

# The ALEXANDRIAN

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## Guest Editorial

by Walter Carrington

Mr. Alexander always insisted that we should refer to his work as "The F. Matthias Alexander Technique"; for, he said, anyone by the name of Alexander can claim that they teach the "Alexander Technique."

This emphasis upon the uniqueness of his work has sometimes been mistaken for arrogance on his part, but in fact a profoundly important point was being made. His was a unique achievement, the painstaking study and ultimately the solution of a personal problem. The method evolved owed nothing to prior knowledge but was the outcome of original experiment and observation, and in fact seemed to contradict many generally accepted theories and beliefs. Consequently it could not be easily compared with or contrasted to other methods and systems: nor could knowledge gained in other fields be applied or utilized or incorporated in it in any meaningful way. Thus the practice and theory (again Alexander always insisted on that order of words) stands alone. As he once wrote: "Throughout these years I have been engaged in demonstrating its soundness by the continued employment of experimentally established procedures . . . This being so, I may claim that I am meeting the demands for proof exactly the same way as an inventor or scientific engineer who points to his machine and shows that it works."

Nevertheless, when Professor Rudolph Magnus first published his "great series of researches on the factors controlling the changes of animal posture in relation to gravity" ("The head leads and the body follows"), Alexander had no hesitation in identifying these conclusions with his own.

Similarly, when Professor George E. Coghill wrote to him and said: "I am amazed to see how you, years ago, discovered in human physiology and psychology the same principle which I worked out in the behaviour of lower vertebrates," Alexander readily acknowledged the correspondence between Coghill's work and his own.

Had he been alive today he would no doubt have been equally gratified by the work of Dr. T. D. M. Roberts on the neuro-physiology of the postural mechanisms ("in the maintenance of the upright posture, decisions have to be made as to which direction is to be regarded as 'upright'"). But above all he would have been fascinated by modern studies and reports on the biological effects of space travel, as for instance, the Post-Orbit Debriefings of the Skylab astronauts and the Voice Recordings of astronauts in Orbit. ("I still say body posture is one of your big problems.")

Those of us who teach his Technique today are fortunate. We can derive reassurance and confidence and satisfaction for the knowledge that it has stood the test of practical application now for close on ninety years. However this should not hinder us from seeking to expand our knowledge of all scientific advances as much as possible.

It is true that knowledge and information derived from other sources cannot usefully generate procedures to be incorporated in our practice; but in the matter of communication, in the matter of explanation, the more our work can be related to the general body of scientific knowledge, the more intelligible it will become. Furthermore, as imagination is stimulated by fresh discoveries and experiences, as in the case of the astronauts, so new possibilities of achievement begin to dawn; for imagination is the dynamo of achievement.

## The Alexander Technique in Diagnosis & Treatment of Cranio-mandibular Disorders

by Stanley Knebelman, DDS

The author, Stanley Knebelman, DDS, is a 1947 graduate of Temple University Dental School. He has been in private practice continually since graduation except for 2 years military service. His special interest for 26 years has been in craniomandibular dysfunction. At present, his practice has been 80% devoted to treatment of patients with craniomandibular dysfunction. Having been educated to realize the importance of head, neck and back orthopedics as an inescapable complication involved with his chosen specialty, he sought training in the Alexander techniques. Using this training to teach the Alexander method is a very important adjunct in craniomandibular dysfunction diagnosis and therapy.

Treatment of craniomandibular disorders has 3 objectives: balancing muscle relationships of the head and neck; balancing neurologic activity (sensory and motor) in the head and neck; and provision for a balanced dental mechanism, either prosthetic, natural or a combination of prosthetic and natural.

Diagnosis and treatment have expanded to include orthopedic and muscular considerations involving the head, neck, shoulder girdle and back; in other words, a multi-disciplinary approach. Jaw malalignment has been shown to cause dysfunction of the cervical, thoracic and lumbar spine.

Habit has been accepted as an important factor in craniomandibular disorders relative to deviate swallow and tongue resting position. Clenching and grinding of natural dentition are noxious habits contributing to craniomandibular disorders. Faulty positioning of the head and neck in activity is a prime consideration in overall functioning of the neuro-muscular mechanism.

An excellent way of dealing with faulty habits is the Alexander Technique. It was developed just before the turn of the century by an Australian actor, F. M. Alexander. He lost his voice and suffered from sore throat during theatrical performances. Conventional treatment only alleviated his difficulties; as soon as he returned to the stage after resting his voice, the problem or hoarseness and loss of voice returned. He sensed that his way of reciting was causing the problem. After spending many long hours in front of mirrors observing himself reciting, he detected what he was doing to lose his voice and he gradually evolved the technique that was to help him with his problem. His voice returned to normal and he was able to resume his recitations without the recurrence of hoarseness or loss of voice. He then began teaching other actors how to use themselves correctly and in time it became apparent to him that other ills such as rheumatic problems, sore backs, digestive problems, headaches, arthritis could be alleviated if a person was taught proper use of his head, neck and back.

Alexander had no education in any of the health sciences. He considered himself a teacher who gave lessons; not a therapist who gave treatments. The people who benefited from his knowledge and gentle manipulations were considered pupils not patients. Coghill says, "Mr. Alexander's method lays hold of the individual as a whole, as a self-vitalizing agent. He reconditions and reeducates the reflex mechanism and brings their habits into normal relations with the functions of organisms as a whole."

## CRANIOMANDIBULAR DISORDERS

(continued from page 1)

Dental structural defects may cause misuse of the head and neck. Misuse of the head and neck may cause poor growth and developmental defects in the dental apparatus. Thus, it is essential to deal with faulty habit patterns and dental defects in conjunction with each other. This applies to both diagnosis and therapy.

To diagnose faulty reflex habits (misuse), the patients or pupils are observed as they walk, talk, masticate, and swallow. Visual and auditory structural defects are a consideration, i.e., astigmatism can cause head tilting and lead subsequently to torticollis.

The following are 3 case histories of craniomandibular disorder patients who were diagnosed and treated from a multidisciplinary approach utilizing splint therapy and Alexander lessons.

**Case 1:** A 22-year-old man came with a multitude of symptoms, most of which had existed since his early teens. He had been to many medical specialists, but to no avail. The symptoms were:

1. Pain and "cracking" in the left temporomandibular joint; 2. Pain in the left side of his neck and numbness in his left arm; 3. Daily headaches; 4. Blurred vision for the last 3 years with inability to exclude the right side of his nose from his field of vision; 5. Difficulty in comprehending what people were saying to him and difficulty in speaking.

A functional analysis was done and a diagnosis of craniomandibular disorder with accompanying misuse of the head, neck and back was made. The following treatment plan was devised:

1. Lower orthopedic repositioning appliance; 2. Occlusal adjustment of his natural dentition; 3. Nutritional counseling and support; 4. Alexander lessons.

Two weeks after splint therapy was started, he reported:

1. Neck movement restored; 2. Facial tension relieved (forehead and eye region); 3. Posture straightened; 4. Walking was more comfortable; 5. Speaking ability improved; 6. Reading comprehension improved; 7. Appetite improved; 8. Headache and upset stomach gone; 9. Swallowing easier; 10. Listening and hearing improved; 11. Coordination improved; 12. Problem with visual field and blurriness gone; 13. More energy; 14. Feeling in hands and feet improved.

It is interesting to note that the patient had not complained of some of these symptoms at the initial examination. The reasons for his not mentioning them until after 2 weeks of splint therapy are:

1. Patients do not associate symptoms in areas remote from the teeth as being related to diagnosis and therapy by the dental specialist; 2. An illness state can become perceived as a normal state if complaints are not relieved by conventional medical diagnosis and treatment.

He was treated for 16 months, during which he had approximately 50 sessions. Twenty-five were devoted to Alexander lessons. He also received nutritional counseling and support as well as splint therapy and occlusal adjustment.

He was discharged after 16 months and has remained without signs or symptoms. He has continued Alexander work on his own. Continuation of the Alexander work means continually using oneself to the best mechanical advantage.

**Case 2:** A 31-year-old woman complained of:

1. Pain in the head, neck and both ears; 2. Pain throughout the whole body, legs, arms, shoulders, shoulder blades, and hollow of the back; 3. Occasional popping in both ears; 4. Sores in both corners of the mouth.

She was referred by an orthopedic specialist who diagnosed her as a craniomandibular disorder patient. Before his diagnosis, she had been treated for "general arthritis and myositis." She had been taking Malton and Anacin daily for the "arthritis pain." This patient has been employed as an executive secretary in a commercial bank. Her history revealed that she was under great tension at work.

After functional analysis and examination for misuse, a diagnosis of craniomandibular disorder with faulty use of the head, neck, back and extremities was reached. Treatment was planned to be prosthetic and reeducation via the Alexander technique. Prosthetic management was insertion of partial upper and lower dentures to restore lost vertical dimension and posterior occlusion. She had 33 Alexander lessons: after the 10th one she was able to stop all medication. She was discharged after 11 months with no symptoms or signs remaining.

**Case 3:** A 24-year-old woman complained of:

1. Pain in the left side of the jaw, around her ear for one year; 2. Pain in both temples; 3. Pain in her neck, shoulders and back.

She had been treated for these complaints by a physician who gave her anti-inflammatory and muscle relaxant medication. A dentist was treating her with a mandibular appliance and her jaw started to shake. She was sent to a physical therapist and was feeling better for one month, but then had a recurrence of pain and could not be helped by the dentist who had inserted the prosthesis. She was sent to an oral surgeon who wired her mouth shut for two weeks. When the wires were removed, her condition became worse. She had a maxillary appliance made, which did not help. She was sent to another oral surgeon who injected her left TMJ with cortisone, which only exacerbated her pain. The oral surgeon suggested removal of the left meniscus.

Examination revealed:

1. Full complement of teeth minus 4 premolars and 4 third molars. These teeth had been extracted for space needed for orthodontic treatment; 2. Bilateral loss of vertical dimension and a posterior displacement of both condyles in habitual occlusion; 3. Transcranial-lateral oblique x-rays of both temporomandibular joints demonstrated excessive flattening of both condyles and fossae.

Her pain was triggered by jaw movements made during yawning, speaking and eating; it was at its worst after mastication. This suggested that jaw movements for physiological acts were dystonic and represented a misuse of the jaw.

Combined treatment of splint therapy and Alexander lessons for 8 months eliminated all signs and symptoms. She will wear a plastic mandibular splint until there is radiographic evidence of the beginning of rounding of both condyles. At that time, she will be re-evaluated for the next phase of treatment.

### Conclusions

Diagnosis and treatment of craniomandibular disorders may include the Alexander Technique adjunctively, in a multidisciplinary approach.

Structural defects may cause bad habit patterns and vice versa.

With the Alexander Technique, it is possible to make patients aware of their contribution to their own problem and the need for learning new ways to improve their own functioning.

More dentists would do well to seek training in Alexander work and to apply the technique adjunctively in practice.

### Addendum

Temporomandibular Joint Dysfunction is a disorder caused by either the presence of a structural defect or a deleterious habit pattern in jaw movement or both.

In the holistic approach to treatment of these problems, it is essential to enlist the aid and the cooperation of the patient to assume responsibility in their therapy. Unfortunately, willingness to want to correct poor habit patterns is not sufficient to change automatic responses to stimuli. Patterns of all movement, including those of the mandible, are dictated by Cortex function and stored memory engrams. The principle of inhibitory nervous function applies to changing habit and reeducation of faulty reflex patterns.

The Alexander Principle and Technique enable the patient to change neuromuscular faults.

# An Unspoken Mystery of the Alexander Technique

by Robert M. Rickover

At the time I was nearing completion of my training as an Alexander teacher, I attended an introductory talk/demonstration by a teacher of several years' experience. After she had worked with a number of volunteers, a member of the audience asked her to explain how she was using her hands. What he wanted to know, was the mechanism by which she was causing the changes in her subjects that were so clearly evident? Despite repeated attempts, he was unable to get a reply satisfactory to him, or to me.

This incident has stayed in my mind to this day because it is the only time I have ever heard anybody, teacher or pupil, address this question directly. On my training course, we certainly discussed the nature of directions, the importance of the teacher's own use, non-doing hands, etc. But I cannot recall any consideration given to precisely how a teacher's directions (or energy field, or whatever) are transferred to a pupil.<sup>1</sup>

It seems to me there are two possible explanations for this lacuna:

1. The mechanism of interaction is completely self-evident and hence no explanation is needed;

2. The mechanism is indeed a mystery, but one about which we need or ought not be concerned. We know the Technique "works"; therefore any discussions about how the connection between teacher and pupil is effected is pointless and would serve only to confuse both parties. Worse yet, it could lead to considerations of occult or other "non-scientific" phenomena and thus undermine the credibility of the Technique.

For a while after I began teaching, I thought the first explanation was the more likely of the two and that it was simply a matter of time before the phenomenon made itself clear to me. Later, I began to question other teachers and discovered that, for the most part, they too had no idea how directions are transmitted. Most teachers, I found, are both puzzled by and curious about this question.

Those who feel a reluctance to speculate about the topic for fear it would take us too far afield of established bodies of knowledge would do well to read *The Dancing Wu Li Masters—An Overview of the New Physics*, by Gary Zukav.<sup>2</sup> Zukav shows how developments in physics over the past century have overthrown all our old assumptions about cause and effect, time, space and matter. Indeed, the very science which has traditionally been viewed as the most solid, quantifiable branch of learning is in many ways becoming indistinguishable from Eastern mysticism in its description of how the universe functions.<sup>3</sup> We can therefore rest assured that any speculations we make about the nature of Alexander-type interaction are unlikely to be more bizarre than discussions which routinely take place among theoretical physicists.

Books like *The Dancing Wu Li Masters* are worth reading for another reason: There is a very real possibility the insights provided by modern physics will be helpful to Alexander teachers in gaining a fuller comprehension of their own craft.<sup>4,5</sup> Consider, for example, the following passages from Zukav's book:

"From the revolutionary concepts of relativity and the logic-defying paradoxes of quantum mechanics an ancient paradigm is emerging. In vague form, we begin to glimpse a conceptual framework in which each of us shares a paternity in the creation of physical reality. Our old self-image as impotent bystander, one who sees but does not affect, is dissolving." (p. 91)

"The new physics tells us that an observer cannot observe without altering what he sees. Observer and observed are interrelated in a real and fundamental sense. The exact nature of this interrelation is not clear, but there is a growing body of evidence that the distinction between the 'in here' and the 'out there' is illusion." (p. 92)

# Catch A Wave: Conscious/Unconscious Experiences With The Alexander Technique

by Kim Jessor

Being involved in the Alexander Technique means being constantly engaged in a changing process. There are moments when things seem very unclear and confusing, yet there are also moments of extreme clarity. These moments are like microcosms of the Technique itself, when it seems that, for that point in time, the Technique is illuminated in all its significant aspects. I would like to discuss one such recent moment, isolating it as a means of articulating my understanding of the Technique at present.

What stood out for me, in this particular experience with a student of mine, was a very clear sense of "being in the moment." I felt that I suddenly understood what that term was all about. I experienced that when we are not end-gaining (focusing on a goal in the future) or searching for something familiar (focusing on the past) our entire experience of ourselves and the world changes. Being in the present is an entirely different terrain, and it is the only state from which real change can take place, from which we can move truly unencumbered by our habits. The quality of being in the moment is very particular. I had my hands on my student who was sitting in the chair. Suddenly, it was as if the room changed for me. It was as if time had slowed down, or expanded, so that my awareness could take in much more of everything that was going on at once. I realized that my student had really grasped the concepts of inhibition and direction. She was simply sitting, waiting. Her energy seemed to be flowing, unobstructed. No one part of her was pushing ahead or pressing down in an attempt to move onward. And I suddenly felt that the possibility was there to move her anywhere.

At the same time, interestingly enough, I noticed that I almost missed that moment. Part of me did have an agenda, was concerned with taking her out of the chair. In my haste to get on with my objective I nearly missed the opportunity to really guide her into a new place.

It was this combination of events; the clarity of that moment of non-doing on both of our parts, and the recognition of nearly missing it, that brought home to me powerfully the significance of staying right in the moment.

What also seemed extremely clear to me is that we got to that place through our thinking, through inhibition and direction. It takes a long time, I feel, to really trust that. It takes many of those experiences to affirm to us that the tools of the Technique work in order to counteract years of habit. That has been my own experience, and is now a process that I see evolving in my own students. Gradually we begin to realize the conscious control implied in the Alexander thinking, so that we can become active participants in our own process of change. When I began the training program, this was not so clear to me. I had had many powerful experiences, but it seemed to me that they happened somewhat randomly. I didn't fully understand that they flowed from my thinking, my choices. Now I see the Technique as a continual process of refining our thinking, based on the input that comes from new experiences. And that process continues, building up its momentum inside us.

I recently had a dream which on an unconscious level expressed something about my current understanding of Alexander. I dreamt that I was at a house on the beach. There were big glass doors that opened to the ocean. Suddenly I realized that the tide was coming in. The house had been built too close to the water, and I knew that the waves were going to break inside, which they did. I didn't panic, however. I started running through the waves, saying to them, "Stay



## UNSPOKEN MYSTERY

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One final point is worth making here: Major breakthroughs in any field are frequently the work of outsiders not bound by "known" limitations which, however subtly, restrict free inquiry by those working on the inside. The question raised at the start of this article—How is non-verbal information conveyed from one person to another?—is the sort which lies at the very heart of modern science. Thus a free and open discussion of this topic within our profession, and with others, might not only clarify our understanding, but could also contribute significantly to other areas of human thought.

1. There were occasional discussions about whether a teacher needs to use her/his hands at all. I can remember some furtive experiments which suggested that directions could, under some circumstances, be conveyed without any physical contact. Subsequent experiences have convinced me this is the case.

2. Originally published in 1979 by William Morrow & Co., New York; reprinted by Bantam Books, 1980. (Page references later in this article refer to the Bantam edition.)

3. Another author, George Leonard, has explored some of these same issues with particular attention to questions of human interaction in his book, *The Silent Pulse*, published by E. P. Dutton, New York in 1978; reprinted by Bantam Books in 1981.

4. An example of the intriguing connections which can be made between the Technique and the field of cybernetics can be found in "A Modern Theory of Coordination and Its Implications for the Alexander Technique," by Ron Dennis, Vol. II, No. 2 issue of *The Alexandrian*.

5. A deeper understanding of the Technique can come from other fields as well. It is interesting, for example, to compare Alexander's insistence that "mind" and "body" should not be viewed as separate entities (an idea which many people—even some teachers!—still find difficult to accept fully) with the following two statements, the first by Carl Jung, the Swiss psychologist, the second by Wolfgang Pauli, the Nobel Prize-winning physicist:

"The psychological rule says that when an inner situation is not made conscious, it happens outside, as fate. That is to say, when the individual remains undivided and does not become conscious of his inner contradictions, the world must perform act out the conflict and be torn into opposite halves." (Carl Jung, *Collected Works*, vol. 9, Bollingen Series XX, Princeton University Press, 1969, pp. 70-71.)

"From an inner center the psyche seems to move outward, in the sense of an extraversion, into the physical world..." (Carl Jung and Wolfgang Pauli, *The Interpretation of Nature and the Psyche*, Bollingen Series LI, Princeton University Press, 1955, p. 175.)

As Zukav points out (p. 31), "We are a part of nature, and when we study nature there is no way around the fact that nature is studying itself. Physics has become a branch of psychology, or perhaps the other way round." If Jung and Pauli are correct, then physics is the study of the structure of consciousness.

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## Editorial

Walter Carrington's *Guest Editorial* (for which many thanks!) is a reminder of the uniqueness and universality of Alexander's personal achievement. Writing several years ago, Edward Maisel called Alexander "the true father in Western culture of the sensory-awareness movement and the nonverbal humanities." The fact of this movement, whatever one wishes to call it, has been obvious for some time now; its significance as a cultural phenomenon is just beginning to be appreciated.

In *Megatrends: Ten New Directions Transforming Our Lives*, a current futuristic bestseller, John Naisbitt makes a telling point in his chapter titled "From Forced Technology to High Tech/High Touch":

High tech/high touch is a formula I use to describe the way we have responded to technology. What happens is that whenever new technology is introduced into society, there must be a counter-balancing human response—that is, *high touch*—or the technology is rejected. The more high tech, the more high touch. . . . That is why the human potential movement that advocates both discipline and responsibility is such a critical part of the high-tech/high-touch equation. By discovering our potential as human beings we participate in the evolution of the human race. We develop the inner knowledge, the wisdom perhaps, required to guide our exploration of technology. With the high-touch wisdom gained studying our potential as human beings, we may learn the ways to master the greatest high-tech challenge that has ever faced mankind—the threat of total annihilation by nuclear warfare.

## CATCH A WAVE

(continued from page 3)

back, stay back, back and up!" And then the waves receded. "That's it," I yelled. Then I turned to someone else in the house and said, "It's all a matter of the Alexander directions."

The dream struck me as both very comical and profound. I felt that the dream was about conscious control, that I could choose to direct those powerful forces rather than being controlled by them.

It is this sense of control over ourselves that the Technique has taught me, and which I feel is an incredibly valuable thing to attempt to teach to other people.

Learning the Technique is a very gradual process, and force of habit seems as strong as the ocean. However, based on these recent experiences which I have discussed, I feel that I have a tool that I can really trust, wherever it may lead me.

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Himself no stranger to the field of social observation and criticism, Alexander forty years ago was writing:

... throughout his long career man has been content to make progress in acquiring control of nature in the outside world, without making like progress in acquiring its essential accompaniment, the knowledge of *how to control nature within himself*—that is to say, how to control his own reactions to the outside world. . . . The urgency for directing attention to exploring this field of activity is obvious when we consider that, on account of this one-sided development, man has created in the atomic bomb a Frankenstein monster which, if not handled wisely, will prove a constant danger to all, because he has not developed that self-awareness and control of his reactions that is needed if he is to keep control over the monster he has created. . . . To succeed in this, and to set about making the necessary changes to this end, we shall be forced to come to a FULL STOP. This may well prove to be the most difficult and valuable task man has ever undertaken until now, for he has gradually been losing a reliable standard of control of reaction, and the ability to take the long view, in his efforts to improve his conditions when he is faced with the need for changing habits of thought and action.

Back on the contemporary scene, a 1982 editorial by Bernard T. Feld in *The Bulletin of the Atomic Scientists* declared:

If one is moving in the wrong direction and wants to reverse one's motion it is first necessary to stop. It is as simple as that. . . . Arms control and disarmament, even if only still in the negotiating stage, demand mutual restraints to get and stay under way. A mutual freeze is the clearest and most effective signal we could give each other as to our mutually serious intent. If this Administration is serious in its intention to start down the path toward nuclear arms control and reduction, it must drop its spurious objections to the first necessary step—we must stop in order to turn around.

Simple but not easy! We can almost hear a ghostly voice inquiring as to what, precisely, are the means-whereby proposed to gain such a desired end? Alexander, of course, was well aware of the magnitude of the problem, because of his pioneering and hard-won experience in learning how to stop. Let's hope there's time for the rest of the world to find out and catch up.

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Correction: In "Learning to Teach" by Helen Higa (Vol. III, No. 1, Autumn 1983), in the quotation from Suzuki beginning "Action cannot be separated," a sentence was omitted. The correct reading is: "They say 'Happy are the thinkers.' But unfortunately, in most cases it is 'Unhappy are the thinkers.' Why? Because thought is often just idle thought, and does not include self-correction."

Space considerations dictated the omission of a lengthy list of references from Dr. Knebelman's article. Copies available from ACAT for a self-addressed, stamped envelope.

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Thanks to all contributors, support people as well as authors, to this issue. *The Alexandrian* welcomes manuscripts on any aspect of the Alexander Technique.

—Ron Dennis