking my pelvis so that my sacrum alternately touched each number on the imaginary clock. When I had finished, I realized that my lower back was now touching the floor and the muscles were relaxed.

I'm sure that after sitting at the computer for awhile I might return to my previous tensed state. However, I did experience some very beneficial results with only one try. This encourages me to think there could be merit in further exploration of movement.

Conclusion

When comparing the Alexander Technique and the Feldenkrais Method, we find some very distinct similarities. Both philosophies revolve around learning through experience. Both maintain that the position of the head on the neck can allow for a greater range and ease of movement. The focus is on the untapped potential for movement that naturally exists at the junction of the occiput with the first and second vertebrae.

However, in the Alexander Technique there is an optimum position to be attained through inhibition. There are no prescribed movements to be practiced. The emphasis is on nondoing that which is potentially harmful. This is conveyed to the student by the teacher's own sense of center and balance, thus the primary control.

In the Feldenkrais Method there is always the potential for attaining better movement, and this is pursued by experiencing a number of prescribed movements with or without the assistance of the instructor. These movements call for attention to all the parts of the body rather than solely the relation of the head to the neck.

In summary, I found both of these philosophies interesting and beneficial and plan to pursue them more thoroughly in the future. In the past I have encountered patients whom I felt had greater movement potential than they seemed able to attain. And as long as there are injuries, there will always be individual responses to disability. As long as we realize we are treating individuals, not just injuries, there will always be more than one beneficial route to health.

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