

*Is Alexander Technique Curative or Educational?
What is the Medical Support for the Alexander Technique?
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According to researchers at York University, fewer than 50% of Alexander Technique teachers in the United Kingdom are making a living from just teaching the Technique. And I understand it is not much better here in the United States.

This York University survey¹ included 534 responding teachers from the Society of Teachers of the Alexander Technique (STAT), Alexander Technique International (ATI), and Interactive Teaching Method (ITM). The survey found that the people who were looking for Alexander Technique lessons were principally women in their mid-to-late 40s with musculoskeletal pain.

The average age of the participating teachers was 58 years ranging up to 84 years, but only 50% of them were fully engaged in teaching the Alexander Technique. And 50% were in non-Alexander Technique paid work. Of the 50% who were teaching full-time, about 25% were happy with their income. When you consider the level of investment in time and in money that we make, this is not, to my mind, a really good return on the investment.

This is in marked contrast with what F.M. Alexander earned. He was well able to make ends meet. In fact, he could afford to rent a fine house in London, not far from Buckingham Palace and Kensington Palace. He had a doorman, paid his teachers and assistants, dined out in the best of restaurants, and went to the theatre most evenings each week. He had a horse that he stabled locally and rode out in Hyde Park. He could even afford to buy a farm and house in the country, and order himself a Rolls Royce! How did he do it?

He didn't do it by teaching the Alexander Technique. He did it by using—and teaching people—his techniques to fix their problems.

I am not being critical of him in any fashion. On the contrary, I am with him. His highly effective techniques, which later became known as the Alexander Technique, have seldom been received with such success as his, when you consider the average income of teachers and the general level of interest and involvement in the community today.

So something must have changed. Either:

- the package of skills changed;
- the message about the techniques changed; or
- the way we communicate the message changed.

We now need to discover what changed, if we are to become successful at what we do. Because today we are facing a declining interest in the Technique. Based on Google Trends, searches for the Alexander Technique over the last 15 years continue to wane. You can see the spike in 2008 resulting from the *British Medical Journal* study.² Now, this trend doesn't mean that we are actually going down, but that relative to what's happening in the Internet world, interest is diminishing. Somehow or other we've got to get out there and start making noise, electronic noise, digital noise.

So, what do we do? Do we keep calm and carry on just putting hands on? Or can we reconsider what we actually have to offer and how we can represent this to the world?

I believe we stand on the threshold of a great opportunity today. An opportunity that almost looks as if it has been engineered for us, but we must approach it with collective, conscious control, and change collectively, if we are to succeed.

First, I want to pose some questions so we can all move towards agreeing on the answers, because the answers we

have given to these questions to date have given rise to the strategy we have engaged in. And that strategy, as we all know, is failing.

Is the Alexander Technique curative or preventative?

This is clearly a question that bothered Alexander, who asked of himself:

*Why, then, if you advocate a plan of life founded on the principle of prevention, have you yourself continued to work in a more or less curative sphere?*³

Paraphrasing his reply, he effectively said that he continued to practice the curative approach because people will not put in the time to learn his technique as a preventative. Before the Alexander Technique can be established as a preventative for children, he said, parents must first be convinced of the need and benefits of psychophysical education. Unfortunately, his experience was that parents were not prepared to put the time in and simply wanted a solution to their problem.

Alexander espoused a *preventative* strategy, but clearly followed what he termed a *curative* strategy. Not only did he practice a curative strategy, but he did so very successfully,



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while working hand in hand with many prominent doctors of the time.

Did FM do himself, and us, a disservice when he confined the question to a simple *either/or*? Was he right in describing what he did as *curative*? Did doing so create a value or an assumption about his techniques and what he did? It is interesting that Patrick Macdonald later reports that FM would get angry if he was described as a healer, instead of an educator.

And so in teaching, we don't get to the point of implementing the preventative strategy. The question that occurs to me is: Is *curative strategy* even the right way to talk about this? And quite honestly, I don't think it is. My thought is that the Alexander Technique is an *educational technique that has a curative effect*. And, again, we're missing that point in the way we present the Technique.

It is critical that we collectively, and consciously, address these and other issues, because we must change. We must reverse the strategy taking us into an ever-declining awareness of the Alexander Technique among the general public and devise a strategy that creates a growing awareness and demand for us and our services.

Research in medicine, psychology, neuroscience, and other fields is growing exponentially and is providing insights into what we do, regardless of whether we want them or not. Many others are gaining from these insights, to our cost and detriment. We cannot afford to continue to ignore this.

Is the Alexander Technique we teach today the same as Alexander's techniques and, perhaps more importantly, have we the same emphasis in our teaching as he had?

Well, first of all, what were his techniques?

We all know his story about the evolution of the technique from the *Use of the Self*. However, *Use of the Self* does not give us a real sense of the actual timeline of that evolution. So let's unpick that.

Having successfully developed some of his techniques to restore his voice, Alexander moved to Sydney in 1896. There is a replica of his letterhead from the turn of the century in the front of *Articles and Lectures*, 2nd edition.⁴ You can see that he teaches:

- Human voice through new methods of natural elocution and dramatic training;
- Full chest breathing;
- The famous Delsarte system as it applies to dramatic expression, deportment, gesture, and vocalizing; and

- A new way of thinking, through constructive conscious control.

He also has a new way of standing, as he no longer gripped the stage with his feet.

Now we Alexander Technique teachers all have a certain sense of the human voice and natural elocution, and we have a clear sense of full chest breathing, though maybe not the Maori model of breathing. But how about the famous Delsarte system?

François Delsarte, an opera singer in the Paris Conservatory, lost his voice in the 1820s. As an alternative career, he took to studying how actors and performers could improve their portrayal of emotions through authentic gesture, without distortion from unnecessary muscle tension. To get to authentic gesture, he effectively reverse-engineered honest, accurate gestures and came up with the idea of de-energizing the hands, arms, shoulders, and torso, that is, only allowing the right kind of energy into the gesture required to portray the emotion. Alexander had learned this system of expression and eventually came to see how it could be used to convey directions without imposing his will on his students.

There is an extensive podcast of 10 sections on Robert Rickover's website (BodyLearningCast.com) from Jeando Maserero describing the Delsarte system and its influence on FM in amazing

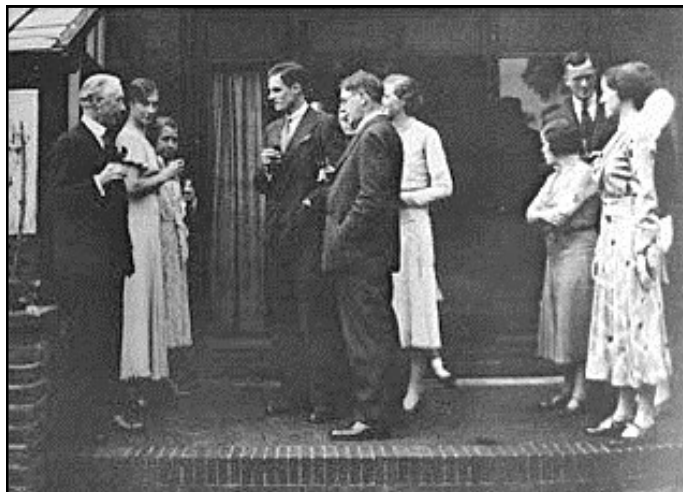
detail. Both are to be congratulated for their contribution to our understanding.

When Alexander started his second career as a teacher/trainer of voice, breath, and movement in Melbourne in 1894, all he had was a new way of speaking, a new way of breathing, and a new way of standing. There was no Alexander Technique as such, just a collection of new means whereby.

With these techniques, he began to have a very positive impact on the voices of his students, but more importantly, on their breathing. And it was this that brought him to the attention of Dr. W. J. Stewart McKay in 1902, who gave FM his encouragement, his recommendation, and his introduction to the medical world in London in 1904.

According to Alex Murray in *Alexander's Way*,⁵ it wasn't until 1908 that Alexander introduced the idea of kinesthetic re-education, and it was 1914 before he really began to explore using his hands with inhibitory control; i.e., the beginning of non-doing hands. This was almost 20 years after he first moved to Sydney.

Alexander—and Alexander Technique teachers today—are masters at getting results. In *Conscious Control*,⁶ Alexander says a few minutes with the right mindset will bring about great change; and many of his clients said in their testimonials that a few sessions of Alexander's respiratory methods and natural voice work helped them as preachers and policemen.



Alexander's World in the 1930s

*House near Buckingham Palace. A doorman. Teachers and staff.
Dinners and theater. Horse and stables. Ordered a Rolls Royce.
House in the country.*

Alexander said that 15–20 lessons were required to learn his methods. The number of lessons required was primarily determined by the severity of the condition being addressed. It was not simply 30 lessons. As we all know, for many conditions, 15–20 lessons is not in any way sufficient, and, for many others, it is overkill. I have personally heard teachers say they have actually told would-be students to go home and save up enough money for 30 lessons before they would see them!

This is nothing more than a blatant sales strategy and has nothing to do with the effectiveness of Alexander’s techniques or of the Alexander Technique. It is as arbitrary as not recognizing Alexander Technique lessons over Skype as authentic. We all know you do not have to have hands-on to help a person develop constructive consciousness control. It may help to begin and reinforce learning inhibition, but it is not essential. It wasn’t necessary for 20 years in FM’s experience.

So what medical support is there for AT?

There are many medical conditions that have been helped by Alexander’s techniques, and it is well worthwhile reminding ourselves of these. According to Alexander himself:

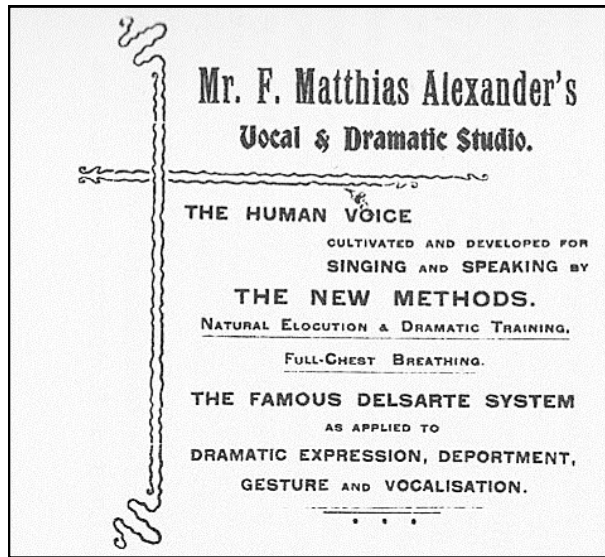
*These include cases, diagnosed by the prominent physicians in England and Australia, such as paralysis, varicosity, tuberculosis, asthma, adhesions of the lungs, hemorrhage, congenital and other malformations, effects of infantile paralysis, many varieties of throat, nose and ear trouble, hay fever, chronic constipation, incipient appendicitis and colitis; and in no case that has come under my personal supervision, have I discovered any relapse that was not curable by a few further instructions in the principal enunciated.*⁷

Incidentally, chronic constipation is today the number one cause of doctor visits in the United States for people over 65, as I am sure it is around the developed world. It is a four billion dollar market. Patrick Macdonald reports⁸ that Dr. Murdoch of Bexhill, who was a pupil and major fan of Alexander’s, took a meal of bismuth and stood in front of an X-ray screen. He could then see that when he discoordinated himself, peristalsis through the gut slowed down almost to a stop, whereas when he re-coordinated himself, peristalsis started off again at the normal rate. One of the main characteristics of people over 65 is lack of functional coordination. So, there’s a whole new market there if you are interested!

In trying to understand how something as seemingly simple and straightforward as the Alexander Technique could have such wide-ranging beneficial effect, I have spent what probably could be considered far too much time researching the subject.

When researching *Forward Neck Posture*, I came across Dr. René Cailliet, who was then Head of Rehabilitative Medicine at the University of Southern California. I found Cailliet’s online article on Forward Head Posture, referencing his book *The Rejuvenation Strategy*,⁹ published in 1987.

Cailliet identifies a cluster of conditions caused by what he terms *Forward Head Posture*. These include a loss of up to 30% of lung capacity, a direct consequence of which is blood vessel disease and heart problems; loss of peristalsis; fatigue; back pain; general increased sensitivity to pain; and pressure on the thyroid. When I read this, I immediately recalled Dr. Murdoch of Bexhill and his gallant bravery in standing in front of an X-ray machine coordinating and dis-coordinating, to see the effect on



At the turn of the century, F.M. Alexander offered natural elocution, dramatic training, full-chest breathing, and Delsarte.

his intestines.

As I researched Forward Neck Posture further, I came across a study, published in the *Journal of the American Geriatric Society*,¹⁰ in 2004 that looks at older men and women who suffered from hyperkyphotic posture, which is a spinal deformity causing a forward-curved posture of the upper back or thoracic spine. The study defined hyperkyphotic posture as posture requiring one or more 1.7 cm blocks under the occiput to achieve a neutral head position while lying supine. The chilling insight in that hyperkyphotic posture gives you a 44% greater rate of mortality. In cause-specific mortality analysis, hyperkyphotic posture was specifically associated with an increased rate of death due to atherosclerosis. The implication is that hyperkyphotic posture causes atherosclerosis.

I later came across another piece of research, which was part of the longitudinal British Heart Study, published in the *Archives of Internal Medicine*¹¹ in 2006. Analysis of the research data accumulated over a 20-year period showed a direct correlation between the incidence of coronary heart disease (CHD) and a 3.0 cm or more loss of height. This is regardless of family history, which is considered one of the most significant factors in CHD, and according to the authors of the study, the loss of height was not due to bone loss.

In a discussion with the main author, I asked if this loss could simply be associated with the loss in height resulting from chronic pull-down associated with Forward Head Posture, as identified initially by Alexander and more recently by Cailliet and others. The response was that it had not been considered because, a) there was no awareness of this as being a possible contributing factor, and b) that loss of muscle mass had been associated with CHD in previous studies.

For this study, 7,735 men were initially surveyed from 1978 to 1980 and again 20 years later. Those men who had a height loss of 3.0 cm or more were found to have a 42% higher risk of CHD when compared with all men in the sample combined, who had a height loss of less than 3.0 cm.

The research in these two studies showed a 42–44% increased risk of coronary heart disease without good postural alignment and breathing. Now I am not suggesting these two pieces of research prove anything, but they are indicative of the value of conducting further research into this area, and, in the meantime, using the Alexander Technique to limit one's risk.

My next in-depth reading was about breathing. During this phase of my research, I came across Robert Fried, PhD, Professor of Biopsychology and head of the respiratory psychophysiology laboratory at Hunter College in New York City. Fried's book¹² explores the detrimental effects of *hyperventilation*, or shallow breathing. He lists a very wide range of conditions caused by hyperventilation, many of which Alexander had noted earlier. Fried recounts that during the American Civil War, an American field surgeon, J.M. Da Costa, first described the physiological effects of hyperventilation from his observation of soldiers who were holding their breath under the hail of fire they had to endure in battle. Da Costa's job was to encourage them to breathe deeply. His work has resulted in his name being used to label the anxiety neurosis resulting from breath-holding as *Da Costa's syndrome*.

The positive effect on angina is something that has intrigued me, because of my own personal experience, and in the back of Patrick Macdonald's book, you can read the account by Dr. Andrew Murdoch of his own experience with angina and the Alexander Technique.¹³

So was it any wonder then that Alexander should be so positive about the benefits of his techniques on heart conditions?

Given the potentially life-threatening consequences of sudden heart attacks among people suffering from CHD, it is easy to see how the development of and advances in drug and surgical treatments would be the order of the day. It is also easy to see how a practice as indirect as the Alexander Technique would be thought of as having no useful effect or consequence in the immediacy of a heart attack and, by inference, ineffective in the prevention of heart disease.

The HeartMath^(R) Institute¹⁴ studies heart rate variability to explore interactions between physiological, mental, emotional, and behavioral processes. They discovered that, as we inhale, the heart rate speeds up, and as we exhale, heart rate slows down. The heart rate of somebody who is under pressure and tension is usually accompanied by chaotic heart rate and a rather chaotic rate of respiration, i.e., hyperventilation.

The HeartMath Institute trains people to use equipment the size of a small computer, costing somewhere between \$500 and \$600, to utilize biofeedback, measure their heart rate and breathing, and ultimately to bring the two into coherence and achieve a noticeable state of calm and relaxation.

Modern HeartMath studies show that breath and heart rate are related. Slow, deep breathing causes a drop in heart rate.

That's what Alexander was doing with the Whispered "ah": helping people slow down their breathing, extend the exhalation, and come into a state of calm and coherence. The work he did with posture took pressure off the blood vessels and improved functioning. That's what we do. That's what we teach people to do for themselves.

The autonomic nervous system consists of sympathetic and parasympathetic systems. The *sympathetic nervous system* prepares the body for emergency situations while the *parasympathetic nervous system* maintains conserving functions when the body is at rest. Our neurological state alternates between sympathetic and parasympathetic on an ongoing basis. The sympathetic state was designed to protect us in the face of life-threatening events. Such threats are infinitely less common today. But the world today has us predominantly in sympathetic mode, which means there are low-level chronic stress hormones going through the system that don't need to be there, because there are no fight-or-flight life-threatening threats. There may be uncomfortable e-mails coming through; there may be texts and all this stuff, but it's not going to kill us. Well, unless we pay attention—and they won't kill us in the way that we anticipate.

So what we have to offer then is constructive conscious control and hands-on, and this allows us, very simply, to restore the natural functioning of a predominantly parasympathetic state through natural alignment and natural breathing.

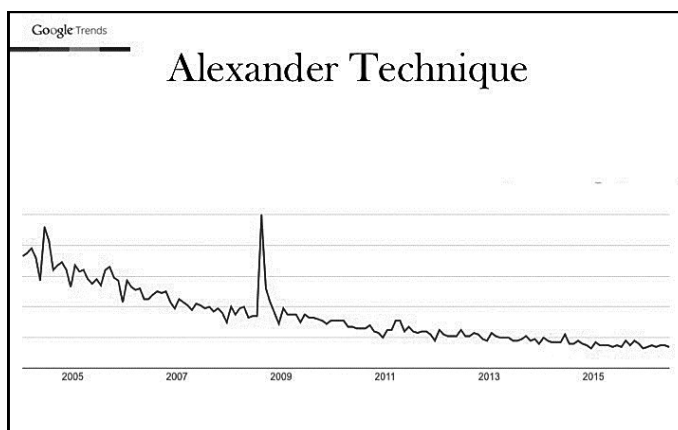
I think this is a message worth exploring and perhaps points to a way of repositioning the Alexander Technique in the world today. Looking at many teachers' websites, the emphasis is often on posture. And while it is true that the Technique improves posture, it's not the real message that we should be getting out. The

Technique is more profound and has a greater effect than just improving posture, and it is worth trying to get some research carried out about this. I would encourage AmSAT to look into commissioning research into the benefits not just necessarily in the chair/desk context, but also into wellbeing. Can you see that differentiation, or have I created too much confusion already? No? Good.

I work with executives who come in very wound up in their work but not letting on to being stressed. You'll see it in your students very quickly. You'll see it in their rate of breathing; you'll see it in the stories they tell you about all the meetings they're going to. They are pretty well stressed all the time.

In the beginning, I saw this physiological reaction to stress more as a medical response within the body, but now I see it as far deeper, neuro-biological relationship that we have with ourselves, that we can access through the Technique.

In recent years, sitting has been described as the new smoking¹⁵ by Dr. James Levine of the Mayo Clinic because of the devastating diseases and conditions associated with



Based on Google Trends, internet searches for the Alexander Technique have declined over the past 15 years.

prolonged sitting, resulting from both sedentary lifestyle and poor posture.

Now there's a lot of popular press and social media focusing on the real, detrimental effects of sitting and posture. The book wave has started. We have an opportunity to surf it now, but we cannot do so randomly. The Alexander Technique societies must lead the vanguard in this one. We need to attack the rather puerile advice being given in these books and challenge people to rise to the *whole-system* approach rather than the *mechanical parts* approach being put forward.

And if we don't surf that wave quickly, I cannot see what the next wave will be, or if it will come in our lifetimes.

Now a caveat: Although he is hinting at cure, Alexander is careful to preface his comments about the many cures he had brought about by saying, "*of the specific effects procured by the inculcation of these methods I cannot speak at length, but I am able to produce a list of cases which have been treated by me, in some of which I can only say that I have been astonished at the results.*"¹⁶ He didn't actually say they were cured, he just said he was astonished at the impact he had on these people! I too have been astonished, as I am sure each of you has been too. So what do we do to astonish ourselves?

Why is Alexander Technique not so well regarded today?

All the public seems to hear about Alexander Technique is that it is about posture and/or re-education. Now if I have a pain or loss of capacity or capability, all I want is for it to go away. Please fix me. That has got to be our way in, and then we can talk about re-education and prevention. That's what FM did, and it worked for him. I believe there has never been a better time to promote the Alexander Technique than now, what with all the focus on the perils of smartphones, computers, gaming, posture, and sitting.

Re-educating people is just a means towards an end. It is not the underlying philosophy of the Alexander Technique. Use of the mind to create space within which to expand and increase/improve capacity, capability and confidence, is the underlying philosophy of the Alexander Technique. This is what people need to know about. Have we lost our confidence about increasing people's capacity, capability, and confidence to change?

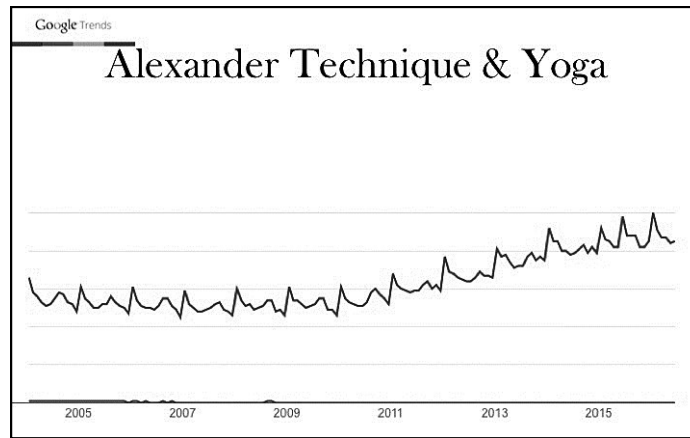
So what was F. Matthias Alexander doing?

And what have we got?

Well, initially he created a means of restoring and protecting his voice through the technique he called Natural Elocution. He also dramatically improved people's breathing through his Full Chest Breathing. And he restored people's natural alignment through directions and conscious control.

These techniques profoundly help avoid the perils of poor postural alignment and shallow breathing!

Ultimately, based on the integration of these techniques, he developed a profoundly sophisticated, yet simple means of teaching people how to restore their natural skeletal alignment, deepen their breathing, and improve their overall functioning, which today, we call the Alexander Technique. The result of which is superior levels of human functioning and performance as measured by their levels of flexibility and mobility, their sense of wellbeing, and their *joie de*



Over the past 15 years, internet searches for yoga are on the rise.

vivre.

Whatever else we do for people today, we help them:

- Expand in length and width by releasing muscle tension;
- Deepen their breathing by restoring the natural movement of their ribs; and
- De-stress their minds and bodies by restoring them to parasympathetic states.

In other words, we help them restore their natural alignment, natural breathing, and natural neuro-biological state of parasympathetic operation. Simply using our hands and words. To the best of my knowledge, no other single intervention can achieve this. And certainly not as readily as we can.

Any single one of these three outcomes alone makes a significant contribution to wellbeing and health. Combined, as they are in an Alexander session, they make a huge and sometimes life-saving difference.

Strategy

Strategy is about taking a particular course of action to achieve an outcome. Yes, this is blatant end-gaining, but over a longer timeframe. The avowed position of STAT and the affiliated societies is to promote the work. Recently, they have focused almost exclusively on an educative approach with an increasing emphasis on posture. Despite the research evidence as to the effectiveness of the Technique in back and neck pain, the strategy is not working as effectively as it may have in the past.

If we are to achieve our overall aim, we need to change our strategy. Alexander focused on helping people alleviate their problems through his techniques. Yes, he saw there was a need for a number of lessons, but that really depended on the particular circumstances. If we can bring relief to individuals with a few lessons, why shouldn't we, when those few lessons may be just the trigger to engage the client in learning further.

Research into start-up businesses shows that 42% of first movers fail while only 8% of adapters fail.¹⁷ A first mover is

the person who comes up with an idea for the first time. The adapters come along afterwards, learning from their mistakes, and do far better. The reason is they get time to see how it is working, make appropriate changes that iron out the wrinkles, and thrive. I think one of the problems we have is we've stayed in the first-mover mode. I keep talking to people who say, "Can you imagine those people are up there teaching guys Whispered 'ah!' The cheek of it! This is ours!" And they're picking it up, and they're realizing there's benefit, and they're incorporating it into their work, but they're not incorporating the whole idea and concept as we understand it, and as we now understand a bit more deeply, why the Whispered "ah" works.

If we simply stay as we are, we have no alternative but to slide into oblivion. If we adapt and integrate the vast body of new knowledge, we can move to a more successful state.

So here we are, at the bottom, compared to yoga. Yoga is increasing in the United States at 25% per annum, according to the figures I've seen. And we don't even feature in the conversation. Unfortunately, we're just right down here,¹⁸ so far down that percentage-wise, it doesn't compute.

Let's look at *mindfulness*. Back at the beginning of 2000, mindfulness was not even in contention, and now it has outstripped the Alexander Technique. I know we're not in the world of mindfulness, *per se*, but there is not an awful lot of difference between what we do in terms of directing and understanding what's happening to ourselves as we do the lie-down, and the mindfulness practice. If you only were to use the word on your website, to say that there is a mindfulness element in what you're doing, there's a potential that people would start to pick up on this. If we could see ourselves bringing the Technique into the realm of mindfulness or *presencing* as an approach to living, I think we would be giving ourselves a far easier job of promotion than we're giving ourselves at the moment.

Giora Pinkas: Can you tell us more about mindfulness?

Niall: Well, it's the idea of literally being aware and present to what's happening at each point in time, in the now. This is exactly what we're doing in terms of conscious control. I'm sure there are people here who are into mindfulness meditation who can answer that more comprehensively. [He recognizes Sarah Barker.]

Sarah Barker: The way I put it is, I'm asking my Alexander students to observe themselves without judgment and to be able to consider action without reacting. This is mindfulness. But mindfulness tends to be without a body. You sit and kind of park your body. And then you look and watch your thoughts. It has a terrific effect on calming and reducing stress. They're doing the same thing we're doing in Alexander Technique:

They are observing themselves; they are observing their thoughts without judgment, and they are considering action without reaction.

Niall: Far better than I explained it, thank you.

Audience Member: There's a TED talk by someone who's high up in the world of meditation who says what all styles of meditation have in common is neurological inhibition, and I think that's where we belong.

Niall: That's where we belong. Yes. Thank you.

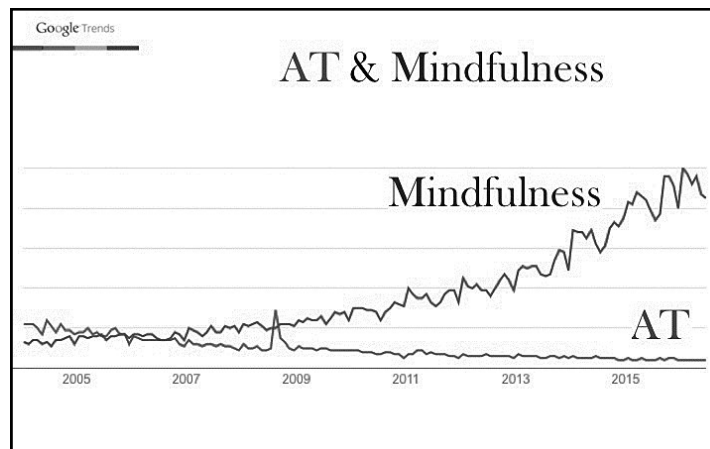
Ron Dennis: There's a very important book on mindfulness by Ellen J. Langer,¹⁹ who is a professor at Harvard University. I reviewed that book in *NASTAT News* at least 20 years ago and characterized the Alexander Technique as mindfulness in daily movement activities. It is a perfect fit.

Judy Stern: Just to add a word about Ellen Langer. What she is studying, what she is quantifying, is the physiological effects of mindfulness: blood pressure, vision, hearing, heart rate. And how she defines mindfulness is "constantly noticing new things." Ceasing categorization, which I think we're very good at. But what she is studying are the actual physiological effects.

Niall: Thank you. The beneficial physiological effects being promoted in mindfulness are no different than the physiological effects that we are achieving, without acknowledging it, and they are far more profound than a back. So I think—

Giora: They have research; we don't have enough research done on what we do.

Niall: Yes. This is what I'm suggesting. That we could commission research—just desk research at this point to look at those disconnected studies on topics like hyperkyphotic posture, the heart study in the United Kingdom—there must be a whole lot of other studies of that nature that we can draw together and then we could go to a university and say: "Here is some base evidence that warrants investigation." I think that would be more beneficial than research into sitting, and backs, and shoulders—beneficial and all as that is—but I think in today's world it would have a far greater impact, and that kind of research would give us greater status in the world. I think there is an enormous potential working with corporations, if we can bring out this research very clearly and succinctly and instead of having to say, "Well, I can show you what the Alexander Technique *is*," we could say: "This is what the Alexander Technique *does*."



As tracked by Google Trends, interest in mindfulness is increasing, while interest in the Alexander Technique is decreasing.

Yoga and mindfulness emphasize the mind focus, and we are, unfortunately, emphasizing the body focus. But Alexander said: “My Technique is based on the inhibition of undesirable, unwanted responses to stimuli, and hence it is primarily a technique for the development of the control of human reaction.”²⁰ He was talking about the mind.

So, to conclude, here we have the Alexander Technique and mindfulness, and the gap is widening. Unfortunately, we’re going lower and lower to the point where Google won’t track the Technique any more.

And our reaction to what is happening is just to go on doing what we are doing, without realizing the consequences. So my question is: Is it time that we step into the *mind field*?

I am not proposing an either/or strategy. I believe we should take a leaf from Alexander’s strategy, and integrate the curative, preventative, and educative approaches into a single approach based on the unassailable use of hands-on and conscious control. As people get to understand the power of the Alexander Technique in helping them with their problems, they may become more ready to commit to learning the Technique as the foundation of a better lifestyle and wellbeing. Either way they gain—and so do we—just as Alexander himself realized over 100 years ago. We are in the business of change. Let’s change.

Thank you.

Endnotes

1. J. Eldred, et al. *Teachers of the Alexander Technique in the UK and the people who take their lessons: A national cross-sectional survey*, ComplementaryTherapiesinMedicine.com, accessed April 13, 2015.
2. Google Trends www.google.com: Search term: Alexander Technique.
3. F.M. Alexander, *Constructive Conscious Control of the Individual* (London: STAT Books, 1997), 78n.
4. F.M. Alexander, *Articles and Lectures*, 2nd Edition (London: Mouritz, 2011), Frontispiece.
5. Alexander. D. Murray, *Alexander’s Way* (Urbana: Alexander Technique Centre Urbana, 2015), 71.
6. F.M. Alexander, *Conscious Control in Relation to Human Evolution in Civilization*, 1912 (reprinted in Ireland by Richard Brennan, 2016), 5 and at [www.thomasgwiasda.de/pdf/at+Frederick_Matthias_Alexander+Man's_Supreme_Inheritance+1946_\(1996\).pdf](http://www.thomasgwiasda.de/pdf/at+Frederick_Matthias_Alexander+Man's_Supreme_Inheritance+1946_(1996).pdf), page 137: “3. I am able to re-adjust and to teach others to re-adjust the human machine with the hands; to mould the body, as it were, into its proper shape, and with an open-minded pupil it is possible to remove many defects in a few minutes, as, for example, to change entirely the production of a voice, its quality and power.”
7. F.M. Alexander, *Man’s Supreme Inheritance*. [www.thomasgwiasda.de/pdf/at+Frederick_Matthias_Alexander+Man's_Supreme_Inheritance+1946_\(1996\).pdf](http://www.thomasgwiasda.de/pdf/at+Frederick_Matthias_Alexander+Man's_Supreme_Inheritance+1946_(1996).pdf), page 163, and in *Conscious Control in Relation to Human Evolution in Civilization*, 1912 (reprinted in Ireland by Richard Brennan, 2016), 22.
8. Patrick Macdonald, *The Alexander Technique As I See It* (Brighton Alpha Press, 2002), 99–100.
9. Rene Cailliet, *The Rejuvenation Strategy* (New York: Doubleday & Co, 1987), 52–60.
10. D.M. Kado, M.H. Huang, et al., “Hyperkyphotic Posture Predicts Mortality in Older Community-Dwelling Men and Women—A Prospective Study,” *Journal of the American Geriatrics Society*, 52, No. 10 (October 2004), 1662–7.
11. S.G. Wannamethee, A.G. Shaper, L. Lennon, P.H. Whincup, “Height Loss in Older Men: Association with Total Mortality and Incidence of Cardiovascular Disease,” *Archives of Internal Medicine*, 166, No. 22 (December 2006), 2546–52.
12. Robert Fried, *Breathe Well, Be Well* (New York: John Wiley & Son, 1990), 49.
13. Patrick Macdonald, *The Alexander Technique As I See It*, 99–100.
14. HeartMath: Stress and Brain Function, YouTube video posted by “#CalmingTech” on Jul 1, 2011, www.youtube.com/watch?v=YPzjMu6sLtY.
15. *Huffington Post*, “Sitting is the New Smoking,” a blog in *Huffington Post*, updated Nov. 26, 2014.
16. F.M. Alexander, *Conscious Control in Relation to Human Evolution in Civilization*, (reprinted in Ireland by Richard Brennan 2016), 22 and at www.scribd.com/document/66236308/Alexander-Technique-Frederick-Matthias-Alexander-Man-s-Supreme-Inheritance, 163.
17. Bill Gross, The Single Biggest Reason Why Startups Succeed, TED2015, filmed March, 2015, www.ted.com/talks/bill_gross_the_single_biggest_reason_why_startups_succeed?language=en.
18. Google Trends www.google.com: Search terms: Alexander Technique, Mindfulness.
19. Ellen Langer, *Mindfulness*, (Reading: Addison-Wesley, 1989). Ron Dennis’s review appeared in *NASTAT News*, No. 22 (Fall 1993), 15.
20. F.M. Alexander, *The Universal Constant in Living*, 4th Ed. (London: Mouritz, 2000), 88.

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Facsimile of Alexander’s professional letterhead in Sydney from F. Matthias Alexander, Articles and Lectures, (London: Mouritz, 1995), 13.
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