

but he or the doctor has told us that it is high. We teach the pupil to change his use of himself and in doing so the functioning of the circulatory system is influenced with the result that the blood pressure is lowered (or where it is already too low, raised). We do not set out to do anything about the blood pressure, but changes do take place. We are working in an indirect way and the consequences follow indirectly.

Similarly, with regard to manipulative techniques such as osteopathy, the lesion is diagnosed and then manipulation is undertaken to deal with it, a direct, specific measure designed to effect a specific result. But when we take pupils, we look at their manner of use and the general functioning of their postural mechanisms. We may note that they have some very obvious twist or distortion, that the spine appears to be out of proper alignment, but it is not our business to manipulate or try to deal with it in a direct way. Our task is so to change the manner of use of the person concerned that they are naturally tending to “lengthen” rather than to “shorten” in stature, and as a result of this, a twist or deformity can, and probably will in time, correct itself. Otherwise, we have to recognise that this is a problem beyond the scope of our work.

Of course it is true that in the process of instruction we use our hands, and in the most literal sense of the word we do “manipulate”; but we ought not to be categorized as “manipulators”. Our purpose in using our hands is initially to feel what is taking place in the pupil, to aid our observation of the manner of their use, and to tell whether they are light or heavy, fixed or free, whether they are tending to lengthen or shorten in stature. After that, we use our hands to convey the sensory experiences, to give the requisite directions, and to show and explain the meaning of the words that we use in our teaching.

So, as we have argued before, a serious misconception could arise if our work were to be classified as a form of alternative therapy or a manipulative technique. It should be seen, rather, as an educational method; a process that involves both physical and mental re-education, whose ultimate aim is the practice of a practical technique of self-help and this certainly marks a new departure in the field of physical education.

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ON CATEGORIZING THE ALEXANDER TECHNIQUE

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A reaffirmation that the Technique is neither medicine, healing, therapy nor manipulation but a special form of health education.

The general public knows little about the Alexander Technique. People have vaguely heard of it, but they do not know what it is, and so inevitably they categorize it as a form of “alternative medicine”, which it is not. It is extremely important therefore that everyone should have a clear idea of where we stand in relation to other disciplines. Confusion can lead to dangerous consequences.

If someone goes to an Alexander teacher under the impression that they are going to some sort of therapist or healer, they will inevitably have expectations that will not be fulfilled. Not only this, but they may blame the teacher for failing to do what was expected and for the “failure” of the “treatment”. I am sure that as an Alexander Teacher you would not expect to cure anybody; but nevertheless, people will come to you confident that you are going to cure them (whatever they understand by “cure”). Then they will be disappointed if you fail; and if their symptoms and problems persist or even increase, it is your fault, you are to blame and you have actually done them harm. So you can find yourself in a very difficult situation, all this because everyone concerned was not clear from the outset about the nature and objectives of our work.

Our work lies in the domain of health education: we are not therapists but “specialized teachers”. Alexander made certain unique discoveries and observations about the health and well-being of the individual and he evolved a practical technique for putting these findings into effect. In his book, *The Universal Constant in Living*, he quotes a letter, signed by nineteen medical men, in which they state: “We are convinced that Alexander is justified in contending that ‘an unsatisfactory manner of use, by interfering with general functioning, constitutes a predisposing cause of disorder and disease,’ and that diagnosis of a patient’s troubles must remain incomplete unless the medical man when making the diagnosis takes into consideration the influence of use upon functioning.” Then the letter goes on to say that: “Unfortunately those

responsible for the selection of subjects to be studied by medical students have not yet investigated this new field of knowledge and experience which has been opened up through Alexander's work, otherwise we believe that ere now the training necessary for acquiring this knowledge would have been included in the medical curriculum".

It is important here to stop for a moment and consider what is actually being said. Doctors do not have the knowledge and experience of "the influence of use upon functioning". This phrase would not convey anything to most doctors; they would not know what Alexander was talking about.

When he was confronted by his own vocal problems and difficulties, he set about trying to track down the cause, and he found that it was the way in which he used his voice that upset the functioning of his vocal mechanism. Specifically he found that when he went to speak he interfered with the working of his postural mechanisms so that he "shortened in stature", stiffening his neck, pulling his head back, and tightening his throat. All the tension generated in this way strained his vocal mechanism and caused hoarseness and eventually, loss of voice. Thus he was doing certain things, or using himself in a certain way, that caused the trouble. It was the observation and recognition of this "wrong-doing" that was the key to the solution. Alexander was not more capable of diagnosis than the doctors whom he consulted but they did not make this crucial observation because they were not aware that the way they used themselves did indeed affect their functioning.

Alexander teachers are not medically trained in diagnosis, but they are trained in observation, particularly in observation of this influence of use upon functioning, especially on the functioning of the postural mechanisms and the mechanisms of respiration. They can tell when a person is "shortening in stature" or "lengthening in stature", and they can give help to change the associated habitual reactions. When they are working on someone, they can probably see at once the nature of the misuse; but it is more difficult to be sure of the precise consequences. It is often difficult to put a finger on a spot and say, "it is because you are misusing yourself in this way that this particular thing is going wrong and causing the pain or other symptoms". Alexander himself had a vast amount of experience and observation to draw upon and he was usually very good at this. But of course this is only one element in the whole process of diagnosis. The medical man needs an extensive knowledge of pathology, of the nature of disease in all its different aspects and manifestations. He has to take a great many factors into account to arrive at a total picture of cause

and effect. Nevertheless, use is a very important part of this picture.

However, because this is our speciality and we have some knowledge and experience of its influence, we should not imagine that we are better than doctors in knowing what is the matter with someone. The fact is that we have something to contribute, something to share, that should be included in the medical curriculum and it is very much to be hoped that as time goes on more and more medical practitioners will enlarge their training and experience to include what Alexander has discovered and demonstrated. That is what we are working for; in no way have we a wish to set up as alternative therapists or healers. We have quite a precise job to do in teaching the Technique. It is not an easy task; it is highly specialized, and that is why we train as professional teachers.

It would be unrealistic to expect a general practitioner to give Alexander lessons. He has not got the time and he has other things to deal with. So most people need the services of a specialized Alexander teacher.

Today there is so much talk of alternative medicine and there is an impression that there are many different ways in which people can be treated and healed; also that alternative therapists know far more about the living process than doctors, and so you do not need a doctor but only to follow the path of this or that or the other.

As Alexander teachers we would do ourselves a great disservice if we allowed ourselves to be categorized as therapists or healers without making it perfectly clear that we are nothing of the sort.

This brings us back to consider "the influence of use upon functioning", and what it means in practical terms. Alexander transformed his own vocal condition by the application of his technique. He showed that if you can change use, you can change its influence; and thereby you can improve functioning. If you can improve functioning, all sorts of extraordinary results can follow. Might it not be said then after all, "if this process is not a therapy, what is a therapy?" But the essential difference lies in the means that are used, the direct or the indirect approach, an end-gaining or non-end-gaining method.

In a case of high blood pressure, a pill can be administered that has been tested in the laboratory and which will have the desired effect bringing the pressure down. We take such a pupil and we have not measured the blood pressure