WHAT MAKES A GOOD ALEXANDER TECHNIQUE TEACHER?

Gerald Foley 28 January 2013

Someone recently asked me what makes a good Alexander Technique (AT) teacher.

It is a good question, as people say when they do not have a ready answer. It is not as though I do not have sufficient experience of the AT. I have had many lessons as a pupil; I have trained as an AT teacher; I have given many AT lessons; and I work at the Constructive Teaching Centre (CTC) which trains Alexander teachers. I should know what makes a good Alexander but answering the question is more complicated than I thought.

I do not expect many AT teachers will fully agree with what I have to say. Indeed I am sure some will disagree vehemently with me. But I think the discussion is well worth having.

Assessment by results

At the simplest level, a good AT teacher might be said to be one who produces good results in their pupils. But that depends to a large extent on what people were expecting. Relief of pain, for example, drives many people to seek help from an AT teacher and having had a number of lessons, they usually feel some diminution of their pain. In that perspective, a good teacher is one who reduces the pain in people who have sought lessons in order to alleviate it.

Those familiar with the AT would generally go much further in their reports of its benefits. Glancing through a selection of AT websites, the range of ailments or problems for which the AT is recommended by its practitioners is immense. Here is a selection based on ten minutes web-browsing. The AT enables people to become calm and confident, to breather and speak more easily, to be alert and focused, to move more gracefully and powerfully, to reduce stress, anxiety and headaches, to deal with eating disorders, to combat low mood and depression, to develop improved posture, to combat osteoporosis, and to become taller.

These are not idle claims. Any experienced AT teacher can provide examples of the dramatic improvements in well-being that can be achieved in pupils over a prolonged period of AT lessons. From their own experience, prominent scientific observers, such as Niklaas Tinbergen and Frank Pierce Jones bear testimony to this; Tinbergen who won his Nobel Prize for ethology which he described as "watching and wondering" should perhaps be particularly trustworthy when the subject of his observations is himself.

The problem is that many similar results are experienced by people taking prescription or over-the-counter medications, having physiotherapy, being hypnotised, going to the gym, simply allowing time to pass so that the body heals itself, or undergoing any of a myriad of conventional or alternative treatments. If so many other approaches can produce similar effects who can say what effect, if any, can be directly or uniquely attributed to the AT lessons? And where does one fit in the experience of those who have found the AT, based on their usually brief experience of it, totally ineffectual?

In the medical world, it is generally felt that therapeutic procedures should be assessed by their outcomes; taking a painkiller, for example, should reduce the pain of a headache. The standard procedure for testing the efficacy of a therapeutic

approach is that a group of people with the symptoms it is intended to treat is given the treatment while a "control group" is subjected to an alternative or a placebo. The results of such trials are usually that some of the trial subjects show a significant improvement, some show a slight one, some show none and some may even get worse. The treatment is judged effective if its results are superior to those of the control group.

One of the difficulties with this approach is that despite the rigour of the testing process, or protocol as it is sometimes termed, the results are far more fuzzy than most people realise. The outcome of the trial is usually expressed in statistical terms which can often be manipulated to provide the answer required. Indeed, drug-testing, in particular, has for a long time been subject to major abuse by the big pharmaceutical companies as has been pointed out by Ben Goldacre.[1] Logical though the clinical trial approach may appear to be, its results are often far less clear-cut than they are portrayed.

Attempts have, nevertheless, been made by various groups to measure the efficacy of AT lessons using the clinical-trial approach. A study published in the British Medical Journal in August 2008, for example, found that lessons in the AT have long-term benefits for people suffering from chronic back pain.[2] Such trials have the merit of fitting the AT within the spectrum of modern medical treatment evaluation and hence contribute to its being regarded more seriously by the medical profession. But they provide no information on the detailed approaches used by the teachers involved in the trial and whether these are reflected in different outcomes between the trial subjects.

Another problem when it comes to evaluating the therapeutic effectiveness of the AT is that it is virtually impossible to define an AT lesson. In a drug trial, a unique substance is administered to a fairly homogeneous group of people displaying a particular set of symptoms and the results are observed. AT lessons do not follow a standard format except in a very broad sense. Each lesson is a unique encounter between a pupil and a teacher. Whatever their other merits, clinical-style trials of the AT give little guidance on the question addressed by this paper which is the extent to which the efficacy or otherwise of the AT as a treatment for, say, a lower back pain can be attributed to the merits or deficiencies of the AT teachers involved.

The placebo effect worms its own weird and unpredictable way through all of this, bringing outrageous cures from completely inert substances or illusory treatments. It produces measurable therapeutic benefits in 20-60 percent of people participating in medical trials and is a major embarrassment to the medical profession and the pharmaceutical companies. In many drug trials the placebo effect dwarfs the therapeutic effect, a fact that is generally ignored in the medical literature; nor is it a welcome topic among alternative and complementary therapists. A more comprehensive and discussion of the placebo effect and how it relates to what we do as AT teachers can be found in the paper noted below.[3]

---

[1] Goldacre (2012)

[2] http://www.bmj.com/content/337/bmj.a884?gca=337%2525252Faug19_2%2525252Fa884&sendit=Get+All+Checked+Abstract%25252528s%25252529

[3] http://www.geraldfoley.co.uk/Placebo.html

Assessing the "goodness" of AT teachers by the results they achieve is thus far from an easy or objective process. The limited number of clinical trials of the AT, as a therapeutic option, show that it can hold its own in comparison with other approaches and there is little doubt it would prove equally efficacious if it were clinically tested in the wider range of conditions in which AT teachers have found it useful. But such clinical trials tell us nothing useful about the comparative effectiveness of individual teachers.

Relying on individual experiences

Pupils who have had lessons with different AT teachers easily recognise differences between them. As the literature shows, those who had lessons from Alexander himself agreed it was a memorable experience. One of his successors, Walter Carrington, enjoyed a worldwide reputation as a teacher. He started his training with Alexander in 1936 and worked with him until Alexander's death in 1955. Walter's reputation as a teacher grew with the passing years and people used to come from all over Europe and the USA to have lessons with him. He was the head of the school where I did my AT teacher-training.

As trainees we had a short session or "turn" with him most days, we also had a weekly instructional 3-student group session with him and less frequent half-hourly private lessons. These were entirely based on chair work. His hands were firm and secure and I willingly entrusted myself to them as he made adjustments to my shape and posture. I am sure some of the effect was brought about by the occasion and setting but always, after a session with Walter I felt as though my body had been reorganised and I was moving differently.

In some ways I preferred his wife Dilys as a teacher. She had an uncanny knack of locating areas of excessive muscular tension in my chest and shoulders and dissipating them with a judicious prod from a long bony forefinger. In my case she was able to spot things from a distance and come up to me and put a finger on a spot in my upper chest which produced an immediate releasing effect in which I experienced a sudden intake of breath. I assume this was a result of my ribcage expanding under its own elasticity when the tension in my chest muscles was reduced

Apart from the Carringtons I mostly remember John Brown and Ruth Murray at the school; their lessons and instructions on how to give lessons left an indelible mark upon me. John's death at the age of fifty nine was a huge loss but Ruth Murray went on to run the school after the Carringtons' deaths and I still benefit enormously from her teaching skills and wisdom.

I have also had many lessons from other teachers, some of whom enjoy very high reputations in the profession. In the CTC, I have also had many short lessons from trainee teachers at the school itself and from visitors who are pursuing their training at other schools. I have therefore had a very broad experience of teachers working on me. Sorting out which of these were good or better than others in anything but a highly subjective manner is impossible for me; the fact that my opinion of different teachers varies with time makes it even more difficult to arrive at any firm judgement.

Seeking a neuromuscular approach

Frank Pierce Jones tackled the question of how to produce an objective measurement of the effect of an AT lesson in his book *Freedom to change*[4]. For Jones, the crucial element in the AT experience was the feeling of lightness induced in him by A. R. Alexander when he was guiding him to standing from sitting in a chair. In his description of the experience Jones said:

> *The most striking aspect of the movement, however, was the sensory effect of lightness it induced…While it lasted, everything I did, including breathing, became easier.*[5]

The ability to produce this feeling of ease and lightness was, for Jones, a key aspect of being an effective AT teacher and he decided to study what was going on at a physiological level when this experience was produced in a pupil, summing it up as looking for *"the physiological correlates of the kinaesthetic effects that can be produced in a single lesson.*[6]*"*

He conducted numerous experiments, attaching small lights or reflective tape to people and using multiple image photography to record their precise movements as they performed actions such as getting in and out of a chair. He was able to identify certain physiological differences, especially in the head-neck-back relationship, between the actions when performed with and without the guidance of an AT teacher and published a stream of scientific papers on his results. Tim Cacciatore, who is also an AT teacher, has taken Jones' scientific work considerably further and published a number of papers on the physiological impacts of the AT on patterns of body-use.[7]

Such work advances the scientific credibility of the AT but it does not greatly advance the topic of this paper. Outside the laboratory it is not possible to produce the detailed measurements of movement or muscle-action in the head-neck area on which these scientists based their findings which means that Jones' methods cannot practicably be used to assess the comparative merits of AT teachers in their ordinary work. More fundamentally, even if it could be measured easily, there is no consensus on what the ideal head-neck-back relationship should be when rising from a chair or performing other actions.

It should also be mentioned that many AT teachers would say they achieve their results without necessarily evoking the feeling of lightness mentioned by Jones. Indeed the AT profession is wary of attaching too much importance to such ephemeral feelings experienced during lessons.

Certificates of competence

Various AT professional organisations that award certificates or diplomas to trainee AT teachers have attempted to develop objective ways of defining a "good" or at least sufficiently competent AT teacher to allow them to practice. I did my training within the framework of Society of Teachers of the Alexander Technique (STAT) and

---

[4] Jones (1976)
[5] Ibid.
[6] Jones (1976)p108
[7] http://www.sciencedirect.com/science/article/pii/S0167945710001569

the award of my certificate was based on Walter Carrington's judgement of my ability to start teaching.

About ten years ago STAT decided to look for a more objective method of assessment and produced a highly contentious list of what it called "competences" which trainee teachers were required to possess in order to acquire their certificate. A decision was also made by STAT to participate in the government-sponsored National Occupational Standards system. A set of standards couched in rather bureaucratic language entitled "*Deliver Alexander Technique Teaching"*[8] and fitting within a generic framework for complementary therapies was drawn up. It had little impact on the AT profession.

At present, a variety of criteria are used by the various AT professional groupings when deciding on the awarding of certificates of competence to student teachers at the end of their training. Demonstrating the ability to give a competent lesson is a commonly used criterion. Some look for evidence, in the form of a written examination, that trainee teachers have read and understood Alexander's writings. The main professional associations also demand a minimum period of formal attendance, usually 1600 hours, at a recognised teacher-training school.

Such approaches provide a means of ensuring minimum levels of knowledge of the AT and some degree of competence in giving lessons in trainee teachers. They provide a way of weeding out the clearly unsuitable candidates to be teachers but they provide little information on whether the person obtaining a certificate is a "good" teacher. The certificate is thus a guide to a minimum level of competence.

With experience, AT teachers become more adept and increasingly able to produce the range of impacts on health and well-being they claim in their brochures and websites. I do not know of any work which attempts to provide an objective measure of the efficacy or "goodness" of practising AT teachers. The degree to which teachers acquire a reputation for being "good" is a matter of word-of-mouth reputation and the effectiveness of their self-publicity.

The broader scientific context

The late 19th and early 20th centuries saw the emergence of modern neuroscience; Sherrington's *The integrative action of the nervous system*[9], published in 1906, is widely seen as its founding text. It analysed the fundamental role of the reflex system in vertebrate animals, synthesising and making sense of the scientific findings then emerging from the laboratories of neurological researchers around the world.

Building on Sherrington's work, Rudolph Magnus definitive study of the reflex control systems governing vertebrate posture was published in 1924[10]. One of his findings was that the main postural control centres are located in the brainstem, the evolutionary older "reptilian" part of the brain. This was seized upon by Alexander who mistakenly identified what he began to call the *primary control* with this complex of neurological structures. He claimed Magnus' work provided a scientific validation of the Technique saying in *The universal constant in living* :

[8] https://tools.skillsforhealth.org.uk/competence/show/html/id/2800/
[9] Sherrington (1906)
[10] Magnus (1924)

> *Some twenty-eight years after I discovered this control and employed it in a technique the late Rudolph Magnus announced his discovery of it and its function, and Sir Charles Sherrington referred to this announcement in his Presidential Address to the Royal Society.*[11]

Although he uses the term *primary control* frequently in his last two books, *The use of the self* and *The universal constant in living*, Alexander's apparent meaning varies considerably. Sometimes it refers to the physiological state of the head-neck-back relationship; at other times it appears to be an instrument which can be employed to achieve an improvement in the functioning of the rest of the musculature.

The primary control has been a source of contention and confusion among AT practitioners ever since Alexander coined the term.[12] During the 1930s, the exact meaning, and even the location, of the primary control remained a topic of lively debate among Alexander's medical supporters during the 1930s among whom Wilfred Barlow referred sarcastically to those who attributed an "*almost magical significance to the 'Primary Control ….Shades of Descartes and his Pineal Body.*[13]"

Nowadays, although the term features widely in AT texts and discussions, there is still a lack of precision or agreement among AT teachers about what they mean when they talk about the primary control, though all would agree that has to do with the head-neck-back relationship. My own guess is that it is not the head-neck-back relationship as such which is important but the fact that immobility in this area impairs the "strain-gauge" functioning of the sub-occipital muscles. But a lot more work is required to produce a testable neuroscientific model of the role of the head-neck-back relationship that would attract the necessary scientific interest and the funding required to test it. In the paper *Untangling the primary control*[14] there are further details and references for anyone wishing to look more deeply into this topic.

Magnus also highlighted the role of the postural reflexes in restoring the natural resting harmony of the body after an action driven by the cortex has been completed. The way he puts it is that after a voluntary action carried out in accordance with instructions from the cortex …

> *"The brainstem centres… restore the disturbance and bring the body back into the normal posture so that the next cortical impulse will find the body prepared to start again.*[15]

This gave rise to idea, widely held among AT practitioners that if one could *"stop doing the wrong thing, the right thing would do itself".* In other words, if one stopped using the oneself in the wrong way, the underlying postural reflexes would automatically substitute the right way. But, of course, it is more complicated that that.

Because habit can so easily replace reflex activity, thinking one is allowing the right thing to do itself may be no more than engaging in habitual behaviour. In his book

---

[11] Alexander (1995)p109
[12] For a full discussion see http://www.geraldfoley.co.uk/Primarycontrol.html
[13] Barlow (1973)p28
[14] http://www.geraldfoley.co.uk/Primarycontrol.html
[15] Magnus (1925)p349

The use of the self,[16] especially the first chapter *The evolution of a technique*, Alexander describes in detail the development of his Technique. In the light of modern neuroscientific thinking, it can be seen as a very insightful procedure for stripping off the overlay of habit and allowing the reflex system to reassert itself. The fact that Alexander couches his procedures in his own idiosyncratic language and does not appear to recognise the role of the reflex system, however, makes it difficult to fit this description of the AT into a conventional neuroscientific framework.

There is thus a great deal of work to be done in fitting the ideas and practices of the AT into the language and framework of modern neuroscience. Coming back to the topic of this paper, it is clear that the present state of neuroscientific insight into the AT is of limited use in helping us define what makes a good AT teacher.

So what does make a good teacher?

Despite the lack of objective criteria, it is not difficult to obtain views, often vehement, on the merits or otherwise of AT teachers from their peers. Given the differences between the various teaching traditions within the AT, and the differences between individual teachers, such personal views do not provide an objective basis for itemising the qualities that make for a good AT teacher. There may be a broad consensus that the work of distinguished teachers such as Elizabeth Walker, Walter Carrington, or Ruth Murray has a special quality but it is much difficult to specify what exactly this quality is.

Neither can we uncritically rely on the subjective feelings of pupil receiving lessons. Sometimes the feeling of ease and lightness that Frank Pierce Jones experienced occurs rarely or not at all. During a course of lessons, pupils' feeling also tend to change as they proceed on their psychophysical journey. Moments of enlightenment and increased understanding can just as quickly give way to feelings of flatness and doubt. Such variations in impressions are more likely to be a result of changes in the pupil than in the quality of the teacher's work.

There are also big differences between pupils. Some people take quite quickly to the AT and it becomes a highly valued fixture in their lives. Others find it incomprehensible or irrelevant and quickly lose whatever interest they had in trying it. Given such a range of variations in the responses of pupils to different teachers and, indeed, to the same teacher over time, it is difficult to see how the subjective feelings of pupil can be used as a reliable indicator of the "goodness" of individual teachers except perhaps on a statistical basis.

My predilection is to look for scientific explanations of what is happening. Science, in principle, is not worried by being wrong. It draws its conclusions from observations and new observations are continually refining or contradicting previous conclusions. Moreover the existing framework, or generally accepted set of conclusions, what is sometimes referred to as the current paradigm, can undergo subtle or sometimes dramatic changes.

The work of Magnus, Sherrington and others provides a neuroscientific basis for assuming that the main impact of AT lessons comes from eliminating or reducing the degree to which a person is habitually misusing their neuromusculature. Misuse is, of course, a far from precise term; the human neuromusculature has a degree of adaptability and plasticity far greater than that of any other vertebrate. Dance, music,

[16] Alexander (1932)

sport and many other human activities involve uses of the musculature far beyond anything nature "intended" and underpin much of our creativity and skill.

At the same time, there is plenty of evidence that the way many people use their bodies is damaging. The evidence is in the knee and hip replacements, the bad backs and shoulders, the headaches, the problems with breathing and all the pains and aches which assault so many of us. Conventionally, these ailments in the limbs and torso are treated with elasticated supports, special chairs, exercise programmes, and even operations. An alternative approach, taken in the AT, is to recognise that the origins of neuromuscular problems are not necessarily confined to the joint or body area in which they manifest themselves. They are just as likely to emerge from imbalances and distortions in the way people generally uses themselves.

Take, for example, someone who has a habit of sticking their head forward, hunching their shoulders and generally distorting themselves when working at a computer. Such misuse is usually carried through, to a greater or less extent, into ordinary daily activities and it is not surprising if it is revealed in problems in vulnerable areas such as hip and knee joints, the lower back and the neck and shoulders.

Treating these ailments as being entirely confined to the areas in which they manifest themselves, without looking for their wider causes, may lead to even more severe problems in the same or other areas in the future. Sherrington, though he never had an AT lesson, was aware of Alexander's work and in his last book, *The endeavour of Jean Fernel* said:

> *Mr Alexander has done a service to the subject by insistently treating each act as involving the whole integrated individual, the whole psychophysical man. To take a step is an affair, not of this or that limb solely, but of the total neuro-muscular activity of the moment – not least of the head and neck.*[17]

Rather than "treating" isolated symptoms, the task of the AT teacher is to identify the way each individual is misusing themselves and provide them with a way of stopping it. There is nothing violent; even the stopping is not a question of slamming on the brakes but rather a gently growing awareness of how not to engage in the old habitual way of doing things. As the acquired habits are gradually shed, muscle activity taps into the templates provided by the underlying postural reflexes. This is where the skilled and subtle hands of an AT teacher can make the difference between relapsing into habit and acquiring a new and improved "manner of use" as Alexander termed it. In my own case, my search for a cure for my shoulder pains through the AT led me to a discovery of just how badly I was using myself in the majority of my daily activities.

Within the Carrington teaching tradition, which is the only one I know, such an approach to giving AT lessons requires that in addition to attending to the visual clues provided by the pupil's breathing, posture and demeanour, the teacher should be able to achieve a high degree of sensitivity to the neuromuscular state of the pupil. This can only be done when the amount of neuromuscular "noise" produced by muscular tension in the teacher has dropped to a level at which the state of the pupil's neuromusculature can be detected by the teacher's hands. An important element in

---

[17] Sherrington (1946)p85

this is the ability of the teacher to achieve a state of balance in themselves as they are carrying out their teaching task and a high proportion of AT training consists of learning how to do this. In this perspective, the "goodness" of a teacher depends on the extent to which they can bring about the required state of neuromuscular sensitivity to the state of the pupil in themselves.

Such a state of dynamic awareness, however, is no more than a precondition; the effectiveness of an AT lesson depends on how the teacher uses the information on the state of the pupil. This response tends to be very individual. Some teachers believe in providing a great deal of verbal advice; others believe more in the quietening effect of their presence and the gentle shifting of their hands to points of palpable tension. Whatever the approach, the basic aim of the teacher is to increase the sensitivity and knowledge of the pupil to what they are doing to themselves so that they can begin to stop damaging themselves and use themselves in an improved way.

As a product of the AT training system and, indeed, a particular strand of opinion within it, my own views inevitably reflect my own experience and my sense of being on an unfinished journey. Unsurprisingly, the search for a clear-cut definition of what makes for a good AT teacher does not bring us to a final destination though it visits some interesting ideas on the way. Perhaps the main conclusion is the need for an abiding sense of curiosity and a considerable degree of humility in the face of how much remains to be known.

REFERENCES

F. M. ALEXANDER (1995) *Articles and lectures - edited by J.M.O.Fischer* - Mouritz, London

F. M. ALEXANDER (1932) *The use of the self* - Gollancz, London, (1985 edition)

W. BARLOW (1973) *The Alexander Principle* - Vista London 1988

B. GOLDACRE (2012) *Bad Pharma* - Fourth Estate, London

F. P. JONES (1976) *Freedom to change: the development and science of the Alexander Technique* - Schocken Books, New York (3rd edition Mouritz Books London 1997)

F. P. JONES (1976) *Freedom to change: the development and science of the Alexander Technique* - Schocken Books, New York (3rd edition, Mouritz Books, London, 1997)

R. MAGNUS (1925) *Animal posture* - Proceedings of the Royal Society of London. Series B. Vol 98 339-353

R. MAGNUS (1924) *Body Posture (Körperstellung)* - Amerind Publishing Company New Delhi English language edition 1987

C. SHERRINGTON (1946) *The endeavour of Jean Fernel* - Cambridge University Press, Cambridge

C. SHERRINGTON (1906) *The integrative action of the nervous system* - Cambridge University Press, Cambridge (1948 edition)